Prescription Drug Changes – Effective July 1, 2017

- GIC employee/non-Medicare health plans, except for Fallon Direct and Fallon Select, will have a fiscal year deductible of $100 individual/$200 family. The prescription drug deductible is separate from your health plan deductible. Once you've paid your prescription deductible, your covered drugs will be subject to a copayment.
- The prescription drug program for Harvard Pilgrim Independence Plan and Harvard Pilgrim Primary Choice Plan will change to a closed formulary, similar to the other GIC plans. Certain prescription drugs will be excluded from coverage. The excluded products have alternatives available that are more cost effective.
- The prescription drug programs for Harvard Medicare Enhance, Health New England MedPlus and Tufts Medicare Complement will change to an Employer Group Waiver Plan (EGWP) with SilverScript. *See the Medicare Part D Drug Reminders and Warnings and page 13 for additional information.*

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact the plans you are considering with questions about your specific medications.

TIER 1: You pay the *lowest* copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same strength as their brand name counterparts. Brand name drugs are almost always significantly more expensive than generics.

TIER 2: You pay the *mid-level* copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

TIER 3: You pay the *highest* copayment. This tier is primarily made up of brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Tips for Reducing Your Prescription Drug Costs

During Annual Enrollment, Compare and Contrast Prescription Drug Programs: Contact the plans you are considering to find out which tier the prescription drugs you and your family use most often are in. It may save you money to switch to a plan that places your prescription drugs in a more favorable tier.

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. Some plans offer this benefit at certain retail pharmacies. It can save you money – $5-$30 for three months of medication, depending on the tier. *See the at-a-glance charts for copay details.* Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

Prescription Drug Programs

Some GIC plans have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact the plans you are considering to find out details about these programs and whether they apply to drugs you are taking:

- **Mandatory Generics** – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, *plus* the generic copay.
- **Step Therapy** – This program requires enrollees to try effective, less costly drugs before more expensive alternatives will be covered.
- **Maintenance Drug Pharmacy Selection** – If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must call your prescription drug plan to tell them whether or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.
- **Specialty Drug Pharmacies** – If you are prescribed injected or infused specialty drugs, you may need to use a specialty pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.
- **Prior Authorization** – You or your health care provider may be required to contact the plan for Prior Authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because the plan needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.
- **Quantity Limits** – To promote member safety and appropriate and cost effective use of medications, there may be limits on the quantity of certain prescription drugs that you may receive at one time.

Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you will have through your GIC health plan is a *better* value than a basic Medicare Part D drug plan. Therefore, most individuals should *not* enroll in a non-GIC Medicare Part D drug plan.

- A "Notice of Creditable Coverage" is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you *must* show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of **Harvard Medicare Enhance, Health New England MedPlus or Tufts Medicare Complement**, your plan will include Medicare Part D effective July 1, 2017. You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.** If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
- Effective July 1, 2017, all GIC Medicare plans automatically include Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D plan.** If you enroll in another Medicare Part D drug plan, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health plan, which means you **will lose your GIC health, behavioral health, and prescription drug benefits.**
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit **medicare.gov** for more information. Social Security will notify you if this applies to you.