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**Retiree RxCare offered by  
Elixir Insurance Company**

**Arlington County**

**Annual Notice of Changes for 2021**

You are currently enrolled as a member of Retiree RxCare. Next year, there will be some changes to the Retiree RxCare prescription drug program. Please note that these changes will not reduce your Retiree RxCare prescription drug benefit program offered through your employer, the Arlington County. *This booklet tells about the changes.*

- You do not have to fill out any paperwork or make any changes if you plan on remaining in the Retiree RxCare prescription benefit program unless additional instructions have been provided by the Arlington County.

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**Additional Resources**

- This information is available for free in other languages. Please contact the Customer Care Center at 1-855-693-3921 for additional information. (TTY users should call 711 for Telecommunications Relay Services), 8:00 AM – 8:00 PM, Monday through Friday. The Customer Care Center has free language interpreter services available for non-English speakers.
- We can also give you information in Braille, in large print, or other alternate formats if you need it.

**About Retiree RxCare**

- Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.
  - When this booklet says “we,” “us,” or “our,” it means Elixir Insurance Company. When it says “plan” or “our plan,” it means Retiree RxCare.
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***Annual Notice of Changes for 2021***  
**Table of Contents**

**Think about Your Medicare Coverage for Next Year ..... 3**

**Summary of Important Costs for 2021 ..... 4**

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically  
Enrolled in Retiree RxCare in 2021 ..... 5**

**SECTION 2 Changes to Benefits and Costs for Next Year ..... 5**

    Section 2.1 – Changes to the Monthly Premium ..... 5

    Section 2.2 – Changes to the Pharmacy Network..... 6

    Section 2.3 – Changes to Part D Prescription Drug Coverage ..... 6

**SECTION 3 Deciding Which Plan to Choose..... 11**

    Section 3.1 – If You Want to Stay in Retiree RxCare ..... 11

    Section 3.2 – If You Want to Change Plans ..... 11

**SECTION 4 Deadline for Changing Plans ..... 11**

**SECTION 5 Programs That Offer Free Counseling about Medicare ..... 12**

**SECTION 6 Programs That Help Pay for Prescription Drugs ..... 12**

**SECTION 7 Questions? ..... 13**

    Section 7.1 – Getting Help from Retiree RxCare ..... 13

    Section 7.2 – Getting Help from Medicare ..... 14

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

***Think about Your Medicare Coverage for Next Year***

Each year, your employer group may provide you with benefit choices during its open enrollment. It's important to review your coverage now to make sure it will meet your needs next year.

If you have questions, you should call the Arlington County's benefits office to discuss your benefit options.

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**Important things to do:**

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 2 for information about benefit and cost changes for our plan.
  - Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 2.3 for information about changes to our drug coverage.
  - Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
  - Think about whether you are happy with our plan.**
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**If you decide to stay with Retiree RxCare:**

If you want to stay with us next year, it's easy - you don't need to do anything.

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**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans. Talk to the Arlington County's benefits office about your plan options. If you enroll in a new plan, your new coverage should begin on January 1, 2021. Look in Section 3.2 to learn more.

**Summary of Important Costs for 2021**

The table below compares the 2020 costs and 2021 costs for Retiree RxCare in several important areas. **Please note this is only a summary of changes.** You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2020 (this year)	2021 (next year)
<p><b>Monthly plan premium*</b>                      *Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	<p>Your premium is paid by your employer</p>	<p>Your premium is paid by your employer</p>
<p><b>Part D prescription drug coverage</b>                      (See Section 2.3 for details.)</p>	<p>Copays during the Initial Coverage Stage:</p> <p><b>Tier 1:</b>                      You pay \$10.00 per prescription.</p> <p><b>Tier 2:</b>                      You pay \$30.00 per prescription.</p> <p><b>Tier 3:</b>                      You pay \$55.00 per prescription.</p> <p><b>Tier 4:</b>                      You pay \$55.00 per prescription.</p>	<p>Copays during the Initial Coverage Stage:</p> <p><b>Tier 1:</b>                      You pay \$10.00 per prescription.</p> <p><b>Tier 2:</b>                      You pay \$30.00 per prescription.</p> <p><b>Tier 3:</b>                      You pay \$55.00 per prescription.</p> <p><b>Tier 4:</b>                      You pay \$55.00 per prescription.</p>

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**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Retiree RxCare in 2021**

**If you do nothing to change your plan, we will automatically enroll you in our Retiree RxCare plan.** This means starting January 1, 2021, you will be getting your prescription drug coverage through Retiree RxCare.

The information in this document tells you about the differences between your current benefits in Retiree RxCare and the benefits you will have on January 1, 2021 as a member of Retiree RxCare.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	Your premium is paid by your employer.	Your premium is paid by your employer.

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more. *If your employer pays all or part of your premiums, your employer may agree to pay the amount of your late enrollment penalty on your behalf.*
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs.

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## Section 2.2 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year.

An updated Pharmacy Directory is located on our website at [www.retireerxcare.amwins.com](http://www.retireerxcare.amwins.com). You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory.

You may call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**

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## Section 2.3 – Changes to Part D Prescription Drug Coverage

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<b>Changes to Our Drug List</b>
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Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope. The Drug List we included in this envelope includes many – *but not all* – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the *complete Drug List*** by calling Member Services (see the back cover).

Certain drugs may be covered for some medical conditions but are considered non-formulary for other medical conditions. Drugs that are covered for only select medical conditions will be identified on our Drug List and in Medicare Plan Finder, along with the specific medical conditions that they cover. The formulary list will provide you with drug coverage for any health condition you may have, meaning you will never be in a situation where there will not be drugs available to treat your specific health condition. Drugs you may have taken in the past under your employer’s prescription program may not be available on your Part D formulary but again, you will have a drug or drugs available to you to treat your specific health condition.

Under Medicare Part D, there is a minimum coverage that must be provided to you. *Retiree RxCare has added supplemental coverage; this is called a “Wrap.”* It is important for you to remember the Drug List has been expanded to include coverage for prescriptions that are not normally covered under Medicare Part D. In addition, the Wrap provides additional coverage, so you may continue to get your medications throughout the year at the same copayment or coinsurance.

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We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **Current members** can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber's supporting statement). **We encourage current members to ask for an exception before next year.**
  - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or another prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we will cover a **one-time**, temporary supply of a non-formulary drug during the first 90 days of coverage or of the plan year. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you are a new member and need a drug that is not on our Drug List or is restricted in some way, the plan will cover a **temporary supply** of your drug during the first 90 days of your membership. The temporary supply will be for a maximum of 31 days, or less if your prescription is written for fewer days. Long-term care residents may receive up to a 98-day supply during the first 90 days of coverage.

If you are a current member and a drug you are taking will be removed from the formulary or restricted in some way for next year, we will allow you to request a formulary exception in advance for next year. We will tell you about any change in the coverage for your drug for next year. You can then ask us to make an exception and cover the drug in the way you would like it to be covered for next year. We will give you an answer to your request for an exception before the change takes effect.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

7

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Starting in 2021, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the Evidence of Coverage.)

### **Changes to Prescription Drug Costs**

If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 8.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the enclosed *Evidence of Coverage*.)



**Changes to the Deductible Stage**

Stage	2020 (this year)	2021 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

**Changes to Your Cost-sharing in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

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Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p>
<p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p><b>Tier 1:</b> You pay \$10.00 per prescription.</p>	<p><b>Tier 1:</b> You pay \$10.00 per prescription.</p>
<p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p><b>Tier 2:</b> You pay \$30.00 per prescription.</p>	<p><b>Tier 2:</b> You pay \$30.00 per prescription.</p>
	<p><b>Tier 3:</b> You pay \$55.00 per prescription.</p>	<p><b>Tier 3:</b> You pay \$55.00 per prescription.</p>
	<p><b>Tier 4:</b> You pay \$55.00 per prescription</p>	<p><b>Tier 4:</b> You pay \$55.00 per prescription</p>
	<p>Once your total drugs costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drugs costs have reached \$4,130 you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*

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## **SECTION 3 Deciding Which Plan to Choose**

### **Section 3.1 – If You Want to Stay in Retiree RxCare**

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**To stay in our plan you do not need to do anything, unless additional instructions were provided by your employer group.** If you do not sign up for a different plan by December 7, you will automatically stay enrolled as a member of our plan for 2021.

### **Section 3.2 – If You Want to Change Plans**

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We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### **Step 1: Learn about and compare your choices**

Talk to the Arlington County’s benefits office to determine whether there are other options available to you. If you live outside the Washington DC Metropolitan area, this is the only option available to you through Arlington County

#### **Step 2: Change your coverage**

- To change **to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Retiree RxCare.
- To change **to a Medicare health plan**, enroll in the new plan. Your employer group can tell you if you will be disenrolled from Retiree RxCare.

## **SECTION 4 Deadline for Changing Plans**

If you want to and are able change to a different prescription drug plan or to a Medicare health plan for next year, you can do it during the open enrollment period set up by your employer group. The change will take effect on January 1, 2021.

#### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a

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change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

The SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. Please reference Exhibit A of your *Evidence of Coverage* for a complete listing of SHIPs that are available nationally.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** State Pharmaceutical has a program called (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program. Please reference Exhibit E of your *Evidence of Coverage* for a complete listing of SPAPs that are available

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- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your State-specific ADAP. Please reference Exhibit D of your Evidence of Coverage for a complete listing of ADAPs that are available nationally.

## SECTION 7 Questions?

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### Section 7.1 – Getting Help from Retiree RxCare

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Questions? We're here to help. Please call Customer Care at 1-855-693-3921. (TTY only, call 711.) We are available for phone calls 8:00 AM – 8:00 PM, Monday through Friday. Calls to these numbers are free.

#### **Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Retiree RxCare. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located in this booklet. You may also call our Customer Care Center at 1-855-693-3921 (TTY/711) to ask us to mail you an Evidence of Coverage.

#### **Visit our Website**

You can also visit our website at <http://retireerxcare.amwins.com>. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

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## **Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Review and Compare Your Coverage Options.”)

### **Read *Medicare & You 2021***

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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