

## What is the Seniors Choice Part D Prescription Plan?

The Seniors Choice Part D Prescription Drug Plan is an EGWP (Employer Group Waiver Plan) 800 Series. In this case, the sponsor is MIFGIT (Merchants Industry Fund Group Insurance Trust). This allows for any CMS eligible member to join our Part D Prescription Drug Plan.

## Is this considered Creditable Part D Coverage?

Yes. CMS must approve all EGWP plans before they can be marketed and sold. By enrolling in this plan you will maintain coverage in a Medicare Part D with no penalties.

## You may enroll in the Seniors Choice Part D Prescription Drug anytime during the course of the year.

- Since this program is under the EGWP approval by CMS, it allows enrollment the first of any month.
- You are not restricted to the PDP annual open enrollment period established by CMS.



## If I am currently enrolled in a PDP and am paying a late enrollment penalty, what happens when I enroll in the Seniors Choice Part D Prescription Plan?

You would continue to pay the same late enrollment penalty that you currently have with your PDP.

## If I am currently enrolled in a PDP and am receiving a Low Income Subsidy, what happens when I enroll in the Seniors Choice Part D Prescription Plan?

You would continue to receive the same Low Income Subsidy that you are currently receiving with your PDP.

## Do we have an open enrollment period when we can make changes?

Yes, every November 1<sup>st</sup> through December 31<sup>st</sup> for a January 1<sup>st</sup> effective date.

## Does this plan require Medicare Parts A & B?

- You may have Part A only or
- Parts A & B

## What happens after enrollment?

You will receive a confirmation letter regarding your enrollment from Seniors Choice. Based on your effective date and CMS approval, you will then receive your ID Card and Welcome Kit from Medco.

Distributed by:

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# Part D Prescription Drug Plan

Outlook Vision Discount Program is included in all three plans at no additional cost.



Seniors  
Choice

800-800-6543  
[www.seniorschoiceplan.com](http://www.seniorschoiceplan.com)

**Seniors  
Choice**

Nationally distributed and administered by:

**mba** merchants  
benefit admin

Underwritten by:  
**Medco Medicare**  
Prescription Plan®(PDP)

**2012 Plan Options & Benefits**

	<b>Choice</b>		<b>Preferred</b>		<b>Premier</b>
<b>Phase 1: Deductible</b>	\$320 (Brand Only)		\$320 (Brand Only)		\$0
<b>Phase 2: Initial Coverage</b>	Up to \$2930		Up to \$2930		Up to \$2930
<b>31-day supply, you pay</b>					
<b>Generic</b>	\$5		\$5		\$5
<b>Preferred</b>	\$40		\$40		\$40
<b>Non-Preferred Brands</b>	\$70		\$70		\$70
<b>Specialty</b>	\$100		\$100		\$100
<b>90-day supply, you pay</b>					
	<b>Mail Order</b>	<b>Retail Pharmacy</b>	<b>Mail Order</b>	<b>Retail Pharmacy</b>	<b>Retail Pharmacy</b>
<b>Generic</b>	\$10	\$12.50	\$10	\$12.50	\$12.50
<b>Preferred</b>	\$80	\$82.50	\$80	\$82.50	\$82.50
<b>Non-Preferred Brands</b>	\$140	\$145.00	\$140	\$145.00	\$145.00
<b>Specialty</b>	\$200	\$205.00	\$200	\$205.00	\$200.00
<b>Phase 3: Coverage Gap</b>	Amount you pay between the Initial Coverage period and until you reach \$4,700 in out-of-pocket covered prescription drug costs. *50% - After Pharma Discount				
<b>31-day supply, you pay</b>					
<b>Generic</b>	86%		\$5		\$5
<b>Preferred</b>	100%*		100%*		\$80
<b>Non-Preferred Brands</b>	100%*		100%*		\$140
<b>Specialty</b>	100%*		100%*		\$200
<b>90-day supply, you pay</b>					
	<b>Mail Order</b>	<b>Retail Pharmacy</b>	<b>Mail Order</b>	<b>Retail Pharmacy</b>	<b>Retail Pharmacy</b>
<b>Generic</b>	86%	86%	\$10	\$12.50	\$12.50
<b>Preferred</b>	100%*	100%*	100%*	100%*	\$165.00
<b>Non-Preferred Brands</b>	100%*	100%*	100%*	100%*	\$290.00
<b>Specialty</b>	100%*	100%*	100%*	100%*	\$400.00
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:				
<b>31-day supply, you pay</b>					
<b>Generic (including Brand drugs treated as Generic):</b>	\$2.60		\$2.60		\$2.60
<b>All Others:</b>	\$6.50		\$6.50		\$6.50
<b>Or the greater of (including Generics):</b>	5% of co-insurance		5% of co-insurance		5% of co-insurance
<b>Monthly Premium</b>	\$62.00		\$90.00		\$298.00
<b>Admin Fee</b>	\$10.00		\$10.00		\$10.00
<b>Total</b>	\$72.00		\$100.00		\$308.00

These plans offer a 90-day supply from the Retail Pharmacy as well as Mail Order. This is done through an additional cost sharing incentive to move members with maintenance medications to Mail Order. After you have received the equivalent of a 90-day supply (or three refills) within a 180-day period, you will be responsible for the higher co-pays listed. After the third refill of maintenance medication, members who have not moved their prescription to Mail Order will pay 40% of the discounted price of the drug with a minimum that varies by plan. If the discounted cost of the drug is less than the minimum, the member pays the higher amount.