

Self-Insured Schools of California (SISC) – Plan 9X35

Navitus MedicareRx (PDP) Summary of Benefits 2020

Part D Prescription Drugs
 The benefit information provided is a summary of what we cover and what you pay. Your cost sharing may differ based on the pharmacy’s status as network/out-of-network; mail order; long term care; home infusion; 30 or 90-day supplies; and when you enter another phase of the Medicare Part D benefit. For more information on the additional pharmacy specific cost-sharing, the phases of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at <https://medicarerx.navitus.com>.

Yearly Deductible Stage:
 Because this plan does not have a deductible for Part D drugs, this payment stage does not apply to you.

Initial Coverage Stage:
 During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The table below shows your share of the cost for drugs in each of the plan’s drug tiers. You stay in this stage until your total drug costs reach \$4,020, when you move on to the Gap Coverage stage.

Cost Sharing Tiers	Network Retail Pharmacy (1-30 day supply)	Network Retail Pharmacy (31-60 day supply)	Network Retail Pharmacy (61-90 day supply)	Network Mail Order Pharmacy (1-30 day supply)	Network Mail Order Pharmacy (31-90 day supply)
Tier 1: Preferred generic and certain lower-cost brand products	\$9 copayment	\$18 copayment	\$27 copayment	\$9 copayment	\$18 copayment
Tier 2: Preferred brand and certain higher-cost generic products	\$35 copayment	\$70 copayment	\$105 copayment	\$35 copayment	\$90 copayment

Gap Coverage Stage:
 During this stage, your employer group benefit will continue to cover your drug costs when the Medicare plan does not; you will be responsible for your copayment/coinsurance if applicable. Your drug copay or coinsurance may be less, based upon the cost of the drug. After your yearly total drug costs reach \$6,350 for Part D drugs, you move on to the Catastrophic Coverage Stage.

Catastrophic Coverage Stage:
 After your yearly out-of-pocket drug costs reach \$6,350 for Part D drugs, you pay the greater of:
 Either 5% coinsurance or a \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.
 -OR- Your formulary cost sharing tier amount if lesser.

Additional Cost Sharing Information

- Your drug copay or coinsurance may be less, based upon the cost of the drug and the coverage stage you are in.
- If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy
- Your plan will allow up to a 10-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS** on the formulary are not available for an extended supply (greater than 30-days) at a retail or specialty pharmacy.

For a complete description of benefits, please call Customer Care (numbers on back cover) or access our Evidence of Coverage online at <https://medicarerx.navitus.com>.