



Saint Mary's
Health Plans



Pharmacy Benefit Guide

Understanding your Saint Mary's ATRIO Pharmacy Benefits



Information about your Pharmacy Benefits with Saint Mary's ATRIO Health Plans

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Questions about your pharmacy benefits?

1-877-672-8620 (TTY 711)

Hours are daily, from 8 a.m. to 8 p.m.

The 4 stages of Medicare Prescription Drug Coverage



The standard Medicare Prescription Drug Plan has four stages of drug coverage. The Centers for Medicare & Medicaid Services (CMS) sets the dollar amounts for each stage.

The amounts listed in this guide are for 2024. These amounts change from year to year. The stages of coverage reset on January 1st of each year.

The amount you pay for a covered drug depends on what Formulary tier the drug is on, which stage you are in, and what day supply you get from the pharmacy.

Note: If you get a Low Income Subsidy (also known as Extra Help), your costs may be lower.

1

Stage 1 – Annual Deductible

Begins with your first prescription of the plan year.

If your plan has a prescription deductible, you pay the full cost of your medications until you reach the deductible amount. Keep in mind, the deductible may only apply to certain tiers. If your plan does NOT have a deductible, you skip to Stage 2.

2

Stage 2 – Initial Coverage

Begins immediately if your plan has no deductible, or when your out-of-pocket medication costs equal your plan's deductible.

In this stage, our plan pays for a portion of each prescription drug you purchase, as long as it is covered on our formulary (list of covered drugs). You pay the remaining portion by either a copayment (a set dollar amount) or a coinsurance amount (a percentage of the drug cost).

This stage ends when the amount of your total drug costs (what you and your plan paid) reach a total of \$5,030 (Medicare sets the limit).

3

Stage 3 – Coverage Gap (or “donut hole”)

Begins when you and your plan have collectively paid \$5,030 on your covered drugs.

Not everyone will enter the Coverage Gap (or “donut hole”) stage. If you do enter this stage, you pay 25% of the cost for covered generic and brand-name drugs.

This stage ends when your total out-of-pocket costs reach \$8,000.

Your out-of-pocket costs includes the total you pay in deductibles, coinsurance, and copayments from the entire plan year, and what you paid for drugs in the coverage gap (if applicable).

4

Stage 4 – Catastrophic Coverage

Begins when your out-of-pocket costs reach \$8,000 on covered drugs.

Once your total out-of-pocket costs (not including what the plan paid) reach \$8,000, you will enter the catastrophic coverage phase.

- For generic and brand name medications, you will pay nothing.



Local. Dependable. That's Saint Mary's ATRIO.

A Deeper Dive into the “Donut Hole”

Saint Mary’s ATRIO Health Plans wants you to understand how the coverage gap works and how it may affect you. Understanding your prescription drug costs is important, and it can help you plan for the financial impact that your medications may have on your budget. Below are some frequently asked questions and answers about the coverage gap (not applicable for D-SNP members).

Why was the coverage gap created?

- Congress designed the Prescription Drug benefit (Part D) so that it would provide coverage for the majority of your prescription drugs.
- Medicare designed the gap to encourage beneficiaries, whenever possible, to seek generics or drug alternatives that are lower in cost.

Why do they refer to it as the ‘Donut hole’?

- Medicare uses the term “donut hole” to describe a gap in coverage for prescription drugs in Medicare.

Will everyone be affected by the coverage gap?

- No. If your total drug costs do not reach \$5,030 during the year, you will not enter the coverage gap.
- If you receive a Low Income Subsidy (also called Extra Help), you will not be affected by the coverage gap.

Will switching Medicare plans help me avoid the coverage gap?

- No. Your total drug costs follow you from plan to plan.

How do I track my total drug costs and out-of-pocket spending?

- Review your “Explanation of Benefits” (EOB) each month. We send you an EOB that shows you all of your prescription drugs you have filled the previous month.

Will I go into the coverage gap at the same time every year?

- No. The costs of your medications may change every year or during the year, so you may enter the coverage gap at different times each year.
- Talk to your doctor and a Saint Mary’s ATRIO Medicare pharmacist about your medications to make sure you are on the lowest-cost options. This can help delay the coverage gap phase. We are here to help!

Understanding Your Pharmacy (Part D) Explanation of Benefits

What is an Explanation of Benefits (EOB)?

As a member of Saint Mary's ATRIO Health Plans, you receive an EOB statement in the mail each month when you use your prescription drug benefit. This is required by Medicare. Your EOB includes billing details for your covered prescription drugs that were received during the previous month. Your EOB explains what costs Saint Mary's ATRIO covered and any costs you paid or need to pay. You will also see how close you are to meeting your deductible (if applicable) and out-of-pocket maximum, which indicate when you enter the Coverage Gap (or donut hole). You will receive a separate EOB for your medical health care services and items.

Note: The EOB is NOT a bill. It is simply a statement showing details on how you and your plan will share costs.

What to look for in your Part D EOB

The Part D EOB will tell you how much you and your plan paid for prescriptions in the last month. It breaks down your out-of-pocket costs and your total drug costs to help you understand which drug payment stage you are in.

The following is a **SAMPLE** of an EOB

Front Page Summary includes a summary of the pages that follow

Your Monthly Prescription Drug Summary For January, 2024

Look In Section 1 for:
Which medications
did I fill last month?

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. This is **not** a bill.

Here are the sections in this summary:

SECTION 1. Your prescriptions during the past month

SECTION 2. Which "drug payment stage" are you in?

Look In Section 2 for:
Which stage am I in?
How close to the
coverage gap am I?

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

SECTION 4. Updates to the plan's Drug List that affect drugs you take

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

SECTION 6. Important things to know about your drug coverage and your rights

Look In Section 3 for:
How much have I
spent on drugs this
month/year?

Section 1

Drugs filled in past month with details

What ATRIO paid What YOU paid What other programs, paid

CHART 1.
Your prescriptions for covered Part D drugs
July, 2020

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
BD ULTRA-FINE NDL 12.7MMX29G 100, 07/09/2020, SAVINGS PHARMACY Rx# 1922860, 30 day(s) supply	\$19.49	\$20.28	\$0.00	\$0.00 0%
IBUPROFEN 800 MG TABLET 90, 07/14/2020, MERRILL LYNCH CLINIC LLC Rx# 1459005, 30 day(s) supply	\$6.10	\$6.35	\$0.00	\$0.00 0%

Section 2

This section will let you know which stage you are in based off your drug spend. The stage you are in will be highlighted and say "You are in this stage:" at the top.

	You are in this Stage		
STAGE 1 Yearly Deductible <i>This section will tell you how much you have paid toward your deductible (if applicable)</i>	STAGE 2 Initial Coverage <i>This section will tell you how much you have spent in out-of-pocket costs for drugs, and how close you are to entering the Coverage Gap Stage. Once you have paid a certain amount, you move on to Stage 3, and receive discounts.</i>	STAGE 3 Coverage Gap <i>This section will tell you how much you have spent in out-of-pocket costs for drugs, and how close you are to entering the Catastrophic Coverage Stage. Again, once you have paid a certain amount, you move to Stage 4 and receive discounts.</i>	STAGE 4 Catastrophic Coverage <i>If you enter this stage, the plan will pay for all of your covered drugs for the rest of the year.</i>

Section 3

This section will summarize your monthly and yearly out-of-pocket costs and your total drug costs. It also provides a bit more information about what counts toward each.

Your “out-of-pocket costs”	Your “total drug costs”
\$6.85 month of January, 2024	\$8.10 month of January, 2024
\$6.85 year-to-date (since January, 2024)	\$8.10 year-to-date (since January, 2024)

Section 4,5 & 6

These sections provide a lot of helpful information about the Plan and other programs available.

Additional pages

Formulary Change Notice – We may include this notice with your EOB if there is a formulary change with a drug, such as a tier change, a prior authorization is needed, a quantity limit is added, or something else. We will let you know the reason and try to provide alternatives.

You also get extra pages with your EOB that include the multi-language and non-discrimination statements required by the U.S. Office of Civil Rights.

Questions about your EOB?

1-877-672-8620 (TTY 711)

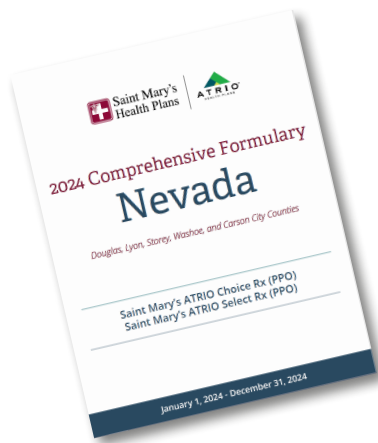
Hours are daily, from 8 a.m. to 8 p.m.

Understanding your Part D Formulary

Your prescription drug coverage is based on a formulary — a list of covered medicines. Your formulary offers a wide selection of Medicare approved, cost-effective generic and brand name prescription drugs. For PPO Plans, each drug will be categorized into one of six tiers. A drug tier determines how much you pay for your drug.

Saint Mary's ATRIO covers a limited amount of OTC drugs under the plan formulary. You will need a prescription to present at the Pharmacy in order to cover the formulary OTC drugs.

To view the most up-to-date formulary, please visit atrio.com/nevada-w and click on 'Find A Drug'.



What if my medication is not on the formulary?

- If you cannot locate your drug on the formulary, call Customer Service for help. We may be able to provide you with a list of alternative drugs.
- Talk to your doctor about an alternative drug on the formulary.
- You can also submit a Coverage Determination to request an exception to the formulary. For more information, visit atriohp.com/nevada-w, or ask your doctor to submit one on your behalf.

Types of restrictions you might find on formulary drugs

- **Prior Authorization (PA)** – this is a request for approval in advance. Some drugs may require a prior authorization to make sure the drug is being used appropriately.
- **Quantity Limits (QL)** – certain drugs may have a specific quantity limit allowed to receive.
- **Step Therapy (ST)** – you may need to try other drugs first before we will approve the use of certain drugs to treat the same condition.
- **Part B vs. Part D review** – some drugs are covered as part of your medical Part B coverage, and others are covered under your Part D coverage.

Understanding Your Prescription Copay Tiers

Tier 6

Saint Mary's ATRIO Health Plans has an advanced benefit called **Tier 6 - "Select Care Drugs" tier. Although this typically would be the highest cost tier, tier 6 is a \$0 copay tier** for certain important medications such as:

- Select Insulins
- Part D vaccines
- ACE-I/ARBs for treatment of high blood pressure or kidney protection
- Select antidiabetic drugs to treat diabetes
- Statins to treat high cholesterol

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin (Part D) - You won't pay more than \$35, while you are in the Coverage Gap, for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

All other tiers

Tier 1 - "Preferred Generic" tier, contains low-cost generic drugs.

Tier 2 - "Generic" tier, contains most generic drugs and a select number of brand name drugs.

Tier 3 - "Preferred Brand" tier, contains preferred brand drugs and a select number of high-cost generics. Drugs in this tier will cost higher than drugs in tier 2.

Tier 4 - "Non-Preferred Brand" tier, contains non-preferred brand name drugs and a select number of high-cost generics. Drugs in this tier will cost more (or have a higher cost) than the drugs in tier 3. Note: If a member has a non-formulary medication that has been approved through a Saint Mary's ATRIO exception, it will fall under this tier.

Tier 5 - "Specialty" tier, contains specialty drugs. This is the highest cost sharing tier. (These drugs are not available for mail-order or a 90 to 100-day supply.)

How to Save \$\$\$ on Prescription Drug Costs

We know prescription drugs your doctor prescribes can be expensive, especially if you are in the coverage gap (or the “donut hole”). We have pharmacists, nurses, and programs to help you find ways to pay for your medications. Below are a few of the ways our team can help you save money on your prescription medications.

- **Apply for “Extra Help”**
Medicare provides “Extra Help” to help pay Part D premiums, deductibles and copays for people who have limited income and resources.
- **Mail-Order (or home delivery)**
You can receive up to a 100 day supply* of your maintenance medications, delivered right to your doorstep, for only 2 copays. To see a list of mail-order pharmacies visit: atriohp.com/nevada-w/members/find-a-pharmacy/
- **Supply at Retail***
You can also receive up to 100 day supply* at retail pharmacy for only 2 copays instead of 3 copays.
- **Switch to a Generic Drug**
Your Part D plan covers generic drugs, brand name drugs and specialty drugs. Generics are often less expensive. Talk to your doctor about possible alternatives that may be a good fit for you.

**Exclude controlled or specialty medications*

Medication Therapy Management (MTM) Program (it’s free!)

Saint Mary’s ATRIO partners with MedWatchers to improve your health and help to save you money. The MTM program is designed to help members get the most benefit from their medicines if they meet the criteria of:

- Having multiple chronic conditions
- Taking several medications
- Likely to pay a total cost of more than \$5,330 per year

A pharmacist from the MTM program will reach out to you to review your medicines including over-the-counter products or vitamins/supplements. They will check any problems with your medicines and help you with concerns, suggest safer medicine to you/your doctor and look for ways to save your money. **Contact Saint Mary’s ATRIO Customer Service if you are interested in this free program.**

Important Drug Usage & Safety Tips:

- When a medication change is made, ask your doctor to write a new prescription for you. This opens the line of communication between you, your doctor, your pharmacist, and your health plan. When everyone is informed, you have better treatment and safety outcomes.
- To promote safety, we recommend that you use only one pharmacy as much as possible. This allows one pharmacy to see all your medications and look for drug interactions.
- Remember to take your medications as prescribed by your doctor. It can be difficult to remember to take your medicine. Call Customer Service to ask about programs that help to remind you about taking your medications.
- Use the Personal Medication List at the back of this booklet to record all your medications in one place. This will help you remember what your medications are for and why they are important. Pin this up in a place you will see every day.

Don't forget about your Over-the-Counter benefit!

Saint Mary's ATRIO Health Plans provides additional benefit coverage on OTC drugs. You will receive a credit per quarter toward any OTC items you choose from the catalog. The catalog can be found on our website at atriohp.com/extra-benefits. You can also call 1-855-253-5768 (TTY 711), 5 a.m. to 8 p.m. PST, for more information. To place an order online, visit atriootcshop.com.



Personal Medication List

Medication Name	Instructions	Doctor	Purpose of Medication

Date completed _____

It is very important to always keep an updated medication list. Whenever your doctor makes changes to your medications, update this list as needed.

If you need a new blank list, need help filling this out, or have any questions about your medications, please contact Customer Service.

TIP: Pin this up somewhere you see everyday as a reminder to take your medications. 15

Questions about your pharmacy benefits?

Contact Member Services:

1-877-672-8620 (TTY 711)

Hours are daily, from 8 a.m. to 8 p.m.

saintmarysatrio.com

customerservice@atriohp.com



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