

Elixir RxPlus Employer Group Retiree (PDP) offered by Elixir Insurance Company (formerly known as Envision Insurance Company)

Annual Notice of Changes for 2021

You are currently enrolled as a member of **Elixir RxPlus Employer Group Retiree PDP**. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.1 and 2.3 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2021 Drug List and look in Section 2.3 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices). These dashboards highlight which manufacturers have been

increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-844-293-4760 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week.
- This information is available in large print.

About Elixir RxPlus Employer Group Retiree PDP

- Elixir Insurance is a Prescription Drug Plan with a Medicare contract. Enrollment in Elixir Insurance depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Elixir Insurance Company (formerly known as Elixir Insurance Company). When it says “plan” or “our plan,” it means Elixir RxPlus Employer Group Retiree PDP.

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Elixir RxPlus Employer Group Retiree PDP in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at elixirinsurance.com. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (See Section 2.3 for details.)	Deductible: \$0 Network Pharmacy: Cost share for a 31-day supply during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$10 • Drug Tier 2: \$10 • Drug Tier 3: \$25 • Drug Tier 4: \$50 • Drug Tier 5: \$10 / \$25 / \$50 	Deductible: \$0 Network Pharmacy Cost share for a 30-day supply during the Initial Coverage Stage: <ul style="list-style-type: none"> • Drug Tier 1: \$10 • Drug Tier 2: \$10 • Drug Tier 3: \$25 • Drug Tier 4: \$50 • Drug Tier 5: \$10 / \$25 / \$50

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Table of Contents

Summary of Important Costs for 2021	1
SECTION 1 We Are Changing the Plan's Name	3
SECTION 2 Changes to Benefits and Costs for Next Year	3
Section 2.1 – Changes to the Monthly Premium	3
Section 2.2 – Changes to the Pharmacy Network.....	3
Section 2.3 – Changes to Part D Prescription Drug Coverage	4
SECTION 3 Deciding Which Plan to Choose.....	8
Section 3.1 – If You Want to Stay in Elixir RxPlus Employer Group Retiree PDP	8
Section 3.2 – If You Want to Change Plans	8
SECTION 4 Deadline for Changing Plans.....	10
SECTION 5 Programs That Offer Free Counseling about Medicare	10
SECTION 6 Programs That Help Pay for Prescription Drugs	10
SECTION 7 Questions?.....	11
Section 7.1 – Getting Help from <i>Elixir RxPlus Employer Group Retiree PDP</i>	11
Section 7.2 – Getting Help from Medicare	12

SECTION 1 We Are Changing the Plan's Name

On January 1, 2021, our plan name will change from **EnvisionRxPlus Employer Group Retiree PDP** to **Elixir RxPlus Employer Group Retiree PDP**.

For the 2020 plan year, you were in the **EnvisionRxPlus Employer Group Retiree PDP**, which is now being re-named **Elixir RxPlus Employer Group Retiree PDP for 2021**. You will notice a new Elixir Insurance logo on the materials you receive from us by mail. You can continue to use your current Member ID card until your new card arrives.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

- Your employer will pay monthly premiums to the plan. You may be required by your employer to contribute a portion of the premium. If so, this amount is collected by your employer. Your coverage is provided through the contract with your current employer or former employer or union. Please contact the employer's or union's benefits administrator for information about your plan premium.
- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

Section 2.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There may be changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at elixirinsurance.com, or review the Pharmacy Directory included with this booklet. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

Section 2.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope and on our website at elixirinsurance.com.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

We will apply the transition policy across years should you enroll into Elixir RxPlus Employer Group Retiree PDP with an effective enrollment date of either October 1, November 1, or December 1 and need access to a transition supply. In addition, we will send enrollees with an October 1, November 1 or December 1 effective enrollment date an ANOC as soon as possible after the effective enrollment date to serve as advance notice of any formulary or benefit changes in the following contract year.

If you do not switch plans for calendar year 2021 and you are on a drug as a result of a granted exception in the 2020 plan year, you may possibly be able to continue to receive that exception into the 2021 plan year.

Should Elixir RxPlus Employer Group Retiree PDP choose not to honor the exception beyond the end of the 2020 plan year, the plan will notify you in writing at least 60 days before the end of the current plan year and will do either of the following:

- 1) Offer to process a prospective exception request for the next plan year, or
- 2) Provide you with a temporary supply of the requested prescription drug at the beginning of the plan year and then provide you with notice that you must either switch to a therapeutically appropriate drug on the formulary or get an exception to continue taking the requested drug.

In the event you have requested an exception but the plan has failed to issue a timely decision of the request by the end of the transition period, Elixir RxPlus Employer Group Retiree PDP will make arrangements to continue providing the requested drug(s) via case-by-case extension of the transition period to the extent that your exception request or appeal has not been processed by the end of the minimum transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2021, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.elixirinsurance.com. You can also review the enclosed Evidence of Coverage. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your drugs until you have reached the yearly deductible.</p>	<p>Because you have no deductible, this payment stage does not apply to you.</p>	<p>Because you have no deductible, this payment stage does not apply to you.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2020 (this year)	2021 (next year)	2021 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible (if applicable), you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The number of days in a one-month supply has changed from 31 days to 30 as noted in the chart. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>31-Day Fill Your cost when using a network pharmacy:</p> <p>Tier 1 - Preferred Generic: You pay \$10</p> <p>Tier 2 - Generic: You pay \$10</p> <p>Tier 3 - Preferred Brand: You pay \$25</p> <p>Tier 4 - Non-Preferred Drug: You pay \$50</p> <p>Tier 5 - Specialty: You pay \$10 / \$25 / \$50</p> <hr/>	<p>90-Day Fill Your cost when using a network mail pharmacy:</p> <p>Tier 1 - Preferred Generic: You pay \$30</p> <p>Tier 2 - Generic: You pay \$30</p> <p>Tier 3 - Preferred Brand: You pay \$75</p> <p>Tier 4 - Non-Preferred Drug: You pay \$150</p> <p>Tier 5 - Specialty: You pay N/A</p> <hr/>	<p>30-Day Fill Your cost when using a network pharmacy:</p> <p>Tier 1 - Preferred Generic: You pay \$10</p> <p>Tier 2 - Generic: You pay \$10</p> <p>Tier 3 - Preferred Brand: You pay \$25</p> <p>Tier 4 - Non-Preferred Drug: You pay \$50</p> <p>Tier 5 - Specialty: You pay \$10 / \$25 / \$50</p> <hr/>	<p>90-Day Fill Your cost when using a network mail pharmacy:</p> <p>Tier 1 - Preferred Generic: You pay \$30</p> <p>Tier 2 - Generic: You pay \$30</p> <p>Tier 3 - Preferred Brand: You pay \$75</p> <p>Tier 4 - Non-Preferred Drug: You pay \$150</p> <p>Tier 5 - Specialty: You pay N/A</p> <hr/>
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>		<p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>	

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

- You qualify for the Catastrophic Coverage stage when your Medicare out-of-pocket costs have reached the \$6,550 limit for the 2021 plan year. Once you are in the Catastrophic Coverage stage, you will stay in this payment stage until the end of the plan year.

During the Catastrophic Coverage stage, the plan you will pay:

- In 2020 you paid the greater of 5% of the cost or \$3.60 for generics and 5% or \$8.95 for brands
- In 2021, you will pay the greater of 5% of the cost or \$3.70 for generics and \$9.20 for brands.

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.”

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Elixir RxPlus Employer Group Retiree PDP

To stay in our plan, you don’t need to do anything. Your group has decided to remain with Elixir RxPlus Employer Group Retiree PDP (formerly known as EnvisionRxPlus) for 2021.

Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan timely,
- -- OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Elixir RxPlus Employer Group Retiree PDP.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Elixir RxPlus Employer Group Retiree PDP.
 - You will automatically be disenrolled from Elixir RxPlus Employer Group Retiree PDP. if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Elixir RxPlus for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Elixir RxPlus. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Elixir RxPlus. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Elixir RxPlus Employer Group Retiree PDP for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Elixir RxPlus Employer Group Retiree PDP. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Elixir RxPlus Employer Group Retiree PDP. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).

SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, contact your Group Benefit Administrator. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. Contact information for the SHIP in your state can be found in Appendix A of your *Evidence of Coverage*.

SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You will find the name, phone number, website and address for the SHIP in your state in Appendix A of your *Evidence of Coverage*.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).

- **Help from your state’s pharmaceutical assistance program.** State Pharmaceutical Assistance Programs help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Appendix D of your *Evidence of Coverage*).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state. Contact information for the ADAP in your state is in Appendix F of your *Evidence of Coverage*.

SECTION 7 Questions?

Section 7.1 – Getting Help from *Elixir RxPlus Employer Group Retiree PDP*

Questions? We’re here to help. Please call Member Services at 1-844-293-4760. (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Elixir RxPlus Employer Group Retiree PDP. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at elixirinsurance.com. You can also review the enclosed *Evidence of Coverage*. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.elixirinsurance.com. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.