

# 2023 Summary of Benefits

## Medicare Prescription Drug Plan

### SecureRx Option 1 (Medicare Prescription Drug Plan)

January 1, 2023 – December 31, 2023

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## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at [AvalonSecureRxPDP.com](http://AvalonSecureRxPDP.com). You may also call us and ask us to mail you an Evidence of Coverage.

### You have choices about how to get your Medicare benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **SecureRx Option 1 (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.

### Tips for comparing your Medicare choices

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

- If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [Medicare.gov](http://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 [Medicare.gov](http://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 (PDP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Part D Prescription drugs.

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).

### Hours of operation and contact information

- From October 1 to March 31 we're open 8:00 AM to 8:00 PM ET, 7 days a week.
- From April 1 to September 30, we're open 8:00 AM to 8:00 PM ET, Monday through Friday.
- If you are a member of this plan, call us at 1-877-234-3853, TTY: 711.
- If you are not a member of this plan, call us at 1-888-839-7330, TTY: 711.
- Our website: [AvalonSecureRxPDP.com](http://AvalonSecureRxPDP.com).

## Who can join?

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

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

## 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](http://AvalonSecureRxPDP.com)). Or, call us and we will send you a copy of the pharmacy directory.

## What do we cover?

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](http://AvalonSecureRxPDP.com). Or, call us and we will send you copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "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 reached. Later in this document we discuss the benefit stages that occur: Deductible Stage, Initial Coverage, Coverage Gap, and Catastrophic Coverage Stage.

**If you have any questions about this plan's benefits or costs, please contact Avalon Insurance Company.**

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## SECTION II - SUMMARY OF BENEFITS

### SecureRx Option 1 (PDP)

#### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<b>Monthly Plan Premium</b>	\$126.30 per month. In addition, you must keep paying your Medicare Part B premiums.
<b>Deductible</b>	Prescription Drug Deductible: Not Applicable.

#### PRESCRIPTION DRUG BENEFITS

**Initial Coverage** You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost sharing tier it is on. Please refer to the Evidence of Coverage for additional information on cost shares.

<b>Standard Retail Cost-Sharing</b>			
<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 2 (Generic)	\$20 copay	\$40 copay	\$60 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay	\$135 copay
Tier 4 (Non-Preferred Drug)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable

Part D Select Insulin (tier 3)	\$5 copay	\$10 copay	\$15 copay
<b>Preferred Retail Cost-Sharing</b>			
<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$9 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$38 copay	\$76 copay	\$114 copay
Tier 4 (Non-Preferred Drug)	\$88 copay	\$176 copay	\$264 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable
Part D Select Insulin (tier 3)	\$5 copay	\$10 copay	\$15 copay
<b>Mail Order</b>			
<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$9 copay
Tier 2 (Generic)	\$10 copay	\$20 copay	\$30 copay
Tier 3 (Preferred Brand)	\$38 copay	\$76 copay	\$114 copay
Tier 4 (Non-Preferred Drug)	\$88 copay	\$176 copay	\$264 copay
Tier 5 (Specialty Tier)	33% coinsurance	Not Applicable	Not Applicable

	<table border="1"> <tr> <td>Part D Select Insulin (tier 3)</td> <td>\$5 copay</td> <td>\$10 copay</td> <td>\$15 copay</td> </tr> </table> <p>Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.</p> <p>Please call us or see the plan's "<b>Evidence of Coverage</b>" on our website AvalonSecureRxPDP.com for complete information about your costs for covered drugs.</p>	Part D Select Insulin (tier 3)	\$5 copay	\$10 copay	\$15 copay
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<b>Coverage Gap</b>	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p> <p>As part of the Part D Insulin Saver Program, you will continue to pay the same copays during the Coverage Gap Stage as you did in the Initial Coverage Stage (listed above) for Select Insulins. Select Insulins can be located on the Drug List by looking for the \$ symbol next to the drug name.</p>				
<b>Catastrophic Amount</b>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or</li> <li>• 5% of the cost.</li> </ul>				

## DISCLAIMERS

This document is available in other alternate formats.

**SecureRx Option 1 (PDP)** is a Medicare Prescription Drug Plan plan with a Medicare contract. Enrollment in **SecureRx Option 1 (PDP)** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

## 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 customer service representative at 1-877-234-3853 (TTY 711).

### Understanding the Benefits

- Review the full list of Part D prescription drug benefits found in the Evidence of Coverage (EOC). Visit [AvalonSecureRxPDP.com](http://AvalonSecureRxPDP.com) to view a copy of the EOC or call 1-877-234-3853 (TTY 711) to have a copy mailed to you.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions or pay a higher out-of-network cost.
- Review the formulary to make sure your drugs are covered.

### 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/co-insurance may change on January 1, 2024.

# THANK YOU

## Connect with us

**Contact Information:** 1-877-234-3853, TTY: 711

**Organization Name:** Avalon Insurance Company

**Organization Website:** [AvalonSecureRxPDP.com](https://AvalonSecureRxPDP.com)

SecureRx® PDP is offered by Avalon® Insurance Company.