2017

Magellan Rx Medicare Basic (PDP)

Summary of Benefits

January 1, 2017 – December 31, 2017

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."

How to use this book

- This Summary of Benefits booklet gives you a summary of what Magellan Rx Medicare Basic (PDP) covers and what you pay.
- You can use it to compare our plan with other Medicare health plans.
- 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 Customer Service at 1-800-424-5870.
- Es posible que este documento esté disponible en otros idiomas aparte de inglés. Para obtener información adicional, llame al Servicio al Cliente al 1-800-424-5870.
- 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://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.

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Things to Know About Magellan Rx Medicare Basic (PDP)

Who can join?

- To join Magellan Rx Medicare 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: North Carolina.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (https://medicare.magellanrx.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 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. Our website can help you find a pharmacy in your neighborhood – or wherever you may travel.

You can see our plan's pharmacy directory at our website (https://medicare.magellanrx.com). Or, call us and we will send you a copy of the pharmacy directory.

Monthly Premium and Prescription Drug Benefits

Initial Coverage

Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage on our website.

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

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 $3,700.

After you enter the coverage gap, you pay 40% of the plan's cost for covered brand name drugs and 51% of the plan's cost for covered generic drugs until your costs total $4,950, 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
- $3.30 copay for generic (including brand drugs treated as generic) and a $8.25 copayment for all other drugs

Plan Premium and Deductible		What you should know
Monthly Premium	$41.40 per month	You must continue to pay your Medicare Part B premium.
Yearly Deductible	$400 per year for Part D prescription drugs	After you pay your yearly deductible, you pay the following (see below) until your total yearly drug costs reach $3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Copay / Coinsurance By Tier

Tiers	Standard Retail Cost-Sharing (One-Month Supply)	Preferred Retail Cost-Sharing (One-Month Supply)	Standard Mail Order Cost-Sharing (Three-Month Supply)
Tier 1 (Preferred Generic)	$8	$1	$3
Tier 2 (Generic)	$12	$5	$15
Tier 3 (Preferred Brand)	$47	$47	$141
Tier 4 (Non-Preferred Brand)	50%	50%	50%
Tier 5 (Specialty Tier)	25%	25%	-

Magellan Rx Medicare Basic (PDP) Phone Numbers and Website

24/7

Magellan Rx Medicare Basic (PDP)
Customer Service
1-800-424-5870
TTY users call 711.

https://medicare.magellanrx.com

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-424-5870 (TTY: 711).

አዳምጥ : አማርኛ, ከክፍያ ነፃ የቋንቋ እርዳታ አገልግሎቶች , የሚናገሩ ከሆነ , ለእርስዎ የሚገኙ ናቸው . 1-800-424-5870 (TTY: 711) ይደውሉ .

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-424-0785 (رقم هاتف الصم والبكم: 117).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-424-5870 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-424-5870 (TTY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-424-5870 (TTY: 711) သို့ ခေါ်ဆိုပါ။

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-424-5870 (TTY: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-424-5870 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-424-5870 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez 1-800-424-5870 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-424-5870 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-424-5870 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-424-5870 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-424-5870 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-424-5870 (TTY: 711) पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-424-5870 (TTY: 711).

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-424-5870 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-424-5870 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-424-5870 (TTY: 711) まで、お電話にてご連絡ください。

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ၣ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စုၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1-800-424-5870 (TTY:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-424-5870 (TTY:711).번으로 전화해 주십시오.

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-424-5870 (TTY:711).

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 1-800-424-5870 (TTY:711). بکە.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-424-5870 (TTY:711).

LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaalọk 1-800-424-5870 (TTY:711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-424-5870 (TTY:711).។

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-424-5870 (TTY:711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-424-5870 (टिटिवाइ: 711.

PIƆ KENE: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atɔ̈ kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-800-424-5870 (TTY:711).

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-800-424-5870 (TTY:711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-424-5870 (TTY:711).'ਤੇ ਕਾਲ ਕਰੋ।

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-424-5870 (TTY: 711).

توجه: اگر شما فارسی، خدمات کمک زبان ، رایگان صحبت می کنند، در دسترس شما هستند . پاسخ.(TTY:711) 1-800-424-5870) .

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-424-5870 (TTY:711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-424-5870 (TTY:711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-424-5870 (TTY:711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-424-5870. (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1800-424-5870 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-5870 (TTY:711).

MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-424-5870 (TTY:711).

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-424-5870 (TTY:711).

ܬܘܡܐ: ܐܢ ܐܢܬ ܡܬܡܠܠܝܢ ܠܫܢܐ ܩܕܡܝܬܐ، ܡܨܝܢ ܐܢܬ ܕܬܬܩܒܠܘܢ ܫܘܬܦܘܬܐ ܕܠܫܢܐ ܕܠܝܬ ܚܘܠܦܐ ܕܠܐ ܡܚܝܒܐ.
ܡܨܠܝ ܠܟܘܢ ܒܬܠܦܘܢܐ 1-800-424-5870 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-424-5870 (TTY:711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-424-5870 (TTY:711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-424-5870 (TTY:711).

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-424-5870 (TTY:711). irtibat numaralarını arayın.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-424-5870 (телетайп: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں. 1-800-424-5870 (TTY:711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-424-5870 (TTY:711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-424-5870 (TTY:711)

Magellan Rx Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Magellan Rx Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Magellan Rx Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact John J. DiBernardi Jr, Senior Vice President & Coorporate Compliance Officer at Magellan Health Inc.

If you believe that Magellan Rx Medicare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

John J. DiBernardi Jr
Senior Vice President & Coorporate Compliance Officer
Magellan Health Inc.
6950 Columbia Gateway Drive,Columbia, MD 21046
Telephone Number: (410)-953-4703
Email: jjdibernardi@magellanhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, John J. DiBernardi Jr, Senior Vice President & Coorporate Compliance Officer at Magellan Health Inc. is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Magellan Rx Medicare Basic (PDP) is a stand-alone prescription drug plan with a Medicare contract. Enrollment in Magellan Rx Medicare Basic (PDP) depends on contract renewal.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Magellan Rx Medicare Basic (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in the following states within our service area: New Hampshire and Maine. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Service at 1-800-424-5870 (TTY: 711) or consult the online pharmacy directory at https://medicare.magellanrx.com.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Magellan Rx Medicare

https://medicare.magellanrx.com

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