



1-844-293-4760 (TTY/TDD 711)  
 24 hours a day, 7 days a week  
 www.elixirinsurance.com

**2021 Elixir RxPlus Employer Group Retiree PDP Summary of Benefits**

Available in all 50 states, the District of Columbia, Puerto Rico and Guam.

**Monthly Premium** - Your coverage is provided through a contract with your current employer or former employer or union. Your current employer or former employer or union will pay monthly premiums to the plan. You may be required to contribute a portion of the premium. If so, this amount is collected by your employer (or former employer or union). Please contact the employer's or union's Benefits Administrator for information about your plan premium.

**Annual Deductible - \$0**

**Initial Coverage Stage** - Amount you pay until you and the plan pay a total of \$4,130 (includes deductible) for covered prescription drug expenses.

Tier Name	Network Pharmacies	Costco Pharmacies
<b>30-day retail and mail-order supply you pay:</b> (if you reside in a long-term care facility, you may receive up to a 31-day supply)		
Tier 1 – Preferred Generic	\$10	\$3
Tier 2 – Generic	\$10	\$3
Tier 3 – Preferred Brand	\$25	\$25
Tier 4 – Non-Preferred Drug	\$50	\$50
Tier 5 – Specialty	\$10 / \$25 / \$50	\$3 / \$25 / \$50
<b>90-day retail supply you pay:</b>		
Tier 1 – Preferred Generic	\$30	\$7.50
Tier 2 – Generic	\$30	\$7.50
Tier 3 – Preferred Brand	\$75	\$62.50
Tier 4 – Non-Preferred Drug	\$150	\$125
Tier 5 – Specialty	N/A	N/A
<b>90-day mail-order supply you pay:</b>		
Tier 1 – Preferred Generic	\$30	\$7.50
Tier 2 – Generic	\$30	\$7.50
Tier 3 – Preferred Brand	\$75	\$62.50
Tier 4 – Non-Preferred Drug	\$150	\$125
Tier 5 – Specialty	N/A	N/A

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

**Coverage Gap Stage (“Donut Hole”)** - Amount of out-of-pocket costs you pay between \$4,130 and \$6,550 in total covered prescription drug expenses. Refer to your Evidence of Coverage, Chapter 4, Section 6.2 for more information on how the out-of-pocket costs are calculated.

Tier Name	Network Pharmacies	Costco Pharmacies
<b>30-day retail and mail-order supply you pay:</b>		
Tier 1 – Preferred Generic	\$10	\$3
Tier 2 – Generic	\$10	\$3
Tier 3 – Preferred Brand	\$25	\$25
Tier 4 – Non-Preferred Drug	\$50	\$50
Tier 5 – Specialty	\$10 / \$25 / \$50	\$3 / \$25 / \$50

**90-day retail supply you pay:**

Tier 1 – Preferred Generic	\$30	\$7.50
Tier 2 – Generic	\$30	\$7.50
Tier 3 – Preferred Brand	\$75	\$62.50
Tier 4 – Non-Preferred Drug	\$150	\$125
Tier 5 – Specialty	N/A	N/A

**90-day mail-order supply you pay:**

Tier 1 – Preferred Generic	\$30	\$7.50
Tier 2 – Generic	\$30	\$7.50
Tier 3 – Preferred Brand	\$75	\$62.50
Tier 4 – Non-Preferred Drug	\$150	\$125
Tier 5 – Specialty	N/A	N/A

**Catastrophic Stage** - Amount you pay after \$6,550 in annual out-of-pocket covered prescription drug expenses.

**You pay the lower of:**

• **Your Puget Sound Electrical Workers Healthcare Trust copayment OR**

• **The Medicare Catastrophic Coverage cost-share, which is the greater of 5% of the cost of the drug or \$3.70 for brand-name drugs or \$9.20 for brand-name drugs**

Other coverage details: The out-of-pocket maximum on this plan is \$1,350. After this out-of-pocket maximum is met, copays will be \$0.

Elixir RxPlus Employer Group Retiree PDP is a PDP with a Medicare contract. Enrollment in Elixir RxPlus Employer Group Retiree PDP depends on contract renewal. This information is not a complete description of benefits. Call 1-844-293-4760 for more information. Plan may offer supplemental benefits in addition to Part C benefits and Part D benefits. To get a complete list of services we cover, please see the Evidence of Coverage. If you need this document, you may call Member Services or visit [www.elixirinsurance.com](http://www.elixirinsurance.com).

To be eligible for Elixir RxPlus Employer Group Retiree PDP you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. We offer coverage in all states, Puerto Rico and Guam. However, there may be cost or other differences between the plans we offer in each state or territory. If you move out of state or territory and into a state or territory that is still within our service area, you must call Member Services in order to update your information.

If you want to know more about the coverage and costs of Original Medicare or to compare plans, look in your current "Medicare & You" handbook. You can also view it online at <http://www.medicare.gov>. To order your booklet call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week.

## Puget Sound Electrical Workers Healthcare Trust 2021 Supplemental Formulary

The Medicare Part D Program covers only certain drugs. These are referred to as “**Part D Drugs**”. **Elixir RxPlus Employer Group Retiree PDP** provides coverage for Part D Drugs on the **Elixir RxPlus Employer Group Retiree PDP** formulary, and your employer group has opted to provide coverage for some additional drugs, as a supplemental benefit.

For a partial list of **Non-Part D Drugs** available through your supplemental benefits plan, as well as cost-sharing information, please see the charts below.

Please note that coverage of non-Part D Drugs is a supplemental benefit provided by your employer group and is **not a benefit under your Elixir RxPlus Employer Group Retiree PDP portion of your plan**. Non-Part D Drugs **WILL NOT** count towards any member out-of-pocket costs and will not be reflected on your Explanation of Benefits (EOB) reports.

Since Non-Part D Drugs are neither covered nor guaranteed under the Medicare program, they are not subject to the Medicare appeals process. The process of appealing adverse coverage determinations under the supplemental benefit plan may differ.

If you have any questions, please call Member Services at 1-844-293-4760 (TTY/TDD users should call 711) 24 hours a day, 7 days a week.

### Non-Part D Drugs Available through the Supplemental Benefit Plan

Covered Medications	
Part B Diabetic Supplies	
Part B Drugs (BvD with PA)	
Cialis 2.5mg and 5mg for BPH	
Miscellaneous Injectables (Non-Specialty)	
Other Part D excluded medications	

**Costs for Non-Part D Drugs Available through the Supplemental Benefit Plan  
Non Costco Pharmacy**

**30 Day Retail**

<b>Preferred Generic (T1)</b>	<b>Generic (T2)</b>	<b>Formulary Brand (T3)</b>	<b>Non-Formulary Brand (T4)</b>
\$10.00	\$10.00	\$25.00	\$50.00

**90 Day Retail & Mail Order**

<b>Preferred Generic (T1)</b>	<b>Generic (T2)</b>	<b>Formulary Brand (T3)</b>	<b>Non-Formulary Brand (T4)</b>
\$30.00	\$30.00	\$75.00	\$150.00

**Specialty 30 day copay (T5)**

\$10.00 / \$25.00 / \$50.00

**Costco Pharmacy**

**30 Day Retail**

<b>Preferred Generic (T1)</b>	<b>Generic (T2)</b>	<b>Formulary Brand (T3)</b>	<b>Non-Formulary Brand (T4)</b>
\$3.00	\$3.00	\$25.00	\$50.00

**90 Day Retail**

<b>Preferred Generic (T1)</b>	<b>Generic (T2)</b>	<b>Formulary Brand (T3)</b>	<b>Non-Formulary Brand (T4)</b>
\$7.50	\$7.50	\$62.50	\$125.00

**90 Day Mail**

<b>Preferred Generic (T1)</b>	<b>Generic (T2)</b>	<b>Formulary Brand (T3)</b>	<b>Non-Formulary Brand (T4)</b>
\$7.50	\$7.50	\$62.50	\$125

**Specialty 30 day copay (T5)**

\$3.00 / \$25.00 / \$50.00



INSURANCE

A Medicare Approved  
Prescription Drug Plan

**Name of Plan:** Puget Sound Electrical Workers  
**Address of Plan:** P.O. Box 34203  
Seattle, WA 98124  
**Group No.:** PSEWE  
**Effective Dates:** From 01-01-2020 through 12-31-2020

### Supplemental Summary Plan Description – 2021 Plan Year

You have been enrolled by your employer in a Medicare Part D Prescription Drug Plan known as the **Elixir RxPlus Employer Group Retiree PDP** (also referred to in this document as the “Plan”) for plan year 2021. The Plan is provided by Elixir Insurance Company. The Plan covers standard Medicare Part D prescription drug benefits to Medicare eligible retirees. Your employer has also decided to cover certain supplemental benefits that are not covered by the Plan. This document discusses some of the important information you need to know in order to ensure your supplemental benefits are coordinated with the standard benefits under the Plan.

**NOTE:** The rules governing the standard benefits provided by Elixir Insurance Company under the Plan are described in the **Elixir RxPlus Employer Group Retiree PDP Evidence of Coverage (EOC)**. The rules governing the supplemental benefits covered by your employer group are described in this document below.

## SUPPLEMENTAL BENEFITS COVERAGE

### Member Cost Share and Prescription Drugs

A Medicare Part D standard benefit plan normally has premiums, deductibles, and cost-share such as co-insurance that are paid by the member. However, your employer group has elected to supplement the standard benefits in this plan year by covering some or all of premiums and cost-shares payable during the following stages of coverage under the standard benefit plan: Deductible, Initial Coverage, Coverage Gap, and Catastrophic. See the attached *2021 Summary of Benefits* for specific coverage. In addition, your employer may also elect to cover certain prescription drugs not covered under the standard plan. (See the attached *Supplemental Formulary*.)

In addition, your employer may also elect to cover certain prescription drugs as a supplemental benefit not covered under the standard plan, refer to the *Supplemental Formulary*. There may be certain drugs covered by your employer group which (i) are not eligible for coverage under Medicare Part D, or (ii) are not covered under the Medicare Formulary, but are “grandfathered” from your employer group’s previous plan. Grandfathered drugs will be covered only for those members already taking these drugs before the beginning of the plan year. New users of these medications will be subject to the coverage determination process outlined in the EOC.

The drugs covered under **Elixir RxPlus Employer Group Retiree PDP** are specified in the **Elixir RxPlus Employer Group Retiree PDP Formulary**. However, to determine the member cost-share (i.e. tier level) applicable for a particular drug, you should refer to the member cost-share tiers for drugs in your Summary of Benefits.

### **True Out of Pocket Expenses (TrOOP)**

True Out-of-Pocket (TrOOP) expenses are costs incurred under Medicare Part D paid by the member. When the TrOOP reaches \$6,550 in the 2021 plan year, the member is eligible for coverage under the Catastrophic stage of the plan. Please note that by your employer group covering some or all of your out-of-pocket costs through the supplemental benefits, it will delay leaving the Coverage Gap stage and going into the Catastrophic stage.

Please note that your out-of-pocket cost for a covered drug may differ from a previous purchase depending on the coverage stage you are in and the supplemental benefit provided by your employer group.

### **Medicare Part B Drugs**

Please note that certain drugs may be covered by Medicare Part B under your medical plan. In order to determine the proper entity to pay for these drugs, the member, physician or pharmacy may need to provide additional information.

### **Appeals Process**

The rules governing the process of appealing adverse coverage determinations made by the Plan are specified in the **Elixir RxPlus Employer Group Retiree PDP Evidence of Coverage**. The process of appealing adverse coverage determinations under the supplemental benefit may differ. Call Member Services at 1-844-293-4760 (TTY/TDD users should call 711) 24 hours a day, 7 days a week for more information.

### **Coordination of Benefits**

In order to obtain the maximum coverage available, you must use your plan **Elixir RxPlus Employer Group Retiree PDP** ID card each time you purchase prescription drugs. If the pharmacy requires assistance to process any portion of your coverage, please have the pharmacy contact our Member Services at 1-844-293-4760 (TTY/TDD users should call 711) 24 hours a day, 7 days a week.

**Note:** The supplemental benefits described in this document are covered by your employer group and not by Elixir Insurance Company.