

# Affordable Prescription Drug Coverage Designed For You

Elixir RxPlus 2021  
Medicare Part D Plan

Elixir Insurance is a Prescription Drug Plan with a Medicare contract. Enrollment in Elixir Insurance depends on contract renewal.

**elixir**

**INSURANCE**

A Medicare Approved  
Prescription Drug Plan

# The Medicare Part D Plan You've Been Looking For

Get Low Monthly Premium and Copays with Elixir RxPlus

## Prescription drug coverage designed for you.

Finding the right Medicare Prescription Drug Plan to meet your needs and budget isn't always easy. Elixir provides affordable coverage to ensure you get the drugs you need at prices you can afford. We cover a variety of brand, generic and specialty drugs, and you can fill them through a large network of preferred pharmacies, from retail chains to independent pharmacies and mail order. This guide will help you learn more about Elixir RxPlus, and includes...



**A summary of benefits**, providing details about the low monthly premium, low deductibles and copays or coinsurance.



**Details about the pharmacy network**, including a national network of preferred pharmacies, from large retail to small independent pharmacies and mail order.



**Information about tools and resources**, like our Member Portal and 24 hours day, 7 day a week, U.S.-based customer service.



**Enrollment information**, with benefit reminders, enrollment application and quick step instructions to help you get started.

Elixir RxPlus provides the value you want with the high quality of service you expect. **Thank you for considering Elixir for your Medicare Part D Prescription needs.**

**LOW**  
MONTHLY  
PREMIUM

**\$0**  
COPAY TIER 1  
90-DAY MAIL  
ORDER

**\$0**  
DEDUCTIBLE  
TIERS 1 & 2

## Enroll in Elixir RxPlus Today!

Visit us online at [elixirinsurance.com](https://elixirinsurance.com) or call **1-877-401-0469 (TTY: 711)** 24 hours a day, 7 days a week.



**2021 Summary of Benefits**  
**\$14.30-\$15.60 Monthly Plan Premium**

**Elixir RxPlus**  
 A Medicare Approved Prescription Drug Plan

PLAN PREMIUM	PLAN DEDUCTIBLE
<b>\$14.30</b> (CT, GA, IN, KY, MA, ME, MS, NC, NH, OR, RI, VA, VT, WA ) <b>\$15.10</b> (AL, CA, DE, DC, MD, TN, TX ) <b>\$15.60</b> (MI, NY, OH, PA, SC, WV )	<b>\$0 Deductible on Generic Drug Tiers 1 &amp; 2</b> <b>\$445 Deductible on Drug Tiers 3-5</b>

**INITIAL COVERAGE STAGE**

Amount you pay until you and the plan pay a total of \$4,130 (includes deductible) for covered prescription drug expenses.

Tier Number: Name	1-month supply cost share:		2-month supply cost share:		3-month supply cost share:	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
<b>1: Preferred Generic</b>	\$1	\$15	\$2	\$30	\$3 (\$0 mail)	\$45
<b>2: Generic</b>	\$6	\$16	\$12	\$32	\$18 (\$6 mail)	\$48
<b>3: Preferred Brand</b>	\$43	\$47	\$86	\$94	\$129 (\$107.50 mail)	\$141 (\$117.50 mail)
<b>4: Non-Preferred Drug</b>	45%	50%	45%	50%	45%	50%
<b>5: Specialty</b>	25%	25%	N/A	N/A	N/A	N/A

The above are applicable for both retail and mail order pharmacies unless where lower is specified in parentheses (\$). If you reside in a long-term care facility, you pay the same as at a standard pharmacy and may receive up to a 31-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

<b>COVERAGE GAP STAGE</b>	Amount of out-of-pocket costs you pay between \$4,130 and \$6,550 in total prescription drug expenses.
	<b>1-month, 2-month or 3-month supply you pay:</b>
<b>Generic</b>	You pay no more than 25% of the cost
<b>Brand</b>	You pay 25% of the negotiated price & a portion of the dispensing fee
<b>CATASTROPHIC STAGE</b>	Amount you pay after \$6,550 in annual out-of-pocket covered prescription drug expenses.
	<b>1-month, 2-month or 3-month supply you pay:</b>
<b>Generic</b>	You pay the greater of 5% coinsurance or \$3.70 copay
<b>Brand</b>	You pay the greater of 5% coinsurance or \$9.20 copay

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request an Evidence of Coverage by calling Member Services or visit [elixirsinsurance.com](http://elixirsinsurance.com). 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 online.

To join Elixir RxPlus you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. We offer coverage in all states, Puerto Rico and Guam. However, there may be cost or other differences between the plans we offer in each state or territory. If you move out of state or territory and into a state or territory that is still within our service area, you must call Member Services in order to update your information.

## 2021 Summary of Benefits, Part D Plan Benefit Reminders

This information is not a complete description of benefits. Call 1-866-250-2005 (TTY: 711) 24 hours a day, 7 days a week for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-250-2005 (TTY: 711) 24 hours a day, 7 days a week. ATENCIÓN: si habla Español, los servicios de asistencia lingüística, sin cargo, están disponibles para usted. Llamada 1-866-250-2005 (TTY: 711) 24 horas al día, 7 días a la semana.

If you want to know more about the coverage and costs of Original Medicare or to compare plans, look in your current “Medicare & You” handbook. You can also view it online at <http://www.medicare.gov>. You can also call 1-800-MEDICARE to order your booklet.

You can see the complete plan formulary (list of Part D covered prescription drugs) and any restrictions, as well as view the pharmacy directory on our website at [elixirinsurance.com](http://elixirinsurance.com). Elixir Insurance is a Prescription Drug Plan with a Medicare contract. Enrollment in Elixir Insurance depends on contract renewal.

If you qualify for Extra Help, you get help paying for any Medicare drug plan’s monthly premium, yearly deductible, and prescription coinsurance. This “Extra Help” also counts toward your out-of-pocket costs. People with limited income and resources may qualify for “Extra Help.” Some people automatically qualify for “Extra Help” and don’t need to apply. Medicare mails a letter to people who automatically qualify for “Extra Help.”

You may be able to get “Extra Help” to pay for your prescription drug premiums and costs. To see if you qualify for getting “Extra Help,” call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213, between 7 am to 7 pm, Monday through Friday. TTY users should call 1-800-325-0778.

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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print and accessible electronic 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 Member Services. If you believe that Elixir Insurance 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: Elixir Insurance, mailing address: 2181 E. Aurora Rd, Ste. 201, Twinsburg, OH, 44087, Member Services: 1-866-250-2005, TTY: 711, fax: 1-877-503-7231. If you need help filing a grievance, Member Services 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, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# Easy Online Access to Your Plan Information

Convenient service and support on [elixirinsurance.com](https://elixirinsurance.com)

Visit [elixirinsurance.com](https://elixirinsurance.com) to get the tools and resources you need to easily manage your prescription benefit.

## With our website you can:



Find what drugs are covered and how much they cost



Use our resource center to understand Medicare, your plan and your coverage



Find preferred pharmacies and save even more money

## After you become a member, create a personalized account to:



Pay your premium online securely and easily



Search and review your prescription history



View your Explanation of Benefits (EOB)

Get all the Information You Need in One Convenient Place.



Visit [elixirinsurance.com](https://elixirinsurance.com) from your desktop, tablet or mobile phone.



# We provide access to the prescription drugs you need from pharmacies you know and trust.

Our pharmacy network includes large retail chains, independent and mail order pharmacies.

- Save with a \$0 copay on Tier 1 generics through mail order for a 3-month supply
- \$1 copay on Tier 1 generics for a 1-month supply at preferred retail pharmacies
- Thousands of covered drugs, including brand, generic and specialty
- Choose a preferred pharmacy to get the lowest copays
- Fill your prescriptions from a nationwide network of large chains or independently owned pharmacies



Other pharmacies are available in our network. For a complete list, visit [elixirsolutions.com](http://elixirsolutions.com).

WHETHER AT HOME OR ON THE GO, WE HAVE YOU COVERED.

Get the medicine you need delivered to your door & save!

HAVE MAIL ORDER QUESTIONS?



Visit [elixirsolutions.com](http://elixirsolutions.com) or call **866-909-5170 (TTY: 711)** 24 hours a day, 7 days a week.



**Ready to enroll?** Follow the instructions on the next page.



# Enroll Online Today

**For the fastest way to enroll, follow these simple steps:**

- 1 Have your Medicare card on hand before you start.
- 2 Go to **elixirinsurance.com**, select ENROLL, enter your zip code and select plan year 2021.
- 3 View plan information, click on ENROLL IN ELIXIR RXPLUS and select the appropriate enrollment period.
- 4 If you are the beneficiary entering information, choose “Myself.” If you have Power of Attorney, choose “Someone else.”
- 5 Enter your Medicare card information.
- 6 Complete the application and SUBMIT.
- 7 Write down the confirmation number.

## What to Expect Next

In the next couple of weeks, you can expect to receive the following member welcome material:



**Member ID card**



**A personalized benefit member guide, full of information to make the most of your pharmacy benefits.**

Evidence of Coverage (EOC), formulary and pharmacy directory is available online at [elixirinsurance.com](http://elixirinsurance.com). You may also call 1-866-250-2005 to request a printed copy.

## Other Ways to Enroll



**Call 1-877-401-0469 (TTY: 711),**  
24 hours a day, 7 days a week



**Complete the application provided in this guide and mail to:**

Elixir Insurance Company  
2181 East Aurora Rd., Suite 201  
Twinsburg, OH 44087-9974

# Pre-enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-401-0469 (TTY: 711) 24 hours a day, 7 days a week.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC). Visit [elixirinsurance.com](http://elixirinsurance.com) or call 1-877-401-0469 (TTY: 711) 24 hours a day, 7 days a week to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.





## ENROLLMENT REQUEST FORM TO ENROLL IN ELIXIR RXPLUS (PDP)

### Who can use this form?

People with Medicare who want to join a Medicare Prescription Drug Plan

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Prescription Drug Plan, you must also have either, or both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied

coverage because you don't fill them out.

### Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

### What happens next?

Send your completed and signed form to:

#### Elixir RxPlus

2181 E. Aurora Rd, Suite 201  
Twinsburg, OH 44087

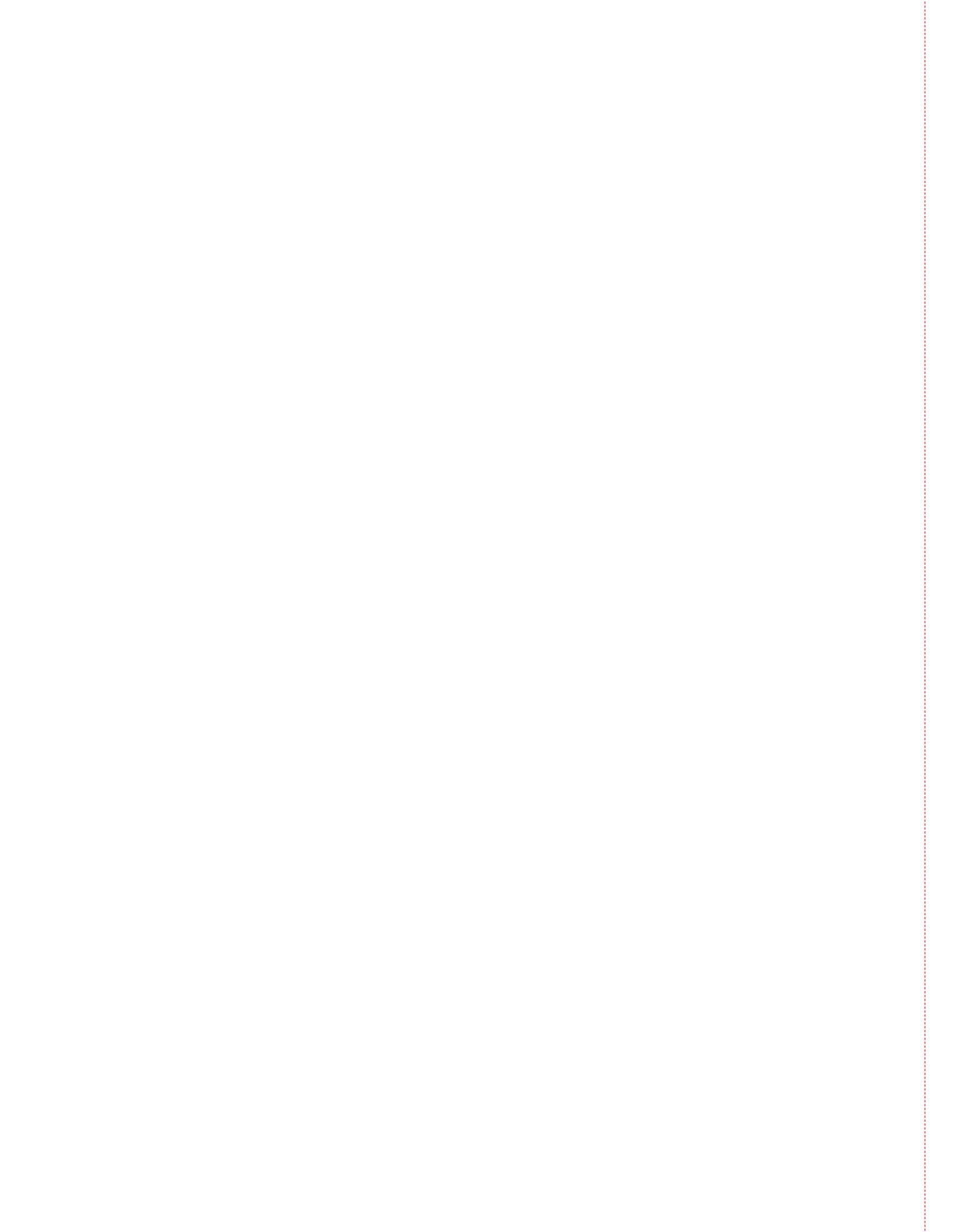
Once they process your request to join, they'll contact you.

### How do I get help with this form?

Call **Elixir RxPlus** at 1-866-250-2005. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a **Elixir RxPlus** al 1-866-250-2005 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.



**Section 1 – All fields on this page are required (unless marked optional)****Elixir RxPlus Medicare Prescription Drug Plan Individual Enrollment Form:**

FIRST name: LAST name: [Optional: Middle Initial]:

Birth date: (MM/DD/YYYY)

( \_ \_ / \_ \_ / \_ \_ \_ \_ )

Sex:

 Male  Female

Phone Number:

(      )

Permanent Residence street address (Don't enter a PO Box ):

City:

[Optional: County]:

State:

ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed):

Street Address:

City:

State:

ZIP Code:

**Your Medicare information:****Medicare Number:**

- - - - - . - - - - - . - - - - -

**Answer these important questions:**Will you have other prescription drug coverage (like VA, TRICARE) in addition to **Elixir RxPlus**?  Yes  No

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

**IMPORTANT: Read and sign below:**

- I must keep Part A or Part B to stay in **Elixir RxPlus**.
- By joining this Medicare Prescription Drug Plan, I acknowledge that **Elixir RxPlus** will release my information to Medicare, who may use it to track beneficiary enrollment, for payment and other purposes applicable to Federal statutes that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

1) This person is authorized under State law to complete this enrollment, and

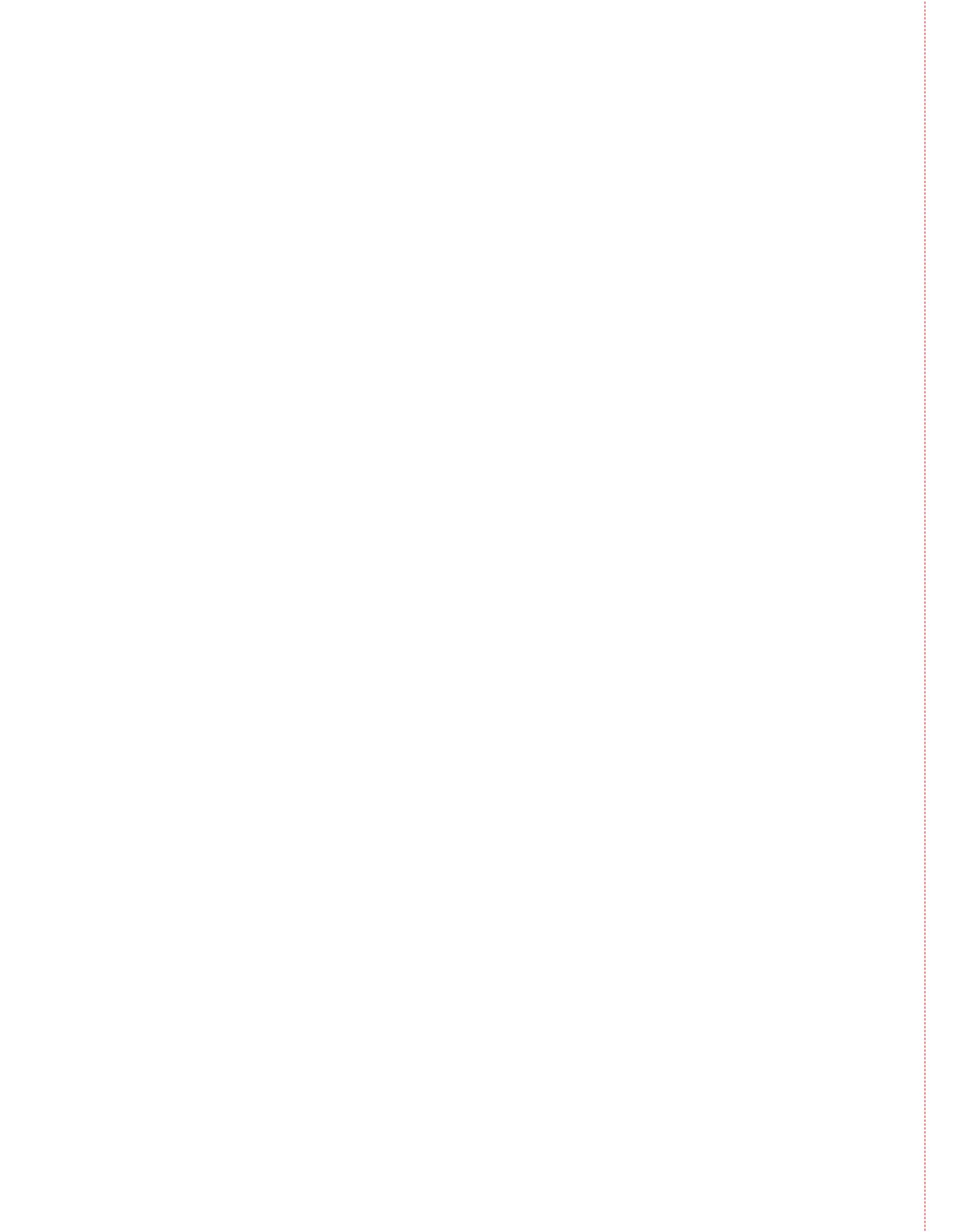
2) Documentation of this authority is available upon request by Medicare.

**Signature:****Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:



Phone number:

Relationship to enrollee:

## Section 2 – All fields on this page are optional

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Select one if you want us to send you information in a language other than English.

Spanish

Select one if you want us to send you information in an accessible format.

Braille  Large print  Audio CD

Please contact **Elixir RxPlus** at 1-866-250-2005 if you need information in an accessible format other than what's listed above. Our office hours are 24 hours a day, 7 days a week. TTY users can call 711.

Do you work?  Yes  No

Does your spouse work?  Yes  No

I want to get the following materials via email. Select one or more.

Evidence of Coverage  Summary of Benefits  Formulary  Pharmacy Network

E-mail address:

## Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), credit card or on-line at [www.elixirinsurance.com](http://www.elixirinsurance.com) each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay **Elixir RxPlus** the Part D-IRMAA.

### PRIVACY ACT STATEMENT

*The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.*





**Elixir RxPlus (PDP)**  
**Monthly Plan Premium for People who get Extra Help from Medicare**  
**to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

State/Territory	Premium Based on Your Extra Help Level			
	100%	75%	50%	25%
AL, TN	\$14.90	\$14.90	\$15.00	\$15.00
CA	\$14.70	\$14.80	\$14.90	\$15.00
CT, MA, RI, VT	\$14.10	\$14.10	\$14.20	\$14.20
DC, DE, MD	\$15.10	\$15.10	\$15.10	\$15.10
GA	\$14.00	\$14.10	\$14.10	\$14.20
IN, KY	\$13.80	\$13.90	\$14.00	\$14.20
ME, NH	\$14.30	\$14.30	\$14.30	\$14.30
MI	\$15.60	\$15.60	\$15.60	\$15.60
MS	\$14.30	\$14.30	\$14.30	\$14.30
NC	\$14.30	\$14.30	\$14.30	\$14.30
NY	\$15.30	\$15.40	\$15.40	\$15.50
OH	\$15.60	\$15.60	\$15.60	\$15.60
OR, WA	\$14.30	\$14.30	\$14.30	\$14.30
PA, WV	\$15.60	\$15.60	\$15.60	\$15.60
SC	\$15.60	\$15.60	\$15.60	\$15.60
TX	\$14.60	\$14.70	\$14.80	\$15.00
VA	\$14.30	\$14.30	\$14.30	\$14.30

\*This does not include any Medicare Part B premium you may have to pay.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-866-250-2005, (TTY: 711) 24 hours a day, 7 days a week.

## 2020 Medicare Star Ratings\*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, EnvisionInsurance received the following Overall Star Rating from Medicare.



We received the following Summary Star Rating for EnvisionInsurance's health/drug plan services:

Health Plan Services: Not Offered

Drug Plan Services:   
3 Stars

The number of stars shows how well our plan performs.

-  5 stars - excellent
-  4 stars - above average
-  3 stars - average
-  2 stars - below average
-  1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us 24 Hours a day Eastern time, 7 days a week at 888-377-1439 (toll-free) or 711 (TTY).

Current members please call 866-250-2005 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.



# Have Questions?



[elixirinsurance.com](https://elixirinsurance.com)



**1-877-401-0469 (TTY: 711)**  
24 hours a day, 7 days a week

**elixir**

**INSURANCE**

A Medicare Approved  
Prescription Drug Plan

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