Chapter 6: Understanding the plan’s drug coverage

**Introduction**

This chapter discusses your outpatient drug coverage through <plan name>. By “drugs,” we mean:

* Medicare Part D prescription drugs, **and**
* drugs and items covered under Medicaid, **and**
* drugs and items covered by the plan as additional benefits.

Because you are enrolled in the Fully Integrated Duals Advantage for people with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration, you have **no costs** for any covered drugs.

Other key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

To learn more about prescription drugs, you can look in these places:

* <Plan name>’s *List of Covered Drugs*. We call this the “Drug List.” It tells you:
* Which drugs <plan name> pays for
* Which of the <number of tiers> tiers each drug is in
* Whether there are any limits on the drugs
* If you need a copy of the Drug List, call Participant Services. You can also find the Drug List on our website at <web address>. The Drug List on the website is always the most current.
* Chapter 5 of this *Participant Handbook*.
* Chapter 5 [plan may insert reference, as applicable] tells how to get your outpatient prescription drugs through <plan name>.
* It includes rules you need to follow. It also tells which types of prescription drugs are not covered by <plan name>.
* <Plan name>’s *Provider and Pharmacy Directory*.
* In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that have agreed to work with <plan name>.
* The *Provider and Pharmacy Directory* has a list of network pharmacies. You can read more about network pharmacies in Chapter 5 [plan may insert reference, as applicable].

[The plan should refer Participants to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[The plan must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

Table of Contents

[A. The *Explanation of Benefits* (EOB) 3](#_Toc11760412)

[B. How to keep track of your drugs 3](#_Toc11760413)

[C. Summary of your drug coverage 4](#_Toc11760414)

[C1. The plan’s tiers 4](#_Toc11760415)

[C2. Getting a long-term supply of a drug 4](#_Toc11760416)

[C3. Your coverage for a one-month [*insert if applicable:* or long-term] supply of a covered prescription drug 5](#_Toc11760417)

[D. Vaccinations 6](#_Toc11760418)

[D1. What you need to know before you get a vaccination 6](#_Toc11760419)

# A. The *Explanation of Benefits* (EOB)

[If the plan has a single payment stage (i.e., no cost sharing differences between the Initial Coverage Stage and the Catastrophic Coverage Stage), modify this section as necessary.]

<Plan name>keeps track of your drugs and your total drug costs, including the amount Medicare pays for you.

When you get prescription drugs through <plan name>, we send you a report called the EOB. The EOB includes:

* **Information for the month**. The report tells what prescription drugs you got. It shows the total drug costs, what the plan paid, and what Medicare paid for you. The EOB is not a bill. It is just for your records.
* **“Year-to-date” information.** These are your drugs used during the year and the total payments made by <plan name> and Medicare for you since January 1.

We offer coverage of drugs not covered under Medicare.

* We also pay for some over-the-counter (OTC) drugs.
* To find out which drugs <plan name> covers, see the Drug List.

# B. How to keep track of your drugs

To keep track of your drugs, we use records we get from you and from your pharmacy. Here is how you can help us:

1. **Use your Participant ID Card.**

Show your Participant ID Card every time you get a prescription filled. This will help us know what prescriptions you fill.

1. **Make sure we have the information we need if we need to reimburse you.**

You should not have to pay for any covered drugs under <plan name>. In the event of a mix-up at the pharmacy or some other reason that you end up paying for a covered drug, give us copies of receipts. You can ask us to pay you back for the drug.

Here are some times when you should give us copies of your receipts:

* When you buy a covered drug at a network pharmacy at a special price or using a discount card that is not part of <plan name>’s benefit
* When you pay a copay for drugs that you get under a drug maker’s patient assistance program
* When you buy covered drugs at an out-of-network pharmacy
* When you pay the full price for a covered drug

To learn how to ask us to pay you back for the drug, see Chapter 7 [plan may insert reference, as applicable].

1. **Check the reports we send you.**

When you get an EOB in the mail, please make sure it is complete and correct. If you think something is wrong or missing from the report, or if you have any questions, please call Participant Services. [If the plan allows Participants to manage this information online, describe that option here.] Be sure to keep these reports.

# C. Summary of your drug coverage

## C1. The plan’s tiers

[Plan must provide an explanation of tiers; see the example below. The plan has flexibility to describe its tier model but must ensure the tier label or description of the types of drugs on each tier is consistent with the guidance regarding generic tier labels in the CY 2016 Final Call Letter.

With <plan name>, you pay nothing for covered drugs as long as you follow the plan’s rules.

Tiers are groups of drugs. Every drug on the plan’s Drug List is in one of <number of tiers> tiers. There is no cost to you for drugs on any of the tiers.

* Tier 1 drugs are generic drugs.
* Tier 2 drugs are brand name drugs.
* Tier 3 drugs are OTC drugs.]

## C2. Getting a long-term supply of a drug

[If the plan does not offer extended supplies, delete the following two paragraphs:]

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is [insert if applicable: up to] a <number of days>-day supply. There is no cost to you for a long-term supply.

For details on where and how to get a long-term supply of a drug, see Chapter 5 [plan may insert reference, as applicable] or the *Provider and Pharmacy Directory.*

## C3. Your coverage for a one-month [insert if applicable:or long-term] supply of a covered prescription drug

[Plan may delete columns and modify the table as necessary to reflect the plan’s prescription drug coverage. Plan must ensure the tier label or description of the types of drugs on each tier is consistent with the guidance regarding generic tier labels in the CY 2016 Final Call Letter.]

[Plan should add or remove tiers as necessary. If mail-order is not available for certain tiers, the plan should insert the following text in the cost sharing cell: Mail-order is not available for drugs in [insert tier].]

[Plan may merge the “network long-term care pharmacy” and “out-of-network pharmacy” columns with the “network pharmacy” column if days supply is the same as for network pharmacies.]

[Plan may merge tier rows if all information – including days supply across all pharmacy settings and availability via mail order – is identical. However, the merged row must include a tier number and description for each tier.]

|  | **A network pharmacy**  A one-month or up to a <number of days>-day supply | **The plan’s mail-order service**  A one-month or up to a <number of days>-day supply | **A network long-term care pharmacy**  Up to a <number of days>-day supply | **An out-of-network pharmacy**  Up to a <number of days>-day supply. Coverage is limited to certain cases. See Chapter 5 [plan may insert reference, as applicable] for details. |
| --- | --- | --- | --- | --- |
| **Tier 1**  ([Insert description; e.g., “generic drugs.”]) | $0 | $0 | $0 | $0 |
| **Tier 2**  ([Insert description.]) | $0 | $0 | $0 | $0 |
| **Tier 3**  ([Insert description.]) | $0 | $0 | $0 | $0 |
| **Tier 4**  ([Insert description.]) | $0 | $0 | $0 | $0 |

For information about which pharmacies can give you long-term supplies, see the plan’s *Provider and Pharmacy Directory.*

# D. Vaccinations

<Plan name> covers Medicare Part D vaccines. There are no costs for vaccinations that are covered under <plan name>.

## D1. What you need to know before you get a vaccination

[Plan may revise this section as needed.]

We recommend that you talk to your Care Manager whenever you would like to get a vaccination. Your IDT will discuss appropriate vaccinations.

* It is best to use a network provider and pharmacy to get your vaccinations. If you are not able to use a network provider and pharmacy, you may have to pay the entire cost for both the vaccine itself, a prescription drug, and for getting the vaccine.
* For example, sometimes you may get the vaccine as a shot given to you by your provider. If you are in this situation, we recommend that you call your Care Manager first. If you pay the full cost of the vaccine at a provider’s office, we can tell you how to ask us to pay you back. To learn how to ask us to pay you back, see Chapter 7 [plan may insert reference, as applicable].