



2021 Summary of Benefits

SecureRx Options 1 and 3 PDP Plans

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Summary of Benefits

January 1, 2021 – December 31, 2021

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **SecureRx Option 1 or SecureRx Option 3 (PDP)**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **SecureRx Option 1 and SecureRx Option 3 (PDP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.

Sections in this booklet

- Things to Know About **SecureRx Option 1 and SecureRx Option 3 (PDP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Part D Prescription drugs
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-877-234-3853 (TTY 711).

Things to Know About SecureRx Option 1 and SecureRx Option 3 (PDP)

Hours of Operation:

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

SecureRx Option 1 and SecureRx Option 3 (PDP) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-877-234-3853 (TTY 711).
- If you are not a member of this plan, call toll-free 1-888-839-7330 (TTY 711).
- Our website: AvalonSecureRxPDP.com

Who can join?

To join **SecureRx Option 1 or SecureRx Option 3 (PDP)**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following: **Pennsylvania, and West Virginia.**

Which drugs are covered?

We cover Part D drugs. You can see the complete plan formulary (list of Part D prescription drugs and any restrictions on our website (AvalonSecureRxPDP.com)). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible Stage, Initial Coverage, Coverage Gap, and Catastrophic Coverage stage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan’s pharmacy directory at our website (AvalonSecureRxPDP.com). Or, call us and we will send you a copy of the pharmacy directory.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 1-877-234-3853, 8 a.m. to 8 p.m. 7 days a week, October 1 through March 31. April 1 through September 30, 8 a.m. to 8 p.m., Monday through Friday.

Understanding the Benefits



Review the full list of Part D prescription drug benefits found in the Evidence of Coverage (EOC). Visit AvalonSecureRxPDP.com, or call 1-877-234-3853, 8 a.m. to 8 p.m. 7 days a week, October 1 through March 31. April 1 through September 30, 8 a.m. to 8 p.m., Monday through Friday, to view a copy of the EOC.



Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules



In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.



Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2022.

Health Benefits	SecureRx Option 1 (PDP)	SecureRx Option 3 (PDP)
Monthly Plan Premium	You pay \$107.50 per month	You pay \$60.90 per month
Medicare Part B Premium	You must continue to pay your Medicare Part B premium.	
Deductible	No Deductible	\$265

Prescription Drug Benefits

1. Deductible Stage

The “**deductible**” is the amount you must pay for drugs before our plan begins to pay its share.

SecureRx Option 1 (PDP) does not have deductible. The Deductible Stage does not apply to SecureRx Option 1 members, your prescription coverage begins in the Initial Coverage Stage.

SecureRx Option 3 (PDP) members have a \$265 plan deductible. The deductible stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your drugs until you reach the plan’s deductible amount, which is \$265. Once you have paid \$265 for your drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.

2. Initial Coverage Stage

What you pay for: **Preferred** Retail, **Standard** Retail, and Mail Order Pharmacy

SecureRx Option 1 (PDP) members begin in this stage when you fill your first prescription of the year.

SecureRx Option 3 (PDP) members move into the Initial Coverage Stage after you have met your deductible.

During the Initial Coverage Stage, your share of the cost of a covered drug will be either a copayment or coinsurance.

- “**Copayment**” means that you pay a fixed amount each time you fill a prescription.
- “**Coinsurance**” means that you pay a percent of the total cost of the drug each time you fill a prescription.

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total **\$4,130**.

You stay in the Initial Coverage Stage until your total out-of-pocket costs reach **\$4,130**. When you reach an out-of-pocket limit of **\$4,130**, you leave the Initial Coverage Stage and move on to the Coverage Gap Stage.

- You may get your drugs at preferred or standard network retail pharmacies and mail order pharmacies.
 - If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.
 - You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.
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2. Initial Coverage Stage *(Continued)*

SecureRx Option 1 (PDP)	Preferred Retail Pharmacy and Mail Order 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply	Long Term Care Pharmacy 31 Day Supply
Tier 1: Preferred Generic drugs	\$3 / \$9 copay	\$10 / \$30 copay	\$10 copay
Tier 2: Generic drugs	\$10 / \$30 copay	\$20 / \$60 copay	\$20 copay
Tier 3: Preferred Brand drugs	\$38 / \$114 copay	\$45 / \$135 copay	\$45 copay
Tier 4: Non-Preferred drugs	\$88 / \$264 copay	\$95 / \$285 copay	\$95 copay
Tier 5: Specialty drugs	33% coinsurance Limited to a 30-day supply	33% coinsurance Limited to a 30-day supply	33% coinsurance Limited to a 30-day supply
Tier 6: Select Care drugs	\$0 / \$0 copay	\$7 / \$21 copay	\$7 copay
Select Insulins*	\$5 copay for a 30-day supply	\$5 copay for a 30-day supply	\$5 copay for a 30-day supply

* All insulins listed on our Drug List (Formulary) are Select Insulins. The most recent Drug List is on our website at AvalonSecureRxPDP.com, or contact the plan.

SecureRx Option 3 (PDP)	Preferred Retail Pharmacy and Mail Order 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply	Long Term Care Pharmacy 31 Day Supply
Tier 1: Preferred Generic drugs	\$8 / \$24 copay	\$15 / \$45 copay	\$15 copay
Tier 2: Generic drugs	\$12 / \$36 copay	\$20 / \$60 copay	\$20 copay
Tier 3: Preferred Brand drugs	\$40 / \$120 copay	\$47 / \$141 copay	\$47 copay
Tier 4: Non-Preferred drugs	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5: Specialty drugs	28% coinsurance Limited to a 30-day supply	28% coinsurance Limited to a 30-day supply	28% coinsurance Limited to a 30-day supply
Tier 6: Select Care drugs	\$0 / \$0 copay	\$7 / \$21 copay	\$7 copay

SecureRx Option 3 (PDP) does not offer the Select Insulin program

Prescription Drug Benefits

3. Coverage Gap Stage (Donut Hole)

What you pay for: **Preferred** Retail, **Standard** Retail, and Mail Order Pharmacy.

The coverage gap begins after the total yearly costs of your drugs (including what our plan has paid and what you have paid) reaches **\$4,130**.

SecureRx Option 1 (PDP) offer additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be a \$5 copay for a 30-day supply. All insulins listed on our Drug List are Select Insulins. You can review the most recent Drug List on our website at AvalonSecureRxPDP.com. If you have questions about the Drug List, you can also call Member Services.

NOTE: SecureRx Option 3 (PDP) does **not** offer the Select Insulin program.

When you are in the Coverage Gap Stage, the Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

You also receive some coverage for generic drugs. You pay no more than 25% of the cost for generic drugs and the plan pays the rest. For generic drugs, the amount paid by the plan (75%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

You continue paying the discounted price for brand name drugs and no more than 25% of the costs of generic drugs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. In 2021, that amount is **\$6,550**. When you reach an out-of-pocket limit of **\$6,550**, you leave the Coverage Gap Stage and move on to the Catastrophic Coverage Stage.

4. Catastrophic Coverage Stage

What you pay for: **Preferred** Retail, **Standard** Retail, and Mail Order Pharmacy.

When you (or those paying on your behalf) have spent a total of **\$6,550** in out-of-pocket costs within the calendar year, you will move from the Coverage Gap Stage to the Catastrophic Coverage Stage.

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

During this stage, the plan will pay most of the cost for your drugs.

- Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount:
 - – either – coinsurance of 5% of the cost of the drug
 - –or – \$3.70 for a generic drug or a drug that is treated like a generic and \$9.20 for all other drugs.
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For help and information:

1-888-839-7330

Current members:

1-877-234-3853

(TTY users should call 711)

April 1 through September 30

8 a.m. to 8 p.m., Monday through Friday

October 1 through March 31

8 a.m. to 8 p.m., seven days a week



AvalonSecureRxPDP.com