

| **Educators Rx Advantage (PDP)** | **Educators Rx Basic (PDP)** |

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Summary of Benefits

January 1, 2018 – December 31, 2018

This booklet gives you a summary of what **Educators Rx Advantage** (PDP) and **Educators Rx Basic** (PDP) plans 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 or view the *Evidence of Coverage* online.

Contact information

Call toll free **1.800.572.8734**; TTY: **1.800.716.3231**, 24 hours a day, 7 days a week. Or visit our website: <https://medicare.emihealth.com>.

Our plan is offered by EDUCATORS MUTUAL INSURANCE ASSOCIATION, which is also called EMI Health, a Medicare Prescription Drug Plan that contracts with the Federal government. Enrollment in EMI Health Medicare depends on contract renewal.

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 <https://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.

Information about Educators Rx Advantage (PDP) and Educators Rx Basic (PDP)

Who can join our plan?

- To join **Educators Rx Advantage** (PDP) and **Educators Rx Basic** (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: Idaho and Utah.

Which drugs are covered?

- You can see the complete plan formulary (list of covered Part D prescription drugs) and any restrictions on our website (<https://medicare.emihealth.com>).

What 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. You can check to see if your pharmacy is in our network at our website (<https://medicare.emihealth.com>).

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.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1.800.572.8734** (TTY: **1.800.716.3231**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.572.8734** (TTY: **1.800.716.3231**).

This information is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

What will I pay for covered services (premium, deductible and cost-sharing)?

Our plan groups each medication into one of four “tiers.” The amount you pay depends on the drug’s tier, the pharmacy you use, whether the prescription is for a 34-day or 90-day supply and which of the following stages of the benefit you have reached:

- **Deductible:** You pay a set amount before your plan begins to pay its share of the cost (if applicable).
- **Initial Coverage:** This stage begins after you pay your yearly deductible (if applicable). You remain in this stage until your total yearly drug costs reach \$3,750. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.)
- **Coverage Gap (or Donut Hole):** This stage begins after your total yearly drug costs exceed \$3,750. **Most members do not reach the Coverage Gap.** If you reach this stage, you will pay 44% of the cost for generic drugs and 35% of the cost for brand drugs, excluding dispensing and any vaccine administration fees, until your out-of-pocket costs total \$5,000.
- **Catastrophic Coverage:** This stage begins after your year-to-date out-of-pocket costs exceed \$5,000. During this stage, you pay the greater of \$3.35 or 5% of the cost for generic drugs (including brand drugs treated as generics) and the greater of \$8.35 or 5% of the cost for all other drugs.

Cost-sharing amounts may change depending on the type of pharmacy used, the drug tier and the stage of the Part D benefit. For more information, please call us or view our *Evidence of Coverage* on our website (<https://medicare.emihealth.com>).

Cost-sharing amounts at long-term care, home infusion and out-of-network pharmacies are the same as at a retail pharmacy.

Benefit information varies by region/state.

Region 31: Idaho, Utah

	Advantage Plan		Basic Plan	
Monthly Premium	\$184.50		\$114.40	
	You must continue to pay your Medicare Part B premium.			
Yearly Deductible	\$0		\$405	
Initial Coverage	Copayment or Coinsurance			
Pharmacy Type	Retail	Mail	Retail	Mail
Days’ Supply	34 days	90 days	34 days	90 days
Tier 1 Preferred Generic Drugs	10% coinsurance	10% coinsurance	\$7 copayment	\$21 copayment
Tier 2 Preferred Brand Drugs	20% coinsurance	20% coinsurance	\$47 copayment	\$141 copayment
Tier 3 Non-Preferred Drugs	40% coinsurance	40% coinsurance	\$100 copayment	\$300 copayment
Tier 4 Specialty Tier Drugs	33% coinsurance	33% coinsurance	25% coinsurance	25% coinsurance