



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

2024 Elixir RxPlus Employer Group Retiree PDP Summary of Benefits

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

Monthly Premium - Your coverage is provided through a contract with the Puget Sound Electrical Workers Healthcare Trust (the Trust). You may be required to contribute a portion of the premium. If so, this amount is collected by the Trust. Please contact the Trust's benefits administration office for information about your plan premium.

Annual Deductible - \$0

Initial Coverage Stage - Amount you pay until you and the plan pay a total of \$5,030 (includes deductible) for covered prescription drug expenses.

Tier Name	Network Pharmacies	Costco Pharmacies
	30-day retail supply you pay:	30-day supply at Costco you pay:
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
Tier 6 – Adherence Generics	\$10	\$3
	90-day retail supply you pay:	90-day supply at Costco 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
Tier 6 – Adherence Generics	\$30	\$7.50
	90-day mail order supply you pay:	90-day mail order supply at Costco 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
Tier 6 – Adherence Generics	\$30	\$7.50

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 \$5,030 and \$8,000 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.

	30-day retail supply you pay:	30-day supply at Costco you pay:
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
Tier 6 – Adherence Generics	\$10	\$3

	90-day retail supply you pay:	90-day supply at Costco 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
Tier 6 – Adherence Generics	\$30	\$7.50
	90-day mail order supply you pay:	90-day mail order supply at Costco 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
Tier 6 – Adherence Generics	\$30	\$7.50
Catastrophic Stage - Amount you pay after \$8,000 in annual out-of-pocket covered prescription drug expenses.		
\$0		
Your out-of-pocket maximum on this plan is \$1,350. After this out-of-pocket maximum is met, copays will be \$0.		
<p>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.</p> <p>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, the District of Columbia and Puerto Rico. 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.</p> <p>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. Other Pharmacies are available in our network.</p>		

Puget Sound Electrical Workers Healthcare Trust 2024 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 group, The Puget Sound Electrical Workers Healthcare Trust (the Trust), 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 the Trust 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 Medicare Part D member out-of-pocket costs and will not be reflected on your Medicare Part D 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

Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand
\$10.00	\$10.00	\$25.00	\$50.00

90 Day Retail & Mail Order

Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand
\$30.00	\$30.00	\$75.00	\$150.00

Specialty 30 day copay

\$10.00/\$25.00/\$50.00

Your out-of-pocket maximum on this plan is \$1,350. After this out-of-pocket maximum is met, copays will be \$0.

Costco Pharmacy

30 Day Retail

Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand
\$3.00	\$3.00	\$25.00	\$50.00

90 Day Retail

Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand
\$7.50	\$7.50	\$62.50	\$125.00

90 Day Mail

Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand
\$7.50	\$7.50	\$62.50	\$125.00

Specialty 30 day copay

\$3.00/\$25.00/\$50.00

Your out-of-pocket maximum on this plan is \$1,350. After this out-of-pocket maximum is met, copays will be \$0.

*Other Pharmacies are available in our network



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: 01-01-2024 to 12-31-2024

Supplemental Summary Plan Description – 2024 Plan Year

You have been enrolled by the Puget Sound Electrical Workers Healthcare Trust (the Trust) 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 2024. The Plan is provided by Elixir Insurance Company. The Plan covers standard Medicare Part D prescription drug benefits to Medicare eligible retirees. The Trust 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, the Trust has elected to supplement the standard benefits in this plan year by covering some or all of premiums and cost-share payable during the following stages of coverage under the standard benefit plan: Deductible, Initial Coverage, Coverage Gap, and Catastrophic. See the attached *2024 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*.)

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. by listed drug 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 and paid by the member. When TrOOP expenses paid by the member reach \$8,000 in the 2024 plan year, the member is eligible for coverage under the Catastrophic stage of the plan. Please note that by the Trust 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 also 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 the Trust.

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 the Trust and not by Elixir Insurance Company.