



# NAVITUS MEDICARERX (PDP) 2022 SUMMARY OF BENEFITS University of California

This Summary of Benefits, for your enrollment in the UC Medicare PPO or UC High Option Supplement to Medicare plan, explains some of the features of the University of California Navitus MedicareRx Prescription Drug Plan (PDP); however, it does not list every benefit, limitation or exclusion. To get a complete list of your benefits, please refer to your Evidence of Coverage, which is available on our member portal at <https://Memberportal.navitus.com> (once you are enrolled). Or, contact Navitus MedicareRx Customer Care toll-free at 1-866-270-3877 (TTY users should call 711). Calls to these numbers are free. Members can call Customer Care 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Included in this mailing is information on how to access your Evidence of Coverage, Pharmacy Directory, and Formulary on <https://Memberportal.navitus.com> (once you are enrolled).

This plan, Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a Federally-Qualified Medicare Contracting Prescription Drug Plan.

## **Important Contact Information**

**Navitus MedicareRx (PDP) Customer Care** – 1-866-270-3877 (TTY users should call 711). Calls to these numbers are free and available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Customer Care has free language interpreter services available for non-English speakers.

Pharmacies can also reach Navitus Customer Care 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Member Portal** – <https://Memberportal.navitus.com> Once you are enrolled, use this portal to access the most up-to-date formulary and pharmacy directory, and to review the current year's benefit booklets. You will need to register with this website in order to access your specific and updated information if it is your first time visiting the Member Portal.

**Navitus Prescriber Portal** – [Prescribers.navitus.com](https://Prescribers.navitus.com)

Your primary care physician or prescribing physician can use this portal to access your Formulary and to begin to initiate a Prior Authorization on your behalf.

**Navitus Network Pharmacy Portal** – [Pharmacies.navitus.com](https://Pharmacies.navitus.com)

Your pharmacy can use this portal to access your Formulary.

**University of California** – For information regarding premiums or enrollment options, contact the UC Retirement Administration Service Center (RASC) at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.). Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific).

**Centers for Medicare & Medicaid Services (CMS)** – CMS is the Federal agency that administers and regulates Medicare. For information on the Medicare benefit only (not related to your supplemental/retiree plan) we recommend reviewing CMS's *Medicare & You* booklet. This booklet is mailed by CMS in September to all Medicare households. You can also sign up to get this handbook electronically at [MyMedicare.gov](https://www.mymedicare.gov), or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week.

## Navitus MedicareRx (PDP) Summary of Benefits 2022

### Part D Prescription Drugs

The benefit information provided is a summary of what we cover and what you pay. Your cost sharing may differ based on the pharmacy's status as preferred/non-preferred; mail order; long term care; home infusion; one-month or extended-day supplies; and when you enter another stage of the Medicare Part D benefit. For more information on the additional pharmacy specific cost-sharing, the phases of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at <https://Memberportal.navitus.com> (once you are enrolled).

### Yearly Deductible Stage

This stage does not apply to you, because this plan does not have a deductible for Part D drugs.

### Initial Coverage and Gap Coverage Stages

During these stages, the plan pays its share of the cost of your drugs and you pay your share of the cost. The table below shows your share of the cost in each of the plan's drug tiers and shows your payment responsibility until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket (TrOOP) limit of \$7,050. Then you move to the Catastrophic Coverage stage.

Drug Benefits	UC High Option Supplement to Medicare	UC Medicare PPO
	Member Pays	Member Pays
<b>Outpatient Prescription Part D Drugs</b>	<b>In-Network</b>	<b>In-Network</b>
Non-Part D Extra Covered Drug Options (Prescription Required)	Cough/Cold Vitamins/Minerals Erectile Dysfunction (ED)	Cough/Cold Vitamins/Minerals Erectile Dysfunction (ED)
Part D Gap Drug Coverage Stage	You pay your retail or mail order copay	You pay your retail or mail order copay
Part D Deductible	\$0	\$0
Drug Plan Out-of-Pocket Amount	<b>\$1,000 <sup>2</sup></b>	<b>Not Applicable <sup>1</sup></b>
Part D True Out-of-Pocket Amount (to move into the Catastrophic Stage)	\$7,050	\$7,050
Retail Day Supply	30 Day	30 Day
Mail Order Day Supply	90 Day	90 Day
<b>Part D Drugs Retail Standard - Initial Coverage Stage</b>	<b>In-Network (up to a 30-day supply)</b>	<b>In-Network (up to a 30-day supply)</b>
Select Generics	\$0 copay	\$0 copay
Tier 1 Drugs	\$10 copay	\$10 copay
Tier 2 Drugs	\$30 copay	\$30 copay
Tier 3 Drugs	\$45 copay	\$45 copay
Tier 4 Drugs	\$30 copay	\$30 copay

Drug Benefits	UC High Option Supplement to Medicare	UC Medicare PPO	
	Member Pays	Member Pays	
<b>Part D Drugs Mail Order - Initial Coverage Stage</b>	<b>In-Network</b> (up to a 90-day supply)	<b>In-Network</b> (up to a 90-day supply)	
Select Generics	\$0 copay	\$0 copay	
Tier 1 Drugs	\$20 copay	\$20 copay	
Tier 2 Drugs	\$60 copay	\$60 copay	
Tier 3 Drugs	\$90 copay	\$90 copay	
Tier 4 Drugs	A long-term supply is not available for drugs in Tier 4	A long-term supply is not available for drugs in Tier 4	
<b>Part D Drugs Retail Standard - GAP Stage</b>	<b>In-Network</b> (up to a 30-day supply)	<b>In-Network</b> (up to a 30-day supply)	
Select Generics	\$0 copay	\$0 copay	
Tier 1 Drugs	\$10 copay	\$10 copay	
Tier 2 Drugs	\$30 copay	\$30 copay	
Tier 3 Drugs	\$45 copay	\$45 copay	
Tier 4 Drugs	\$30 copay	\$30 copay	
<b>Part D Drugs Mail Order - GAP Stage</b>	<b>In-Network</b> (up to a 90-day supply)	<b>In-Network</b> (up to a 90-day supply)	
Select Generics	\$0 copay	\$0 copay	
Tier 1 Drugs	\$20 copay	\$20 copay	
Tier 2 Drugs	\$60 copay	\$60 copay	
Tier 3 Drugs	\$90 copay	\$90 copay	
Tier 4 Drugs	A long-term supply is not available for drugs in Tier 4	A long-term supply is not available for drugs in Tier 4	
<b>Select Retail Pharmacy Cost Sharing *</b>	<b>Select Retail</b> (up to 30 days)	<b>Select Retail</b> (31–60 days)	<b>Select Retail</b> (61–90 days)
<b>Tier 1 Drugs</b> from Select Retail Pharmacies	\$10 copay	\$20 copay	\$20 copay
<b>Tier 2 Drugs</b> from Select Retail Pharmacies	\$30 copay	\$60 copay	\$60 copay
<b>Tier 3 Drugs</b> from Select Retail Pharmacies	\$45 copay	\$90 copay	\$90 copay

\* Select Retail includes the following retail pharmacies: UC Medical Center retail pharmacies, Costco, CVS, Vons/Safeway and Walgreens.

### **Catastrophic Coverage Stage**

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The table below shows your share of the cost in each of the plan's drug tiers. Since you have reached your total out-of-pocket costs of \$7,050, you will remain in the Catastrophic Coverage stage for the remainder of the year.

<b>Part D Drugs - Catastrophic Stage</b>	<b>In-Network (up to a 90-day supply)</b>	<b>In-Network (up to a 90-day supply)</b>
Select Generics	\$0 copay	\$0 copay
Generic Drugs	\$0 copay	\$0 copay
Brand-Name Drugs	\$0 copay	\$0 copay

<b>Drug Tier</b>	<b>Tier Description</b>
<b>\$0</b>	Select Generics (not all dosages of these drugs are covered at the Select Generics cost share)
<b>1</b>	Preferred generics and some lower cost brand products
<b>2</b>	Preferred brand products and some high cost non-preferred generics
<b>3</b>	Non-preferred products (could include some high cost non-preferred generics)
<b>4</b>	Specialty products

### **Additional Cost Sharing Information**

- Your drug copayment may be less, based upon the cost of the drug and the stage you are in.
- Your plan will allow up to a 30-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS** on the formulary are not available for an extended supply (greater than a 1-month supply) at retail, mail order or specialty pharmacies.
- If you reside in a long-term care facility, you pay the same for a 31-day supply as for a 1-month supply.
- Certain preventive drugs are available on the formulary for a \$0 copayment.

**1 Medicare PPO plan members:** you continue to pay the cost of Extra Covered Drugs, even after the TrOOP is reached.

**2 High Option Supplement plan members:** Once you reach the \$1,000 drug plan out-of-pocket maximum, you are no longer responsible for a copay or coinsurance for prescription drugs until the next calendar year begins. Out-of-pocket costs for Non-Part D Extra Covered Drugs apply toward the \$1,000 out-of-pocket maximum but not the TrOOP. If you qualify for the Coverage Gap Discount, you could reach the \$7,050 TrOOP before the \$1,000 out-of-pocket maximum, because out-of-pocket expenses covered by the Coverage Gap Discount apply only toward the TrOOP, but not the out-of-pocket maximum. If this happens, you will continue to pay a copay for Extra Covered Drugs until you reach the \$1,000 out-of-pocket maximum. After that, the plan will pay 100% for all covered drugs (including Extra Covered Drugs).

### **Extra Covered Drug Benefits:**

<b>Formulary Cost Sharing</b>	<b>Network Pharmacy (up to 30 days)</b>	<b>Network Pharmacy (31–60 days)</b>	<b>Network Pharmacy (61–90 days)</b>
<b>Part B Diabetic Supplies</b> (Navitus MedicareRx will coordinate benefits, if submitted after Medicare Part B pays primary, including lancets, blood sugar diagnostics, calibration solutions and glucometers)	\$0 copay	\$0 copay	\$0 copay

- **Smoking Cessation Drugs:** Your plan includes coverage for smoking cessation drugs prescribed by a physician. See the Formulary for a complete list of drugs covered.
- **Transgender Changes or Gender Identity Disorder Drugs:** You pay the applicable drug tier copay under retail or mail order. See the Formulary for a complete list of drugs covered.
- **Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Your UC drug plan provides coverage for both Part B and Part D vaccines at no cost when purchased at a network pharmacy. You also have coverage for vaccines administered at a physician’s office, however the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician’s office you will pay for the entire cost of the vaccine and its administration and then ask your UC drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines covered by Part D. A list of Part D covered vaccines is included on your formulary.
- **Coverage for Out of Country Drugs:** Outpatient prescription drugs are not covered by Medicare Part D plans when they are filled by pharmacies outside of the United States. Your UC plan provides coverage for outpatient prescription drugs when all of the following apply:
  - ✓ You remain a permanent resident of the United States while you are out of country, *and*
  - ✓ The drug is approved by the Food and Drug Administration (FDA), *and*
  - ✓ The drug would be a covered drug by your plan if the drug was filled by a pharmacy located within the United States.

When you receive coverage for outpatient prescription drugs filled at a pharmacy outside the United States, you will need to pay the full cost of the drug and request that we reimburse you for our share. Your share of a covered outpatient drug will be your coinsurance or copayment amount. Please see “How to ask us to pay you back” for detailed instructions, which can be found in the Evidence of Coverage, Chapter 5, Section 2.

**Non-Part D Extra Covered Drugs (Prescriptions Required) - Refer to your Formulary:**

<b>Formulary Cost Sharing</b>	<b>Retail &amp; Mail Order (up to 30 days)</b>	<b>Retail (31–60 days)</b>	<b>Retail (61-90 days)</b>	<b>Mail Order (31-90 days)</b>
<b>Tier 1</b> Non-Medicare Covered Drugs	\$10 copay	\$20 copay	\$30 copay	\$20 copay
<b>Tier 2</b> Non-Medicare Covered Drugs	\$30 copay	\$60 copay	\$90 copay	\$60 copay
<b>Tier 3</b> Non-Medicare Covered Drugs	\$45 copay	\$90 copay	\$135 copay	\$90 copay

For a complete description of benefits, call Customer Care at 1-866-270-3877 or 711 for TTY users, or access the Evidence of Coverage on <https://Memberportal.navitus.com> (once you are enrolled).



## Additional Coverage Information

More detailed plan information is provided in your Evidence of Coverage. You can also access these documents at <https://Memberportal.navitus.com> (once you are enrolled). You can ask for information regarding the Evidence of Coverage, Formulary or Pharmacy Directory, once you are enrolled, by calling Navitus MedicareRx Customer Care at 1-866-270-3877 or 711 for TTY users.

### **Additional Help for Medicare called “Extra Help”**

Programs are available to help people with low or limited income and resources pay for prescriptions. If you qualify, your Medicare prescription plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you are enrolled in Navitus MedicareRx, Medicare will tell us how much assistance you will be receiving and we will send you information on the amount you will pay for your prescriptions.

If you think you may qualify for Medicare’s “Extra Help” program, call Social Security 1-800-772-1213, between 7:00 am and 7:00 pm, Monday through Friday, to apply for the program. TTY users should call 1-800-325-0778. You may also be able to apply at your State Medical Assistance or Medicaid Office. If you qualify for extra help, we have included a letter in your packet, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”). For more information on how to get help with drug plan costs, see Chapter 2, section 7, of your Evidence of Coverage.

### **Creditable Drug Coverage**

Creditable drug coverage is as good as Medicare’s standard prescription drug coverage. Creditable coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. A late enrollment penalty is imposed on individuals who do not maintain creditable coverage for any period of 63 days or longer after being first eligible for the Medicare Part D benefit. Your UC drug coverage meets creditable coverage requirements.

### **Income Related Monthly Adjustment Amount (IRMAA)**

If your modified adjusted gross income (MAGI) as reported on your IRS tax return from 2 years ago was above a certain amount, you will pay an extra amount in addition to your monthly Part B plan premium. For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>.

Less than 5% of people with Medicare are affected, so most people will not pay a higher premium.

For more information, see Chapter 1, Section 6, of your Evidence of Coverage.

### **Network Pharmacies**

The first step to filling your prescription is deciding on a participating network pharmacy. We have network pharmacies across the country where you can obtain your prescriptions as a member of our plan. There is a pharmacy search tool and a complete list of network pharmacies at <https://Memberportal.navitus.com>.

**Select Retail pharmacies** in our network allow you to get a long-term supply of drugs for a reduced copayment. For these Select Retail pharmacies, you will only be charged twice your 1-month retail copayment for a 90-day supply. You can take advantage of this benefit by visiting one of the participating Select Retail pharmacies which include the UC Medical Center retail pharmacies, Costco, CVS, Vons/Safeway or Walgreens.

In the event of an emergency where you are not able to utilize a network pharmacy, an out-of-network pharmacy may be able to fill your prescription. **Your plan will allow up to a 30-day supply** of medication at an out-of-network pharmacy. To receive reimbursement for prescriptions from an out-of-network pharmacy, send your prescription claim to Navitus MedicareRx.

### **Recommended Mail Order Pharmacy**

Our mail order service offers an easy way for you to get up to a 90-day supply of your long-term or maintenance medications. You can use any contracted network pharmacy you like; currently the recommended mail order pharmacy is **Costco Mail Order Pharmacy** and can be reached at 1-800-607-6861. There is a pharmacy search tool and a complete list of network pharmacies at <https://Memberportal.navitus.com>.

Using the recommended mail order pharmacy allows you to have your medications delivered to your home and in some cases at a lower rate than if you purchased at a retail pharmacy.

Note: Costco Mail Order Pharmacy use does not require a Costco Warehouse membership.

### **Recommended Specialty Pharmacy**

You can use any contracted specialty pharmacy you like; however, Navitus recommends **Lumicera Specialty Pharmacy and Select UC Pharmacies**. There is a pharmacy search tool and a complete list of network pharmacies at <https://Memberportal.navitus.com>.

### **Supplemental Coverage**

Supplemental Coverage, also known as Wrap coverage, is provided as part of your prescription benefit. This supplemental coverage may pay for prescription drugs even when Medicare does not cover them. However, you will still be responsible for paying your copayments or coinsurance.



## **General Information**

### **What will I pay for Navitus MedicareRx (PDP) premiums?**

Your coverage is provided through a contract with your former employer. Please contact the UC Retirement Administration Service Center (RASC) at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.). Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific) for information about your UC 2022 plan premiums.

### **Where is Navitus MedicareRx (PDP) available?**

The service area for Navitus MedicareRx includes all 50 states and Puerto Rico. The service area excludes most U.S. Territories, such as the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. You must live in the service area to join Navitus MedicareRx. If you reside outside the service area you are not eligible to be enrolled in Navitus MedicareRx.

If you plan to move out of the service area, please contact the RASC at (800) 888-8267 (in U.S.) or (510) 987-0200 (from outside the U.S.). Representatives are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (Pacific). You will need to opt out of the Navitus MedicareRx plan and enroll in a new UC medical plan with prescription drug coverage, available in the service area you move to.

It is also important that you call Social Security at 1-800-772-1213 or 1-800-325-0778 for TTY users if you move or change your mailing address.

### **Who is eligible to join?**

You, your spouse/domestic partner, and dependents are eligible to join if you qualify for your plan's Medicare retiree coverage through Navitus MedicareRx, you are enrolled in Medicare Parts A and B, and you live in the service area. Your premium for Medicare Parts A and B must be paid in order to keep your Medicare Parts A and B coverage and to remain a member of this plan. If you are leaving our service area, please make sure to coordinate with the University of California so that you do not experience any interruptions in your coverage. To ensure a smooth enrollment, make sure UC has your most up-to-date information and that it matches your Social Security information.

### **Late enrollment penalty (LEP)**

If you don't enroll within 63 days after becoming eligible for Medicare, or if you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. The LEP will apply for as long as you are enrolled in Medicare, unless you submit timely proof of continuous creditable Part D coverage after age 65.

### **Where can I get my prescriptions filled?**

Navitus MedicareRx has formed a network of pharmacies. You should use a network pharmacy to receive the highest level of plan benefits. Navitus MedicareRx requires that you pay for your prescriptions if you use an out-of-network pharmacy. Send Navitus MedicareRx your request for payment, along with your receipt documenting the payment you have made. We will reimburse you our share of the cost of any formulary medications. It's a good idea to make a copy of your receipts for your records.

The pharmacies in our network can change at any time. You can ask for network pharmacies by calling Customer Care at 1-866-270-3877 or 711 for TTY users. You can also access a pharmacy search tool at <https://Memberportal.navitus.com>. You are able to request a pharmacy directory to be mailed to you by calling Customer Care at the number listed above.

### **How do I know which medications Navitus MedicareRx (PDP) covers?**

The Navitus MedicareRx Formulary, or Drug List, is a list of drugs selected to meet patient needs. Navitus MedicareRx may periodically make changes to the Formulary. In the event of CMS-approved changes to the Formulary throughout the Plan Year, Navitus MedicareRx will notify you. Additionally, you may log in to <https://Memberportal.navitus.com> to view the Formulary.

### **Does my plan cover Medicare Part B or Part D drugs?**

Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the Formulary. The drugs on the Formulary are selected by Navitus MedicareRx with the help of a team of doctors and pharmacists. The list must meet specific requirements set by Medicare. Medicare has approved the Navitus MedicareRx Formulary. The supplemental portion of your plan covers some additional drugs that are not part of the standard Medicare Part D formulary.

### **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx offers. You may be invited to participate in a program designed for your specific health and pharmacy needs. It is recommended that you participate if you are selected, but you have the option not to participate. There is no cost to you to participate in the MTM Program. If you have questions concerning our MTM Program please contact our Navitus MedicareRx Customer Care number listed on the back cover. For additional information regarding Medication Therapy Management, please refer to Chapter 3, Section 10, of your Evidence of Coverage.

### **What are my protections in the plan?**

All Medicare prescription drug plans commit to an annual contract. Each year, your employer group decides whether to continue for another year. If the plan decides not to continue, they must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription coverage in your area.

If Navitus MedicareRx ever denies coverage for your prescriptions, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

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**Please call Navitus MedicareRx (PDP) for more information about this plan.**

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Pharmacies can call Navitus MedicareRx 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Member Portal:**

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For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov).

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