

SUMMARY OF BENEFITS
ENVISIONRX PLUS SILVER PLAN – S7694
January 1, 2016 - December 31, 2016

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 *EnvisionRx Plus Silver* (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 *EnvisionRx Plus Silver* (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 *EnvisionRx Plus Silver* (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 1-866-250-2005.

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

Este documento podría estar disponible en otros idiomas diferentes al inglés. Para información adicional, llámenos al 1-866-250-2005.

THINGS TO KNOW ABOUT *ENVISIONRX PLUS SILVER* (PDP)

Hours of Operation

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

***EnvisionRx Plus Silver* (PDP) Phone Numbers and Website**

- If you are a member of this plan, call toll-free (866)-250-2005.
- If you are not a member of this plan, call toll-free (866)-250-2005.
- Our website: www.envisionrxplus.com

Who can join?

To join *EnvisionRx Plus Silver* (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: all 50 states, District of Columbia, Guam, and Puerto Rico.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (www.envisionrxplus.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 four "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 after you meet your deductible: 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 (www.envisionrxplus.com/en/pharmacy.aspx). Or, call us and we will send you a copy of the pharmacy directory.

Summary of Benefits

January 1, 2016 - December 31, 2016

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

How much is the monthly premium? \$22.60 to \$86.90 per month
Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.

How much is the deductible? \$360 per year for Part D prescription drugs.

EnvisionRx Plus is a PDP with a Medicare contract. Enrollment in *EnvisionRx Plus* depends on contract renewal.

PRESCRIPTION DRUG BENEFITS

Initial Coverage After you pay your yearly deductible, 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	Three-month supply
Tier 1 (Generic)	\$10 copay	\$30 copay
Tier 2 (Preferred Brand)	See table below	See table below
Tier 3 (Non-Preferred Brand)	45% of the cost	45% of the cost
Tier 4 (Specialty Tier)	25% of the cost	Not Offered

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Generic)	\$2 copay	\$6 copay
Tier 2 (Preferred Brand)	See table below	See table below
Tier 3 (Non-Preferred Brand)	40% of the cost	40% of the cost
Tier 4 (Specialty Tier)	25% of the cost	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Generic)	\$10 copay	\$30 copay
Tier 2 (Preferred Brand)	See table below	See table below
Tier 3 (Non-Preferred Brand)	45% of the cost	45% of the cost
Tier 4 (Specialty Tier)	25% of the cost	Not Offered

Preferred Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Generic)	\$2 copay	\$6 copay
Tier 2 (Preferred Brand)	See table below	See table below
Tier 3 (Non-Preferred Brand)	40% of the cost	40% of the cost
Tier 4 (Specialty Tier)	25% of the cost	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, but may pay more than you pay at an in-network pharmacy.

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.

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.

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S7694 - PREMIUM AND TIER 2 COST-SHARING TABLE

The table below provides *EnvisionRx Plus Silver*'s 2016 premium amounts and Tier 2 cost-sharing (preferred brand) for Retail and Mail Order. Please look for your state to find the applicable amounts for you.

Tier 2 Coinsurance Amounts per State			
State	2016 Premium	Retail & Mail Order (30 days supply)	Retail & Mail Order (90 days supply)
Alabama	\$34.60	16% Preferred 25% Standard	16% Preferred 25% Standard
Alaska	\$36.70	12% Preferred 25% Standard	12% Preferred 25% Standard
Arizona	\$29.30	12% Preferred 25% Standard	12% Preferred 25% Standard
Arkansas	\$27.10	12% Preferred 25% Standard	12% Preferred 25% Standard
California	\$32.00	10% Preferred 25% Standard	10% Preferred 25% Standard
Colorado	\$31.90	12% Preferred 25% Standard	12% Preferred 25% Standard
Connecticut	\$33.30	12% Preferred 25% Standard	12% Preferred 25% Standard
Delaware	\$33.00	9% Preferred 16% Standard	9% Preferred 16% Standard
Dist. of Columbia	\$33.00	9% Preferred 16% Standard	9% Preferred 16% Standard
Florida	\$86.90	12% Preferred 25% Standard	12% Preferred 25% Standard
Georgia	\$29.00	16% Preferred 25% Standard	16% Preferred 25% Standard
Guam	\$33.60	12% Preferred 25% Standard	12% Preferred 25% Standard
Hawaii	\$31.90	12% Preferred 25% Standard	12% Preferred 25% Standard
Idaho	\$39.00	14% Preferred 25% Standard	14% Preferred 25% Standard
Illinois	\$30.00	12% Preferred 25% Standard	12% Preferred 25% Standard
Tier 2 Coinsurance Amounts per State			

State	2016 Premium	Retail & Mail Order (30 days supply)	Retail & Mail Order (90 days supply)
Indiana	\$35.00	12% Preferred 25% Standard	12% Preferred 25% Standard
Iowa	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Kansas	\$32.20	12% Preferred 25% Standard	12% Preferred 25% Standard
Kentucky	\$35.00	12% Preferred 25% Standard	12% Preferred 25% Standard
Louisiana	\$35.80	12% Preferred 25% Standard	12% Preferred 25% Standard
Maine	\$33.10	12% Preferred 25% Standard	12% Preferred 25% Standard
Maryland	\$33.00	9% Preferred 16% Standard	9% Preferred 16% Standard
Massachusetts	\$33.30	12% Preferred 25% Standard	12% Preferred 25% Standard
Michigan	\$35.70	10% Preferred 25% Standard	10% Preferred 25% Standard
Minnesota	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Mississippi	\$30.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Missouri	\$52.80	10% Preferred 23% Standard	10% Preferred 23% Standard
Montana	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Nebraska	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Nevada	\$61.00	10% Preferred 23% Standard	10% Preferred 23% Standard
New Hampshire	\$33.10	12% Preferred 25% Standard	12% Preferred 25% Standard
New Jersey	\$40.70	10% Preferred 19% Standard	10% Preferred 19% Standard
New Mexico	\$22.60	16% Preferred 25% Standard	16% Preferred 25% Standard
New York	\$41.20	10% Preferred 25% Standard	10% Preferred 25% Standard
Tier 2 Coinsurance Amounts per State			

State	2016 Premium	Retail & Mail Order (30 days supply)	Retail & Mail Order (90 days supply)
North Carolina	\$32.70	14% Preferred 25% Standard	14% Preferred 25% Standard
North Dakota	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Ohio	\$32.40	8% Preferred 16% Standard	8% Preferred 16% Standard
Oklahoma	\$33.90	12% Preferred 25% Standard	12% Preferred 25% Standard
Oregon	\$30.70	10% Preferred 25% Standard	10% Preferred 25% Standard
Pennsylvania	\$33.30	10% Preferred 25% Standard	10% Preferred 25% Standard
Puerto Rico	\$30.00	12% Preferred 25% Standard	12% Preferred 25% Standard
Rhode Island	\$33.30	12% Preferred 25% Standard	12% Preferred 25% Standard
South Carolina	\$30.50	12% Preferred 25% Standard	12% Preferred 25% Standard
South Dakota	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard
Tennessee	\$34.60	16% Preferred 25% Standard	16% Preferred 25% Standard
Texas	\$31.20	16% Preferred 25% Standard	16% Preferred 25% Standard
Utah	\$39.00	14% Preferred 25% Standard	14% Preferred 25% Standard
Vermont	\$33.30	12% Preferred 25% Standard	12% Preferred 25% Standard
Virginia	\$30.70	10% Preferred 19% Standard	10% Preferred 19% Standard
Washington	\$30.70	10% Preferred 25% Standard	10% Preferred 25% Standard
West Virginia	\$33.30	10% Preferred 18% Standard	10% Preferred 18% Standard
Wisconsin	\$39.60	12% Preferred 25% Standard	12% Preferred 25% Standard
Wyoming	\$33.20	14% Preferred 25% Standard	14% Preferred 25% Standard