



1-844-293-4760 (TTY/TDD 711)
 24 hours a day, 7 days a week
www.envisionrxplus.com



2018 EnvisionRxPlus Employer Group Retiree PDP Plan Benefit Design Sheet
 Available in all 50 states, the District of Columbia, Puerto Rico, and Guam.

Annual Deductible - \$0

Initial Coverage Stage - Amount you pay until you and the plan pay a total of \$3,750 (includes deductible) for covered prescription drug expenses

Tier Name

30-day retail supply you pay:

Tier 1 – Preferred Generic	\$15.00
Tier 2 – Generic	\$15.00
Tier 3 – Preferred Brand	\$50.00
Tier 4 – Non-Preferred Drug	\$90.00
Tier 5 – Specialty	20% with \$250 Max

90-day retail supply you pay:

Tier 1 – Preferred Generic	\$37.50
Tier 2 – Generic	\$37.50
Tier 3 – Preferred Brand	\$125.00
Tier 4 – Non-Preferred Drug	\$225.00
Tier 5 – Specialty	N/A

90-day mail order supply you pay:

Tier 1 – Preferred Generic	\$37.50
Tier 2 – Generic	\$37.50
Tier 3 – Preferred Brand	\$125.00
Tier 4 – Non-Preferred Drug	\$225.00
Tier 5 – Specialty	N/A

Coverage Gap Stage (“Donut Hole”) - Amount of out-of-pocket costs you pay between \$3,751 and \$5,000 in total covered prescription drug expenses. Refer to your Evidence of Coverage, Chapter 4, Section 6.2 for more information on how the out-of-pocket costs are calculated.

30-day retail supply you pay:

Tier 1 – Preferred Generic	\$15.00
Tier 2 – Generic	\$15.00
Tier 3 – Preferred Brand	\$50.00
Tier 4 – Non-Preferred Drug	\$90.00
Tier 5 – Specialty	N/A

90-day retail supply you pay:

Tier 1 – Preferred Generic	\$37.50
Tier 2 – Generic	\$37.50
Tier 3 – Preferred Brand	\$125.00
Tier 4 – Non-Preferred Drug	\$225.00
Tier 5 – Specialty	N/A
90-day mail order supply you pay:	
Tier 1 – Preferred Generic	\$37.50
Tier 2 – Generic	\$37.50
Tier 3 – Preferred Brand	\$125.00
Tier 4 – Non-Preferred Drug	\$225.00
Tier 5 – Specialty	N/A
Catastrophic Stage - Amount you pay after \$5,000 in annual out-of-pocket covered prescription drug expenses.	
30-day retail supply you pay the lesser of:	
Tier 1 – Preferred Generic	\$15.00 OR Greater of \$3.35 or 5%
Tier 2 – Generic	\$15.00 OR Greater of \$3.35 or 5%
Tier 3 – Preferred Brand	\$50.00 OR Greater of \$8.35 or 5%
Tier 4 – Non-Preferred Drug	\$90.00 OR Greater of \$8.35 or 5%
Tier 5 – Specialty	20% with \$250 Max OR Greater of \$3.35 or 5% for Generic; OR Greater of \$8.35 or 5% for Brand
90-day retail supply you pay the lesser of :	
Tier 1 – Preferred Generic	\$37.50 OR Greater of \$3.35 or 5%
Tier 2 – Generic	\$37.50 OR Greater of \$3.35 or 5%
Tier 3 – Preferred Brand	\$125.00 OR Greater of \$8.35 or 5%
Tier 4 – Non-Preferred Drug	\$225.00 OR Greater of \$8.35 or 5%
Tier 5 – Specialty	n/a
90-day mail order supply you pay the lesser of:	
Tier 1 – Preferred Generic	\$37.50 OR Greater of \$3.35 or 5%
Tier 2 – Generic	\$37.50 OR Greater of \$3.35 or 5%
Tier 3 – Preferred Brand	\$125.00 OR Greater of \$8.35 or 5%
Tier 4 – Non-Preferred Drug	\$225.00 OR Greater of \$8.35 or 5%
Tier 5 – Specialty	N/A
<p>EnvisionRxPlus is a PDP with a Medicare contract. Enrollment in EnvisionRxPlus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and/or co-payments/co-insurance may change on January 1 of each year.</p>	



Name of Plan: Monroe County Board of County Commissioners

Address of Plan: 1100 Simonton St, Suite 2-268
Key West, FL 33040

Group No.: MCBOCCE

Effective Dates: From 01-01-2018 through 12-31-2018

Supplemental Summary Plan Description – 2018 Plan Year

You have been enrolled by your employer in a Medicare Part D Prescription Drug Plan known as the **EnvisionRxPlus Employer Group Retiree PDP** (also referred to in this document as the “Plan”) for plan year 2018. The Plan is provided by Envision Insurance Company. The Plan covers standard Medicare Part D prescription drug benefits to Medicare eligible retirees. Your employer has also decided to cover certain supplemental benefits that are not covered by the Plan. This document discusses some of the important information you need to know in order to ensure your supplemental benefits are coordinated with the standard benefits under the Plan.

NOTE: The rules governing the standard benefits provided by Envision Insurance Company under the Plan are described in the **EnvisionRxPlus Employer Group Retiree PDP Evidence of Coverage (EOC)**. The rules governing the supplemental benefits covered by your employer group are described in this document below.

SUPPLEMENTAL BENEFITS COVERAGE

Member Cost Share and Prescription Drugs

A Medicare Part D standard benefit plan normally has premiums, deductibles, and cost share such as co-insurance that are paid by the member. However, your employer group has elected to supplement the standard benefits in this plan year by covering some or all of premiums and cost-share payable during the following stages of coverage under the standard benefit plan: Deductible, Initial Coverage, Coverage Gap, and Catastrophic. See the attached *2018 Plan Benefit Design Sheet* for specific coverage. In addition, your employer may also elect to cover certain prescription drugs not covered under the standard plan. (See the attached *Supplemental Formulary*.)

The drugs covered under **EnvisionRxPlus Employer Group Retiree PDP** are specified in the **EnvisionRxPlus Employer Group Retiree PDP Formulary**. However, to determine the member cost-share (i.e. by listed drug tier level) applicable for a particular drug, you should refer to the member cost-share tiers for drugs in your Plan Benefit Design Sheet.

True Out-of-Pocket Expenses (TrOOP)

True Out-of-Pocket (TrOOP) expenses are costs incurred under Medicare Part D and paid by the member. When TrOOP expenses paid by the member reach \$5,000 in the 2018 plan year, the member is eligible for coverage under the Catastrophic stage of the plan. Please note that by your employer group covering some

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or all of your out-of-pocket costs through the supplemental benefits, it will delay leaving the Coverage Gap stage and going into the Catastrophic stage.

Please also note that your out-of-pocket cost for a covered drug may differ from a previous purchase depending on the coverage stage you are in and the supplemental benefit provided by your employer group.

Medicare Part B Drugs

Please note that certain drugs may be covered by Medicare Part B under your medical plan. In order to determine the proper entity to pay for these drugs, the member, physician or pharmacy may need to provide additional information.

Appeals Process

The rules governing the process of appealing adverse coverage determinations made by the Plan are specified in the **EnvisionRxPlus Employer Group Retiree PDP Evidence of Coverage**. The process of appealing adverse coverage determinations under the supplemental benefit may differ. Call Member Services at 1-844-293-4760 (TTY/TDD users should call 711) 24 hours a day, 7 days a week for more information.

Coordination of Benefits

In order to obtain the maximum coverage available, you must use your plan **EnvisionRxPlus Employer Group Retiree PDP** ID card each time you purchase prescription drugs. If the pharmacy requires assistance to process any portion of your coverage, please have the pharmacy contact the Pharmacy Help Desk at 1-844-293-4760 (TTY/TDD users should call 711) 24 hours a day, 7 days a week.

Note: The supplemental benefits described in this document are covered by your employer group and not by Envision Insurance Company.

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The Monroe County Board of County Commissioners Supplemental Formulary

The Medicare Part D Program covers only certain drugs. These are referred to as “**Part D Drugs**”. **EnvisionRxPlus Employer Group Retiree PDP** provides coverage for Part D Drugs on the **EnvisionRxPlus Employer Group Retiree PDP** formulary, and your employer group has opted to provide coverage for some additional drugs, as a supplemental benefit.

For a partial list of **Non-Part D Drugs** available through your supplemental benefits plan, as well as cost-sharing information, please see the charts below.

Please note that coverage of non-Part D Drugs is a supplemental benefit provided by your employer group and is **not a benefit under your EnvisionRxPlus Employer Group Retiree PDP portion of your plan**. Non-Part D Drugs **WILL NOT** count towards any member out-of-pocket costs and will not be reflected on your Explanation of Benefits (EOB) reports.

Since Non-Part D Drugs are neither covered nor guaranteed under the Medicare program, they are not subject to the Medicare appeals process. The process of appealing adverse coverage determinations under the supplemental benefit plan may differ.

If you have any questions, please call Member Services at 1-844-293-4760 (TTY/TDD users should call 711) 24 hours a day, 7 days a week.

Non-Part D Drugs Available through the Supplemental Benefit Plan

Covered Medications	
Part B Diabetic Supplies	Cough Suppressants
Impotency Drugs*	Miscellaneous Injectables
OTC Products	Bulk Powder

*Requires Letter of Medical Necessity

Costs for Non-Part D Drugs Available through the Supplemental Benefit Plan

30 Day Retail Copay		
Generic	Formulary Brand	Non-Formulary Brand
\$15	\$50	\$90
90 Day Retail and/or Mail Order Copay		
Generic	Formulary Brand	Non-Formulary Brand
\$37.50	\$125	\$225
30 ay Specialty Copay		
Generic	Formulary Brand	Non-Formulary Brand
20% with \$250 max	20% with \$250 max	20% with \$250 max



Re: Monroe County Board of County Commissioners
New Prescription Drug Benefits Effective January 1, 2018

MC2366707026101
Rx Bin: 012312
PCN: PARTD
MCBOCCE

Dear Member:

The Monroe County Board of County Commissioners has elected to enroll you in **EnvisionRxPlus Employer Group Retiree (PDP)** beginning January 1, 2018.

Included in this mailing are a number of documents which detail your rights and responsibilities, plan design, and other important information. The following describes the documents in this mailing:

- **Plan Benefit Design Sheet** – Explains what you will pay as a member through all of the coverage phases with your Group benefit (Deductible (if applicable), Initial Coverage Period, Coverage Gap and Catastrophic coverage).
- **Supplemental Formulary (if applicable)** – Details which medications that are covered by the Group (WRAP) in addition to the Formulary, as well as cost-sharing information.
- **Supplemental Summary Plan Description (SSPD)** – Legal disclaimer detailing Group coverage.
- **Evidence of Coverage/LIS Rider (if applicable)** - People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, we've included a document that details the help you could receive.
- **Pharmacy Directory** – Listing of pharmacies within a 50 mile radius of your zip code which are contracted with your Medicare Part D Plan (**EnvisionRxPlus**).
- **Notice of Privacy Practices** – Information regarding Envision Insurance Company's Privacy Practices and how personal health information may be used and disclosed. (HIPAA practices).
- **Multi-Language Insert/Non-Discrimination Notice** – Explains in various languages that **EnvisionRxPlus** provides free interpreter services and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
- **Mail Order Form**

Included in two separate mailings will be the following documents:

- **Member ID Card** – Prescription drug card to be used at the pharmacy.
- **Evidence of Coverage (EOC)** – The evidence of coverage document gives you details about your Medicare

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- Prescription Drug coverage, what we must do, your rights and what you have to do as a member of our plan.
- **EnvisionRxPlus Employer Group Retiree PDP Abridged Formulary** – Details a partial list of medications that are covered under our Medicare Part D plan.

EnvisionRxPlus is a Medicare prescription drug plan and is in addition to your coverage provided under Medicare; therefore, you will need to keep your Medicare A and B coverage. It is your responsibility to inform **EnvisionRxPlus** of any prescription drug coverage that you have or may obtain in the future outside of this coverage, as you can be in only one Medicare prescription drug plan at a time.

How will my coverage work?

As of January 1, 2018, you should begin using **EnvisionRxPlus** network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, **EnvisionRxPlus** may not pay for your prescriptions. You can find network pharmacies in your area by looking in your pharmacy directory or by calling our customer service department at the number at the end of this letter. You can also visit the **EnvisionRxPlus** website at www.envisionrxplus.com.

This letter is proof of insurance and can be used at the pharmacy when filling your prescription if your card is misplaced.

Your new prescription drug card will be enclosed with a separate mailing. Should you find any errors on your card please contact 1-844-293-4760, TTY/TDD users please call 711.

Sincerely,

EnvisionRxPlus Employer Group Retiree PDP

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S7694_EGWP Welcome Ltr 112017 CE Reviewed 11/16/17

EnvisionRxPlus Employer Group Retiree (PDP)

2018 Pharmacy Directory

This pharmacy directory was updated on 12/20/2017. For more recent information or other questions, please contact **EnvisionRxPlus Employer Group Retiree PDP** at 1-844-293-4760 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week or visit www.envisionrxplus.com.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at www.envisionrxplus.com. To access this online directory, go to www.envisionrxplus.com and click "sign in" in the top right corner (if you have not yet registered, you will need to click "register now" and follow the registration steps to proceed). You may also call Member Services for updated provider information. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-293-4760 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-293-4760 (TTY 711).

Introduction

This booklet provides a list of **EnvisionRxPlus Employer Group Retiree PDP** network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and the **EnvisionRxPlus Employer Group Retiree PDP** formulary.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under **EnvisionRxPlus Employer Group Retiree PDP** only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. This list is current as of 12/20/2017. For the most current list, please contact us. Our contact information appears on the front and back cover pages.

You can get prescription drugs shipped to your home through our network mail order delivery service. For more information, please contact us or see the mail order section of this pharmacy directory.

This directory is for your zip code and up to a radius of 50 miles which includes the area in which you live. However, we cover a larger service area, and there are more pharmacies where your prescriptions may be covered by our Plan. For information on more pharmacies in our plan network not listed in this directory please contact our Member Services number at 1-844-293-4760 (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact us.

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

Retail Pharmacies, including Chain Pharmacies

CVS PHARMACY*
2790 N ROOSEVELT BLVD
KEY WEST FL 33040
Phone: 305-294-6693
Chain Toll-free Number: (800) 746-7287
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply
Preferred Pharmacy

WALGREENS #2777
2805 N ROOSEVELT BLVD
KEY WEST FL 33040
Phone: 305-292-9833
Chain Toll-free Number: (800) 289-2273
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply

PUBLIX PHARMACY #0500
3316 N ROOSEVELT BLVD
KEY WEST FL 33040
Phone: 305-296-3225
Chain Toll-free Number: (800) 242-1227
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply

CVS PHARMACY*
530 TRUMAN AVENUE
KEY WEST FL 33040
Phone: 305-294-2576
Chain Toll-free Number: (800) 746-7287
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply
Preferred Pharmacy

WALGREENS #7089
527 DUVAL ST
KEY WEST FL 33040
Phone: 305-292-2979
Chain Toll-free Number: (800) 289-2273
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply

CVS PHARMACY #10122*
5610 OVERSEAS HIGHWAY
STOCK ISLAND FL 33040
Phone: 305-295-2858
Chain Toll-free Number: (800) 746-7287
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply
Preferred Pharmacy

WINN DIXIE*
2778 N ROOSEVELT BLVD
KEY WEST FL 33040
Phone: 305-294-0658
Chain Toll-free Number: (866) 946-6349
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply
Preferred Pharmacy

PUBLIX PHARMACY #1445
1112 KEY PLZ
KEY WEST FL 33040
Phone: 305-295-8050
Chain Toll-free Number: (800) 242-1227
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply

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Retail Pharmacies, including Chain Pharmacies (Continued)

CVS PHARMACY*
30401 OVERSEAS HWY
BIG PINE KEY FL 33043
Phone: 305-872-3797
Chain Toll-free Number: (800) 746-7287
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply
Preferred Pharmacy

WALGREENS
30351 OVERSEAS HWY
BIG PINE KEY FL 33043
Phone: 305-872-1371
Chain Toll-free Number: (800) 289-2273
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply

PUBLIX PHARMACY #0575
5407 OVERSEAS HIGHWAY
MARATHON FL 33050
Phone: 305-289-3192
Chain Toll-free Number: (800) 242-1227
Use TRS Relay Number 711
Accepts E-Prescribing Prescriptions
Extended Medication Supply

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Mail Order Pharmacy

EnvisionMail
7835 Freedom Avenue NW
North Canton, OH 44720
Toll-free Number: 1-866-909-5170
TTY/TDD Number use 711
Fax: 1-866-909-5171
www.envisionpharmacies.com
Accepts E-Prescribing Prescriptions

You can get prescription drugs shipped to your home through our network mail order delivery service.

For refills of your mail order prescriptions, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. We will contact you prior to shipping each refill to make sure you are in need of more medication. You can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use the auto refill program, please contact us 14 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill program, please contact us by calling 1-844-293-4760 (TTY/TDD 711) 24 hours a day, 7 days a week.

Typically, you should expect to receive your prescription from 7 to 14 days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-866-909-5170 (TTY/TDD users call 711).

Specialty Pharmacies

EnvisionSpecialty
7835 Freedom Avenue NW
North Canton, OH 44720
Toll-free Number: 1-877-437-9012
TTY/TDD Number use 711
Fax: 1-877-309-0687
www.envisionspecialty.com

Accepts E-Prescribing Prescriptions

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Home Infusion Pharmacies

Home Infusion Pharmacies are utilized by Physicians where the medication is being delivered to the member's residence for administration.

For more information regarding a Network Home Infusion pharmacy, contact Member Services at 1-866-250-2005 (TTY/TDD users should call 711), 24 hours a day, 7 days a week.

Crescent HealthCare Inc
11980 Telegraph Rd, Ste 102
Santa Fe Springs, CA 90670-6087
877-872-4844 (P)
562-941-1168 (F)

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Long-Term Care Pharmacies

Residents of a long-term care facility may access their prescription drugs covered under **EnvisionRxPlus Employer Group Retiree PDP** through the facility's long-term care pharmacy or another network long-term care pharmacy.

For more information regarding a Network Long Term Care pharmacy, please contact Member Services at 1-844-293-4760 (TTY/TDD users should call 711), 24 hours a day, 7 days a week.

There are no Long Term Care pharmacies in your service area.

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Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through **EnvisionRxPlus Employer Group Retiree PDP's** pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies).

For more information regarding (I/T/U) Pharmacies, please contact Member Services at 1-844-293-4760 (TTY/TDD users should call 711), 24 hours a day, 7 days a week.

No I/T/U Network pharmacies are available in your area.

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