



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces page 2 of your 2018 Annual Notice of Changes

Cost	2017-2018 (this year)	2018-2019 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	copayment/ coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none">• Drug Tier 1: \$10• Drug Tier 2: \$10• Drug Tier 3: \$20• Drug Tier 4: \$20• Drug Tier 5: 25% of the cost	copayment/ coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none">• Drug Tier 1: \$10• Drug Tier 2: \$10• Drug Tier 3: \$20• Drug Tier 4: \$20• Drug Tier 5: 25% of the cost• Drug Tier 6: \$0



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces page 8 of your 2018 Annual Notice of Changes

Cost	2017-2018 (this year)	2018-2019 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Preferred Generic Drugs: You pay \$10 per prescription</p> <p>Tier 2 – Non-Preferred Generic Drugs: You pay \$10 per prescription</p> <p>Tier 3 – Preferred Brand Name Drugs: You pay \$20 per prescription</p> <p>Tier 4 – Non-Preferred Brand Name Drugs: You pay \$20 per prescription</p> <p>Tier 5 – Specialty Drugs: You pay 25% of the cost</p> <p>Once your out-of-pocket costs have reached \$4,850, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Preferred Generic Drugs: You pay \$10 per prescription</p> <p>Tier 2 – Generic Drugs: You pay \$10 per prescription</p> <p>Tier 3 – Preferred Brand Name Drugs: You pay \$20 per prescription</p> <p>Tier 4 – Non-Preferred Drugs: You pay \$20 per prescription</p> <p>Tier 5 – Specialty Drugs: You pay 25% of the cost</p> <p>Tier 6 – Select Care Drugs: You pay \$0 per prescription</p> <p>Once your out-of-pocket costs have reached \$5,000, you will move to the next stage (the Catastrophic Coverage Stage).</p>



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces Section 3.2 on page 117 of your 2018 Evidence of Coverage

Section 3.2 There are six “cost-sharing tiers” for drugs on the Drug List

Every drug on the plan’s Drug List is in one of six cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- **Cost-Sharing Tier 1: Preferred Generic Drugs**
Includes lower-cost generic drugs
- **Cost-Sharing Tier 2: Generic Drugs**
Includes many generic drugs
- **Cost-Sharing Tier 3: Preferred Brand Name Drugs**
Includes commonly used preferred brand name drugs
- **Cost-Sharing Tier 4: Non-Preferred Drugs**
Includes non-preferred generic and non-preferred brand name drugs
- **Cost-Sharing Tier 5: Specialty Drugs**
Includes unique and/or very high-cost drugs
- **Cost-Sharing Tier 6: Select Care Drugs**
Includes select generic drugs

To find out which cost-sharing tier your drug is in, look it up in the plan’s Drug List.

The amount you pay for drugs in each cost-sharing tier is shown in Chapter 6 (*What you pay for your Part D prescription drugs*).



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces page 121 of your 2018 Evidence of Coverage

You may be able to get a temporary supply

Under certain circumstances, the plan can offer a temporary supply of a drug to you when your drug is not on the Drug List or when it is restricted in some way. Doing this gives you time to talk with your provider about the change in coverage and figure out what to do.

To be eligible for a temporary supply, you must meet the two requirements below:

1. The change to your drug coverage must be one of the following types of changes:

- The drug you have been taking is **no longer on the plan's Drug List**.
- *or* -- the drug you have been taking is **now restricted in some way** (Section 4 in this chapter tells about restrictions).

2. You must be in one of the situations described below:

- **For those members who are new or who were in the plan last year:**

We will cover a temporary supply of your drug **during the first 90 days of your membership in the plan if you were new and during the first 90 days of the calendar year if you were in the plan last year**. This temporary supply will be for a maximum of a 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 30-day supply of medication. The prescription must be filled at a network pharmacy. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

- **For those members who have been in the plan for more than 90 days and reside in a long-term care (LTC) facility and need a supply right away:**

We will cover one 31-day supply of a particular drug, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply.

- **For those members entering a long-term care (LTC) facility from other care settings and have a level of care change:** We will cover one 31-day supply of a particular drug, or less if your prescription is written for fewer days.

To ask for a temporary supply, call Customer Care (phone numbers are printed on the back cover of this booklet).



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces Section 6.2 beginning on page 123 of your 2018 Evidence of Coverage

Section 6.2 What happens if coverage changes for a drug you are taking?

Information on changes to drug coverage

When changes to the Drug List occur during the year, we post information on our website about those changes. We will update our online Drug List on a regularly scheduled basis to include any changes that have occurred after the last update. Below we point out the times that you would get direct notice if changes are made to a drug that you are then taking. You can also call Member Services for more information (phone numbers are printed on the back cover of this booklet).

Do changes to your drug coverage affect you right away?

Changes that can affect you this year: In the below cases, you will be affected by the coverage changes during the current year:

- **A generic drug replaces a brand name drug on the Drug List (or we change the cost-sharing tier or add new restrictions to the brand name drug)**
 - If a brand name drug you are taking is replaced by a generic drug, the plan must give you at least 30 days' notice or give you a 30-day refill of your brand name drug at a network pharmacy.
 - During this 30-day period, you should be working with your provider to switch to the generic or to a different drug that we cover.
 - Or you or your prescriber can ask the plan to make an exception and continue to cover the brand name drug for you. For information on how to ask for an exception, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).
- **Unsafe drugs and other drugs on the Drug List that are withdrawn from the market**
 - Once in a while, a drug may be suddenly withdrawn because it has been found to be unsafe or removed from the market for another reason. If this happens, we will immediately remove the drug from the Drug List. If you are taking that drug, we will let you know of this change right away.
 - Your prescriber will also know about this change, and can work with you to find another drug for your condition.



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

-Continued- replacement of section 6.2 beginning on page 123 of your 2018 Evidence of Coverage

• **Other changes to drugs on the Drug List**

- We may make other changes once the year has started that affect drugs you are taking. For instance, we might add a generic drug that is not new to the market to replace a brand name drug or change the cost-sharing tier or add new restrictions to the brand name drug. We also might make changes based on FDA boxed warnings or new clinical guidelines recognized by Medicare. We must give you at least 30 days' notice or give you a 30 -day refill of the drug you are taking at a network pharmacy.
- During this 30-day period, you should be working with your prescriber to switch to a different drug that we cover.
- Or you or your prescriber can ask us to make an exception and continue to cover the drug for you. For information on how to ask for an exception, see Chapter 9 (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*).

Changes to drugs on the Drug List that will not affect people currently taking the drug: For changes to the Drug List that are not described above, if you are currently taking the drug, the following types of changes will not affect you until January 1 of the next year if you stay in the plan:

- If we move your drug into a higher cost-sharing tier.
- If we put a new restriction on your use of the drug.
- If we remove your drug from the Drug List.

If any of these changes happen for a drug you are taking, then the change won't affect your use or what you pay as your share of the cost until January 1 of the next year. Until that date, you probably won't see any increase in your payments or any added restriction to your use of the drug. However, on January 1 of the next year, the changes will affect you, and it is important to check the new year's Drug List for any changes to drugs.



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces information within section 9.2 on page 127 of your 2018 Evidence of Coverage

What if you're a resident in a long-term care (LTC) facility and become a new member of the plan?

If you need a drug that is not on our Drug List or is restricted in some way, the plan will cover a **temporary supply** of your drug during the first 90 days of your membership. The total supply will be for a maximum of a 34-day supply, or less if your prescription is written for fewer days. (Please note that the long-term care (LTC) pharmacy may provide the drug in smaller amounts at a time to prevent waste.) If you have been a member of the plan for more than 90 days and need a drug that is not on our Drug List or if the plan has any restriction on the drug's coverage, we will cover one 31-day supply, or less if your prescription is written for fewer days.

Below information replaces section 10.2 on page 129 of your 2018 Evidence of Coverage

Section 10.2 Drug Management Program (DMP) to help members safely use their opioid medications

We have a program that can help make sure our members safely use their prescription opioid medications, or other medications that are frequently abused. This program is called a Drug Management Program (DMP). If you use opioid medications that you get from several doctors or pharmacies, we may talk to your doctors to make sure your use is appropriate and medically necessary. Working with your doctors, if we decide you are at risk for misusing or abusing your opioid or benzodiazepine medications, we may limit how you can get those medications. The limitations may be:

- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from one pharmacy
- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from one doctor
- Limiting the amount of opioid or benzodiazepine medications we will cover for you

If we decide that one or more of these limitations should apply to you, we will send you a letter in advance. The letter will have information explaining the terms of the limitations with think should apply to you. You will also have an opportunity to tell us which doctors or pharmacies you prefer to use. If you think we made a mistake or you disagree with our determination that you are at-risk for prescription drug abuse or the limitation, you and your prescriber have the right to ask us for an appeal. See Chapter 9 for information about how to ask for an appeal.

The DMP may not apply to you if you have certain medical conditions, such as cancer, or you are receiving hospice care or live in a long-term care facility.



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below information replaces information within section 5.1 on page 137 of your 2018 Evidence of Coverage

Section 5.1 What you pay for a drug depends on the drug and where you fill your prescription

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription.

The plan has six cost-sharing tiers

Every drug on the plan's Drug List is in one of six cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug:

- **Cost-Sharing Tier 1: Preferred Generic Drugs**
Includes lower-cost generic drugs
- **Cost-Sharing Tier 2: Generic Drugs**
Includes many generic drugs
- **Cost-Sharing Tier 3: Preferred Brand Name Drugs**
Includes commonly used preferred brand name drugs
- **Cost-Sharing Tier 4: Non-Preferred Drugs**
Includes non-preferred generic and non-preferred brand name drugs
- **Cost-Sharing Tier 5: Specialty Drugs**
Includes unique and/or very high-cost drugs
- **Cost-Sharing Tier 6: Select Care Drugs**
Includes select generic drugs



Addendum to Annual Notice of Changes and Evidence of Coverage – Effective 1/1/2019

Below table replaces table on page 139 of your 2018 Evidence of Coverage

	Standard retail cost-sharing (in network) (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 34-day supply)	Out-of-network cost-sharing (Coverage is limited to certain situations; see Chapter 5 for details.) (up to a 30-day supply)
Cost-Sharing Tier 1 Preferred Generic Drugs	\$10 copayment	\$10 copayment	\$10 copayment
Cost-Sharing Tier 2 Generic Drugs	\$10 copayment	\$10 copayment	\$10 copayment
Cost-Sharing Tier 3 Preferred Brand Name Drugs	\$20 copayment	\$20 copayment	\$20 copayment
Cost-Sharing Tier 4 Non-Preferred Drugs	\$20 copayment	\$20 copayment	\$20 copayment
Cost-Sharing Tier 5 Specialty Drugs	25% of cost	25% of cost	25% of cost
Cost-Sharing Tier 6 Select Care Drugs	\$0 copayment	\$0 copayment	\$0 copayment



Addendum to Annual Notice of Changes
and Evidence of Coverage – Effective 1/1/2019

Below table replaces table on page 141 of your 2018 Evidence of Coverage

	Standard retail cost sharing (in network (up to a 90-day supply)	Mail-order cost sharing (up to a 90-day supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$30 copayment	\$20 copayment
Cost-Sharing Tier 2 (Generic Drugs)	\$30 copayment	\$20 copayment
Cost-Sharing Tier 3 (Preferred Brand Name Drugs)	\$60 copayment	\$40 copayment
Cost-Sharing Tier 4 (Non-Preferred Drugs)	\$60 copayment	\$40 copayment
Cost-Sharing Tier 5 (Specialty Drugs)	A long-term supply is not available for drugs in Tier 5	A long-term supply is not available for drugs in Tier 5
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copayment	\$0 copayment