

January 1, 2016 – December 31, 2016

# Summary of Benefits

First Health Part D Premier Plus (PDP)  
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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 **First Health Part D Premier Plus (PDP)**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an 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 **First Health Part D Premier Plus (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 <http://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 <http://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 **First Health Part D Premier Plus (PDP)**

- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- 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 1-855-389-9688, TTY: 711.

Este documento está disponible en otros formatos como Braille y en letra grande.

Este documento puede estar disponible en un idioma diferente al inglés. Para información adicional, llámenos al 1-855-389-9690, TTY 711.

## Things to Know About First Health Part D Premier Plus (PDP)

### Hours of Operation

- You can call us 24 hours a day, 7 days a week.

### First Health Part D Premier Plus (PDP) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-844-233-1938, TTY: 711.
- If you are not a member of this plan, call toll-free 1-855-389-9688, TTY: 711.
- Our website: <http://www.FirstHealthPartD.com>

### Who can join?

To join **First Health Part D Premier Plus (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, Utah.

### **Which drugs are covered?**

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<http://www.formulary.coventry-medicare.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 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 have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

### **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 (<http://www.pharmacylocator.coventry-medicare.com>). Or, call us and we will send you a copy of the pharmacy directory.

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## First Health Part D Premier Plus (PDP)

### Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

**How much is the monthly premium?**

\$72 per month.

**How much is the deductible?**

This plan does not have a deductible.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

### Prescription Drug Benefits

**Initial Coverage**

You pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

#### Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$6 copay	\$12 copay	\$18 copay
Tier 2 (Generic)	\$7 copay	\$14 copay	\$21 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

#### Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1 copay	\$2 copay	\$3 copay
Tier 2 (Generic)	\$2 copay	\$4 copay	\$6 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost

**First Health Part D Premier Plus (PDP)**

**Initial Coverage**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

**Standard Mail Order Cost-Sharing**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$6 copay	\$12 copay	\$18 copay
Tier 2 (Generic)	\$7 copay	\$14 copay	\$21 copay
Tier 3 (Preferred Brand)	\$40 copay	\$80 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.

**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

**First Health Part D Premier Plus (PDP)**

**Coverage Gap**

**Standard Retail Cost-Sharing**

Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	All	\$6 copay	\$12 copay	\$18 copay
Tier 2 (Generic)	All	\$7 copay	\$14 copay	\$21 copay
Tier 4 (Non-Preferred Brand)	Some	45% of the cost	45% of the cost	45% of the cost

**Preferred Retail Cost-Sharing**

Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	All	\$1 copay	\$2 copay	\$3 copay
Tier 2 (Generic)	All	\$2 copay	\$4 copay	\$6 copay
Tier 4 (Non-Preferred Brand)	Some	45% of the cost	45% of the cost	45% of the cost

**Standard Mail Order Cost-Sharing**

Tier	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	All	\$6 copay	\$12 copay	\$18 copay
Tier 2 (Generic)	All	\$7 copay	\$14 copay	\$21 copay
Tier 4 (Non-Preferred Brand)	Some	45% of the cost	45% of the cost	45% of the cost

**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.