

<b>Basis of Payment (Part B)</b>	80% Medicare-approved (MA) charges after Part B deductible	Pays 20% MA charges Including 100% of Medicare Part B deductible
<b>Medical Services (Part B)</b> Doctor, X-Ray, Appliances, and Ambulance Lab	80% MA charges  100% MA charges	Pays 20% MA charges  Pays nothing
<b>Physical/Speech Therapy (Part B)</b>	80% MA charges up to the Medicare annual benefit amount	Pays 20% MA chargef

**Travel Coverage**

(when outside r Medicare Part D Prescription Drug Plan Through Navitus

	<b>Health Solutions</b>
<b>Retail Pharmacy</b> <b>Mail Order</b>	30-day supply \$9 Generic co-pay, \$35 Brand co-pay 90-day supply \$18 Generic co-pay, \$90 Brand co-pay
<b>Due to Medicare restrictions the following programs are not available with CompanionCare:</b> \$0 generic co-pay at Costco Diabetic supplies for generic co-pay	Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their

**CompanionCare is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the "doughnut hole"**

**Eligibility: Member must be retired and enrolled in Medicare Pa**



**Navitus MedicareRx Customer Care** – 1-866-270-3877 (TTY/TDD users should call 711). Calls to these numbers are free, and available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Customer Care has free language interpreter services available for non-English speakers.

Pharmacies can also reach Navitus Customer Care 24 hours a day, 7 days a week.

**Navitus MedicareRx Website**

***Yearly Deductible Stage:***

This stage does not apply to you, because this plan does not have a deductible for Part D drugs.

<b>Cost Sharing Tiers</b>	<b>Network</b>
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***Catastrophic Coverage Stage:***

After your yearly out-of-pocket maximum is reached, your health plan will cover 100% of the cost of covered services. This coverage is subject to a maximum annual benefit of \$1,000,000. This coverage is not available for elective procedures or services that are not covered by your health plan.

be covered by the plan.

### **Recommended Specialty Pharmacy**

You can use any contracted specialty pharmacy you like, however Navitus recommends Lumicera Specialty Pharmacy to provide the best home-delivery service and rates on specialty drugs. You can contact Lumicera's Customer Care at 1-855-847-3553 (TTY/TDD 711). There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal. Go to [www.Medicarerx.navitus.com](http://www.Medicarerx.navitus.com) and click on Members, then Login, to access these pharmacy tools.

### **Refilling Prescriptions at a New Pharmacy**

If you are looking to switch to a new pharmacy, automatic prescription refill transfers do not happen. Please give your Navitus ID card to your *new* pharmacy and let them know at which pharmacy the prescription refills are located, and the medication names/strengths. Your *new* pharmacy can work with the previous pharmacy to see if these refills can be transferred. Some prescriptions may not be allowed to transfer, and in that case, your prescriber will need to write a new prescription.

### **Supplemental Coverage**

Supplemental Coverage, also known as Wrap coverage, is provided as part of your prescription benefit. This supplemental coverage may pay for prescription drugs even when Medicare does not cover them. However, you will still be responsible for paying your copayments or coinsurance.



**What will I pay for Navitus MedicareRx premiums?**

Your coverage is provided through a contract with your current employer or former employer. Please contact the SISC for information about your 2024 plan premium.

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