

# MEDICARE RETIREES

## Medicare Part D Prescription Drug Plans – EUTF

EUTF’s open enrollment period for all retirees is from October 1, 2014 through October 31, 2014. You will probably start receiving advertisements from other Medicare plans during this time. Please know that if you are happy with your coverage under the EUTF Medicare Part D plan, you do not need to take any action. Medicare only allows you to enroll in one Medicare Part D plan. Therefore, if you enroll in a non-EUTF Medicare Part D plan, you may be terminated from the EUTF’s Medicare Part D plan and UHC PPO medical or Kaiser Senior Advantage plan if applicable. Similarly, if you are already enrolled in a non-EUTF Medicare Part D prescription drug plan and enrolled in EUTF’s plan, you may be disenrolled from your non-EUTF Medicare Part D plan.

If you are currently enrolled and want to remain on your current EUTF Medicare Part D plan you do not need to take action. You will remain enrolled in the EUTF Medicare Part D plan.

The EUTF’s Medicare Part D prescription drug plan is administered by SilverScript, the Medicare Part D administrator for CVS Caremark. This plan is the prescription drug coverage for Medicare retirees enrolled in the PPO medical plan option and for stand-alone drug coverage. The Kaiser Medicare Part D prescription drug coverage is included under the Kaiser Senior Advantage Medical Program.

COVERAGE	PPO Prescription Drug Plan (Administered by SilverScript)	HMO Prescription Drug Plan (Kaiser)
	<b>Participating Pharmacy</b>	<b>Copayment up to</b>
<b>RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)</b>		
<b>Generic</b>	\$5/\$10/\$10 copayment	\$15/\$30/\$45 copayment
<b>Preferred Brand Name</b>	\$15/\$30/\$30 copayment	\$15/\$30/\$45 copayment
<b>Non-Preferred Brand Name</b>	\$30/\$60/\$60 copayment	\$15/\$30/\$45 copayment
<b>Specialty Drug</b>	20% coinsurance Up to a \$250 copay max per fill, \$2,000 out-of-pocket maximum per calendar year	\$15/\$30/\$45 copayment
<b>Insulin</b>		
Covered Insulin Products	\$5/\$10/\$10 copayment	\$15/\$30/\$45 copayment
<b>Diabetic Supplies</b>		
Lancets, Strips and Meters	No copayment	\$15/\$30/\$45 copayment
<b>MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)</b>		
	<b>SilverScript Mail Order</b>	
<b>Generic</b>	\$5/\$10/\$10 copayment	\$15/\$30/\$30 copayment
<b>Preferred Brand Name</b>	\$15/\$30/\$30 copayment	\$15/\$30/\$30 copayment
<b>Non-Preferred Brand Name</b>	\$30/\$60/\$60 copayment	\$15/\$30/\$30 copayment
<b>Specialty Drug</b>	Not Available	\$15/\$30/\$30 copayment
<b>Insulin</b>		
Covered Insulin Products	\$5/\$10/\$10 copayment	Not available through mail order
<b>Diabetic Supplies</b>		
Lancets, Strips and Meters	Not available through mail order	\$15/\$30/\$30 copayment