

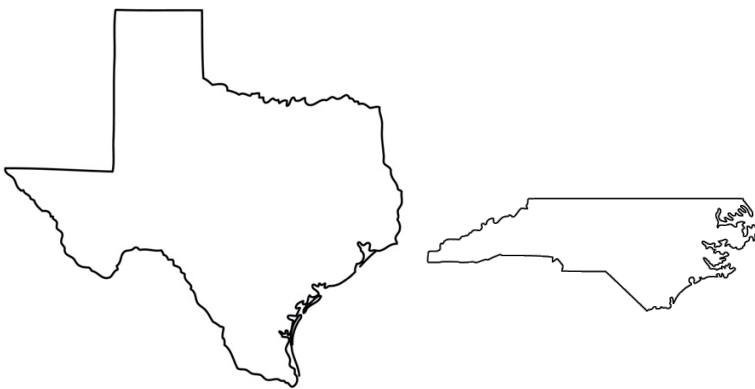
EXEMPLAR HEALTH

# Summary of Benefits

**Exemplar Health Basic (PDP)**

**Exemplar Health Enhanced (PDP)**

**January 1, 2021-December 31, 2021**



## Summary of Benefits

Exemplar Health offers two prescription drug plans: Exemplar Health Basic (PDP) and Exemplar Health Enhanced (PDP). The information in this booklet will help you determine which Exemplar Health Part D Prescription Drug Plan is right for you based on your budget.

This booklet will show you the different costs for Exemplar Health's two plans in North Carolina and Texas, including:

- Monthly premiums.
- Annual deductibles
- Member cost-sharing for drug tier and plan phases

This Summary of Benefits does not list every service Exemplar Health Plans cover or every limitation or exclusion. To get our full list of services, download a copy of Exemplar Health's Evidence of Coverage (EOC) from our website at [www.exemplar-health.com](http://www.exemplar-health.com), or call us and we'll send you a copy. You can find our contact information on the back cover of this booklet.

## Why Exemplar Health May Make Sense for You

Exemplar Health offers Prescription Drug Plans to suit your needs at a competitive price. These plans are designed to offer optimum coverage of prescription drugs, with the largest network of **preferred independent pharmacies** – the pharmacy that has taken care of you and your family long before the large chain stores came about. Our extensive formulary was designed with you in mind, keeping your costs low and your coverage high.

## Who can join?

You must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a U.S. citizen or be lawfully present in the United States, and live in our service area. Our service area includes the following:



- Exemplar Health Basic (PDP) is available to residents of North Carolina and Texas.
- Exemplar Health Enhanced (PDP) is available to residents of North Carolina and Texas.

## Which drugs are covered?



You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.exemplar-health.com](http://www.exemplar-health.com). Or give us a call and we will send you a copy of the formulary. Please refer to the back cover of this booklet for contact information.

## Which pharmacies can I use?



Exemplar Health has a preferred network of pharmacies, and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. All of our preferred network pharmacies offer preferred cost-sharing. You may pay less for some drugs if you use these pharmacies compared to other non-preferred pharmacies that offer standard cost-sharing. You also have the option of using our mail service pharmacy.

**If you must use an out-of-network pharmacy in an emergency or similar situation, you may pay more than you pay at an in-network pharmacy and the supply will be reduced. You can look up your nearest network pharmacies using the online Pharmacy Locator tool on our website at [www.exemplar-health.com](http://www.exemplar-health.com). Or call us and we will send you a copy of the pharmacy directory. Contact information is on the back cover of this booklet.**

## How do I determine my drug costs?

The amount you pay depends on the drug tier, the pharmacy you use, and which stage of the benefit you have reached. Each medication is on one of five “tiers.” You can use your formulary to identify the drug’s tier and how much it will cost you.

<b>Tier 1</b>	Preferred Generic	Our lowest cost-share tier includes many lower-cost generic drugs.
<b>Tier 2</b>	Generic	Includes higher-cost generic drugs.
<b>Tier 3</b>	Preferred Brand	Includes many common cost-effective brand name drugs and some generic drugs that cost as much as brand name drugs.
<b>Tier 4</b>	Non-Preferred Drug	Includes higher-cost brand name and generic drugs for which a cheaper alternative is typically available.
<b>Tier 5</b>	Specialty	Our highest cost-share tier includes both high-cost brand and generic drugs that meet Medicare’s definition of a specialty drug.

There are four benefit stages in your Medicare prescription drug coverage: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and Exemplar Health’s Evidence of Coverage (EOC) on our website at [www.exemplar-health.com](http://www.exemplar-health.com), or contact Member Services. Please refer to the back cover of this booklet for contact information.

## Plan Costs

The following pages contain tables showing you the monthly premium, annual deductible, and cost-sharing during the Initial Coverage Stage for Exemplar Health Basic (PDP) and Exemplar Health Enhanced (PDP) in each state we offer prescription drug plans. Although most members do not reach Stage 3 (Coverage Gap Stage) or Stage 4 (Catastrophic Coverage Stage) during the plan year, a summary of your costs in these stages can be found below.

## Monthly Premium

Monthly plan premiums range in price based on several factors, some of which are the plan you select, income level and where you live. The tables on the following pages list the monthly premium amounts for North Carolina and Texas. You must continue to pay your Medicare Part B premium.

### Stage 1: Annual Deductible Stage

Exemplar Health Basic (PDP) has a \$445.00 annual deductible for Tier 1 (Preferred Generic), Tier 2 (Generic) drugs, Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty) drugs. In Stage 1, you pay the full cost of your Tier 1, Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you reach the plan's deductible amount. After reaching the annual deductible, you will pay the copay and coinsurance amounts listed in Stage 2: the Initial Coverage Stage.

Exemplar Health Enhanced (PDP) has a \$150.00 annual deductible for Tier 1 (Preferred Generic), Tier 2 (Generic) drugs, Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty) drugs. In Stage 1, you pay the full cost of your Tier 1, Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you reach the plan's deductible amount. After reaching the annual deductible, you will pay the copay and coinsurance amounts listed in Stage 2: the Initial Coverage Stage.

The tables on the following pages list the deductibles for each state.

### Stage 2: Initial Coverage Stage

During the Initial Coverage Stage, you pay a portion of your drug cost, and the plan pays a portion. The tables on the following pages show what you pay until your total yearly drug costs reach \$4,130.00. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You must get your drugs from retail pharmacies or mail-order pharmacies in our network in order for Exemplar Health to share the cost of your prescriptions.

If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may also get drugs from an out-of-network pharmacy or a non-preferred pharmacy in an emergency, but you may pay more than you would normally pay at an in-network pharmacy. Copays and coinsurance amounts for a 31-day long-term care supply and a 10-day out-of-network supply are the same by state as the 30-day Standard Retail/Mail Cost-Sharing amounts listed in the tables that follow.

### Stage 3: Coverage Gap Stage

The coverage gap (also called the "donut hole") begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$4,130.00.

- **Exemplar Health Basic (PDP)**

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 25% of the drug cost for covered generic drugs on any drug tier until your out-of-pocket costs (not including your premiums) total \$6,550.00, which is the end of the coverage gap. Not everyone will enter the coverage gap.

- **Exemplar Health Enhanced (PDP)**

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 25% of the drug cost for covered generic drugs on any drug tier until your out-of-pocket costs (not including your premiums) total \$6,550.00, which is

the end of the coverage gap. Not everyone will enter the coverage gap.

#### **Stage 4: Catastrophic Coverage Stage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$6,550.00, you pay the greater of:

- 5% of the cost of covered drugs on any tier, or
- \$3.70 copay for a generic drug or a drug that is treated like a generic and \$9.20 for all other drugs.

**2021 Exemplar Health Benefits Overview**

		Exemplar Health Basic (PDP)		Exemplar Health Enhanced (PDP)	
Monthly Premium		North Carolina \$27.10 Texas \$21.40		North Carolina \$76.10 Texas \$76.10	
Deductible (Tiers 1-5)		North Carolina \$445.00 Texas \$445.00		North Carolina \$150.00 Texas \$150.00	
		30-Day Supply		30-Day Supply	
		Preferred Retail & Mail	Standard Retail & Mail	Preferred Retail & Mail	Standard Retail & Mail
<b>Copay</b>	Tier 1	North Carolina \$2.00 Texas \$3.00	North Carolina \$10.00 Texas \$10.00	North Carolina \$1.00 Texas \$1.00	North Carolina \$7.00 Texas \$7.00
	Tier 2	North Carolina \$6.00 Texas \$6.00	North Carolina \$13.00 Texas \$14.00	North Carolina \$4.00 Texas \$4.00	North Carolina \$12.00 Texas \$12.00
	Tier 3	North Carolina \$47.00 Texas \$47.00	North Carolina \$47.00 Texas \$47.00	North Carolina \$42.00 Texas \$42.00	North Carolina \$47.00 Texas \$47.00
	Tier 4	North Carolina 47% Texas 47%	North Carolina 50% Texas 50%	North Carolina 43% Texas 43%	North Carolina 50% Texas 50%
	Tier 5	North Carolina and Texas 25%		North Carolina and Texas 25%	
		90-Day Supply		90-Day Supply	
Tiers 1-4		3 times the 30-day copay amount		3 times the 30-day copay amount	

Family Pharmacy of North Carolina, LLC is Exemplar Health Basic (PDP) and Exemplar Health Enhanced (PDP) preferred mail order pharmacy.

## For More Information



If you have any questions about our plans or would like more information, please call Exemplar Health Member Services or visit [www.exemplar-health.com](http://www.exemplar-health.com). Contact information is on the back cover of this booklet.

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.

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

For up-to-date information about Exemplar Health Basic (PDP) and Exemplar Health Enhanced (PDP) network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Member Services at 1-888-217-2376 for additional information. (TTY users should call 711). Hours are 8am - 8pm local time, 7 days a week, October 1 - March 31, and 8am - 8pm local time, Monday through Friday, April 1 - September 30, or consult the online pharmacy directory at [www.exemplar-health.com](http://www.exemplar-health.com).

Exemplar Health is a Prescription Drug Plan with a Medicare contract offered by Presidential Life Insurance Company. Enrollment in Exemplar Health depends on contract renewal.

# EXEMPLAR HEALTH

## Exemplar Health Member Services

Method	Member Services – Contact Information
<b>CALL</b>	<p>1-888-217-2376 for additional information.</p> <p>Hours are 8am - 8pm local time, 7 days a week, October 1 - March 31, and 8am - 8pm local time, Monday through Friday, April 1 - September 30</p> <p>Calls to these numbers are free.</p> <p>Member Services also has free language interpreter services available for non-English speakers.</p>
<b>TTY</b>	<p>1-888-217-2376 TTY 711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Calls to this number are free.</p> <p>Hours are 8am - 8pm local time, 7 days a week, October 1 - March 31, and 8am - 8pm local time, Monday through Friday, April 1 - September 30</p>
<b>FAX</b>	1-214-321-1893
<b>WRITE</b>	Exemplar Health 1107 West Market Center Drive High Point, NC 27260
<b>WEBSITE</b>	<a href="http://www.exemplar-health.com">www.exemplar-health.com</a>