

Did you know?



Teacher Retirement System of Texas (TRS) was created November 1936. Voters approved an amendment to the Constitution of Texas, creating a statewide teacher retirement system.

In 1985, TRS was assigned responsibility for administering a health insurance program for public school retirees.



Got Part B?

To be eligible for the TRS-Care Medicare medical plan, you **MUST** obtain Medicare Part B.



ssa.gov/benefits/medicare



Questions about your health benefits?

**Call TRS Health and Insurance Benefits
at 1-888-237-6762.**

Monday – Friday,
7 a.m. – 6 p.m. CST

Our mission

To improve the retirement security
of our members by prudently investing
and managing the Trust assets
and delivering benefits that make a
positive difference in their lives.

COMMON TERMS



Deductibles

The amount of money you have to spend out of pocket before your health plan begins to pay.



Coinsurance

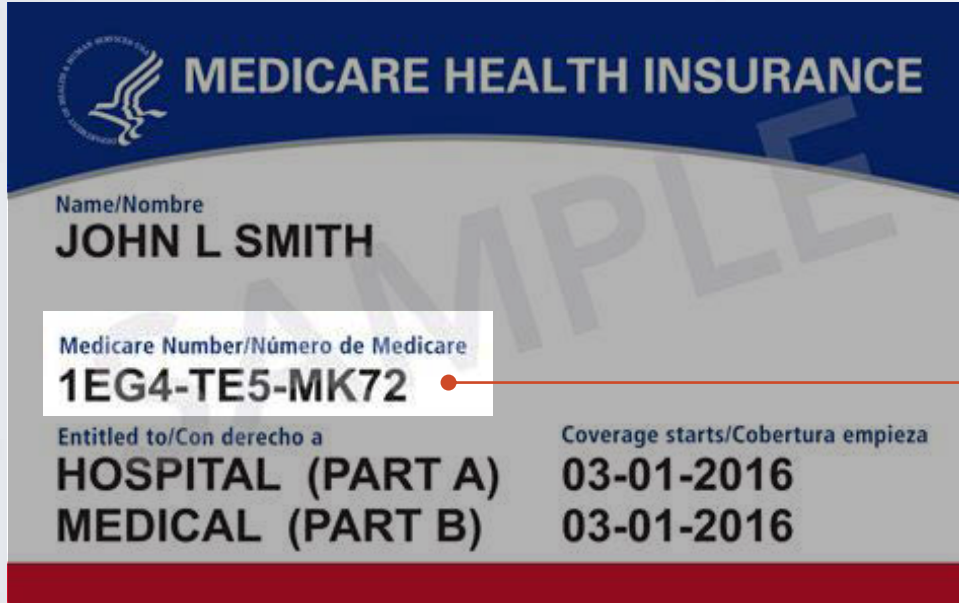
The percentage your health plan and you pay after you have paid or “met” your deductible.



Know where to go.

Choose a primary care physician (PCP)
and a local, urgent care facility near you.

Keep these resources in a handy place.



When you turn 65

**Remember to
give TRS your
Medicare number!**



TRS-CARE & MEDICARE

Turning 65 webinar

Agenda

1. What Medicare is
2. Costs for Medicare and TRS-Care
3. Enrolling in TRS-Care Medicare plans
4. Important concerns
5. TRS-Care Medicare Advantage (Humana)
6. TRS-Care Medicare Rx (SilverScript)
7. Closing Q&A

1

What Medicare is

- Medicare defined
- Parts of Medicare

Medicare is federal health insurance that you pay for out your FICA tax.

IT'S FOR:



PEOPLE AGE
65 AND OLDER



PEOPLE WITH
A DISABILITY



PEOPLE WITH END-STAGE
RENAL DISEASE



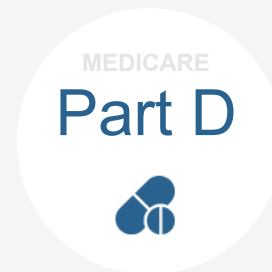
Hospitalization



Doctors visits



Medical Coverage -
Combines
Medicare with your
TRS health plan to
make TRS-Care
Medicare Advantage.
You keep Medicare
Parts A & B.



**Prescription
Coverage -**
Combines Medicare
with your TRS health
plan to make TRS-
Care Medicare Rx.



Costs for Medicare and TRS-Care

- Medicare Part A
- Medicare Part B
- Medicare Part C
- Medicare Part D

MEDICARE

Part A



No cost for most people.

If you are not eligible to receive it for free, TRS doesn't require you to sign up for it.

MEDICARE

Part B



Currently, most people pay **\$135.50 per month**.

You may pay more if you're in a high tax bracket. Visit [medicare.gov](https://www.medicare.gov) for more info.



Everyone must purchase Medicare Part B in order to have coverage through TRS-Care.



The Part B premium is separate from what you pay for your TRS-Care premium. You pay it directly to SSA.

MEDICARE
Part C



TRS-Care Medicare Advantage medical plan—you pay **\$135 per month** if you are a retiree or surviving spouse covering just yourself.

Monthly Premiums for TRS-Care Medicare Advantage & TRS-Care Medicare Rx

Retiree Only	\$135
Retiree + spouse	\$529
Retiree + child(ren)	\$468
Retiree + family	\$1,020

MEDICARE
Part C



**Your TRS-Care
Premium to TRS for
Medical and
Prescription Coverage**

\$135 for Retiree Only

**Your 2019 Medicare
Part B Premium to
Social Security**

**\$135.50 per Medicare
participant**

MEDICARE

Part D



TRS-Care Medicare Rx prescription drug plan—your payment for this is **included** in your TRS-Care premiums.



Enrolling in TRS-Care Medicare plans

- Who should enroll
- Taking action
- Automatic enrollment
- Initial enrollment
- Retiring past age 65
- Age 65 packet

WHO SHOULD ENROLL

→ Current TRS-Care participants who are turning 65.

→ Current TRS-Care participants who are eligible for Medicare due to disability.

→ Retiring TRS members and their eligible dependents who are age 65 or over (initial enrollment period).

→ Eligible TRS members turning 65 who:

- Didn't enroll at initial enrollment.
- Canceled TRS-Care coverage after it took effect.
- Experience a special enrollment event

ENROLLING IN TRS-CARE
MEDICARE PLANS

WHO SHOULD
ENROLL

TAKING
ACTION

AUTOMATIC
ENROLLMENT

INITIAL
ENROLLMENT

RETIRING
PAST AGE 65

TURNING 65
PACKET

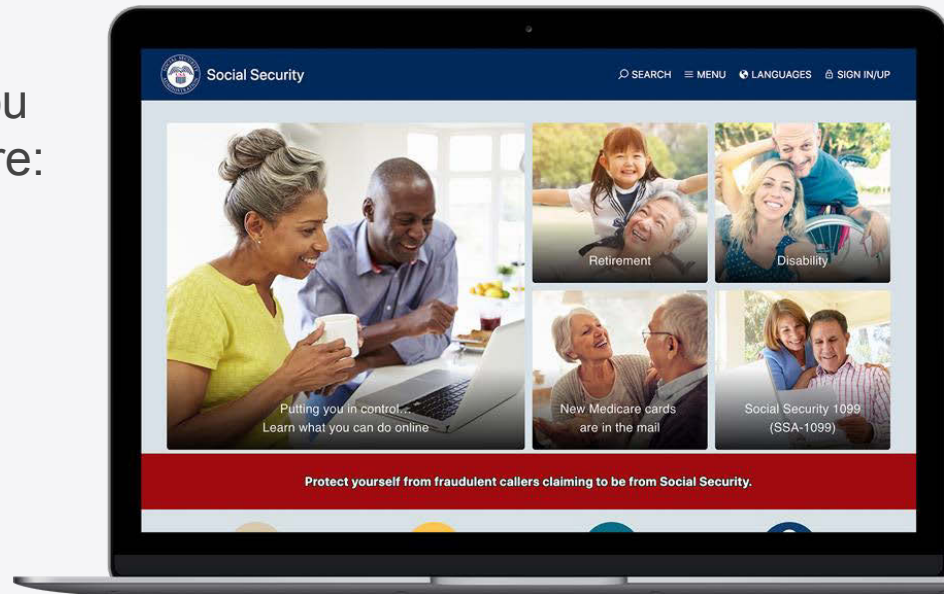
TAKING ACTION

If you're not receiving SSA benefits, you need to take action to enroll in Medicare:

→ SIGN UP ON [SSA.GOV](https://ssa.gov)

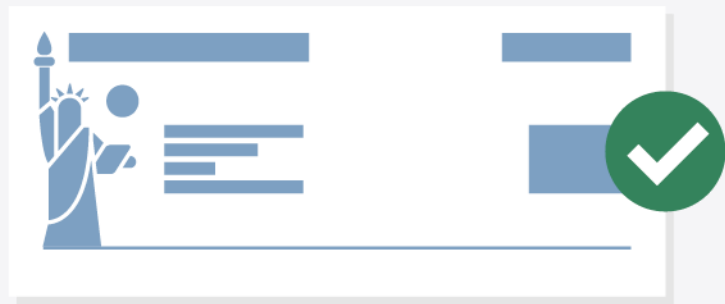
→ CALL SSA AT 1-800-772-1213

→ VISIT A LOCAL SSA OFFICE



AUTOMATIC ENROLLMENT

You will be **automatically enrolled** in Medicare if you're already receiving SSA benefits. The premiums will come out of your SSA check.



INITIAL ENROLLMENT

Medicare gives you **seven months** to enroll—three months before your birthday month, your birthday month, and three months after your birthday month.



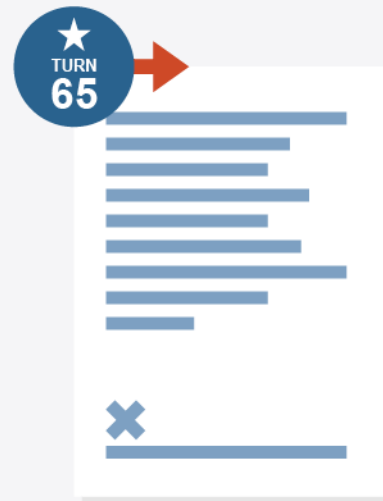
TRS recommends that you start the enrollment process **three months** before your 65th birthday month.

RETIRING PAST AGE 65

If you're still actively employed at age 65, you can delay Medicare Part B enrollment.

SSA will send you a form that your employer needs to complete—this way, you won't pay a late enrollment penalty when you finally do sign up.

When you decide to retire, you should contact SSA about three months prior to your retirement date to make your Medicare coverage take effect the same day as your first day of retiree coverage.



TURNING 65 PACKET

Every current TRS-Care member will receive a packet from TRS and Humana prior to turning 65.

- Welcome Letter
- TRS Application (**return to TRS if you're adding dependents**)
- TRS-Care Medicare Guide
- TRS-Care Medicare Rx Summary of Benefits
- MBI Form (**fill out and return to TRS**)



4

Important concerns

- Penalties for missing the initial enrollment period
- Special situations
- Failure to enroll in Medicare

PENALTIES FOR MISSING THE MEDICARE INITIAL ENROLLMENT PERIOD

If you sign up for Medicare Part B too late, your monthly premium may go up **10%** for each full 12-month period that you could have had Part B but didn't purchase it.

The penalty is for life.



SPECIAL SITUATIONS (1 OF 3)

Return-to-work retirees

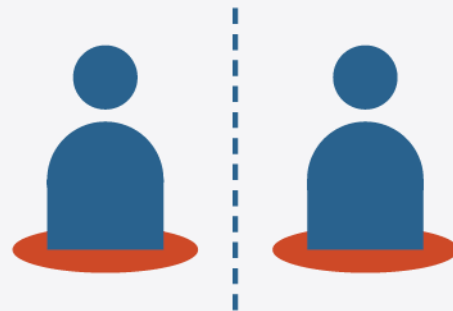
If you return to work at a TRS employer and elect coverage, you cannot stay enrolled in TRS-Care Medicare Advantage and TRS-Care Medicare Rx. You may drop TRS-Care, enroll in coverage at that employer, and re-enroll in TRS-Care as a special enrollment event when you leave that job.



SPECIAL SITUATIONS (2 OF 3)

Split households

- If you or your covered dependent are on Medicare, you'll be put on the TRS-Care Medicare Advantage and TRS-Care Medicare Rx plans.
- If you or your covered dependents are not eligible for coverage, you'll be put on the TRS-Care Standard plans.




SPECIAL SITUATIONS (3 OF 3)

Enrolling in Medicare Advantage or Part D plans outside of TRS-Care

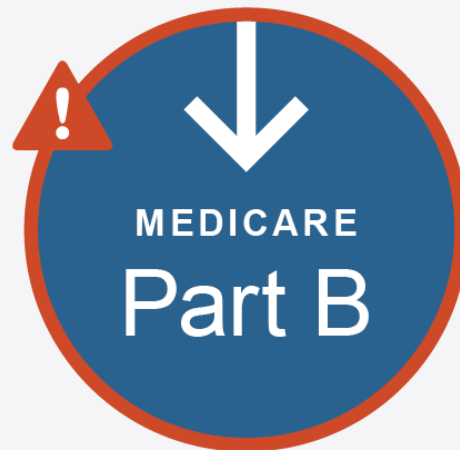
- If you enroll in a Medicare Advantage plan outside of TRS-Care, you will be terminated from TRS-Care medical and prescription coverage.
- If you enroll in a private Part D plan, you'll be terminated from TRS-Care Medicare Rx.
- If you enroll in a group Part D plan (rare), you'll be terminated from all TRS-Care coverage.



 **The Centers for Medicare and Medicaid Services (CMS) prohibits people enrolled in a Medicare Advantage plan through their group retiree benefits from joining an individual Medicare prescription drug plan.**

FAILURE TO ENROLL IN MEDICARE (1 OF 3)

- ➔ If you do not buy and maintain Medicare Part B, you risk losing all TRS-Care coverage.



FAILURE TO ENROLL IN MEDICARE (2 OF 3)

- If TRS or Humana can't verify that you have Medicare Part A and Part B, you will have 21 days or until the end of the month, whichever is greater, to provide your Medicare information to Humana. If you don't provide your Medicare information within that timeframe, you won't be enrolled in TRS-Care Medicare Advantage or TRS-Care Medicare Rx.



FAILURE TO ENROLL IN MEDICARE (3 OF 3)

- If you do not provide your Medicare information to Humana within 21 days or the end of the month in which you request your coverage to effective, you will remain enrolled in the TRS-Care alternative plan for 90 days.



- ! **If you provide missing or invalid information during the 21-day period after you submit your initial enrollment, you can enroll on the date you requested.**

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TRS-Care Medicare Advantage PPO Plan

TRS-Care Medicare Advantage PPO Plan

The plan that goes the extra mile



Humana®

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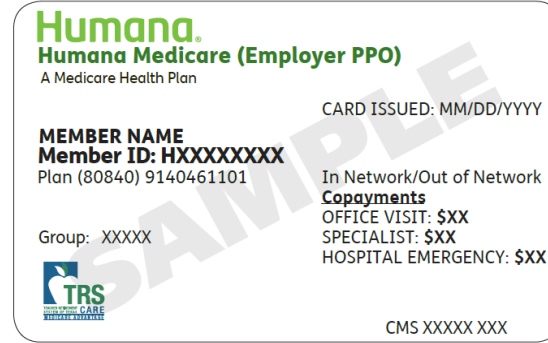


TRS-Care Medicare Advantage PPO Plan

- No need for supplemental coverage
- One card for all medical services
- Provides dedicated TRS Customer Service Phone number
- Copayments conveniently listed

You must enroll in Medicare Part B and provide your Medicare ID to TRS in order to enroll in TRS-Care Medicare Advantage and TRS-Care Medicare Rx.

What does my ID Card look like?



With your TRS-Care Medicare Advantage plan, you can see any provider of your choice, with no change in your benefits, as long as the provider accepts Medicare and is willing to bill Humana.

What to expect after you enroll



Enrollment confirmation



Humana member ID card



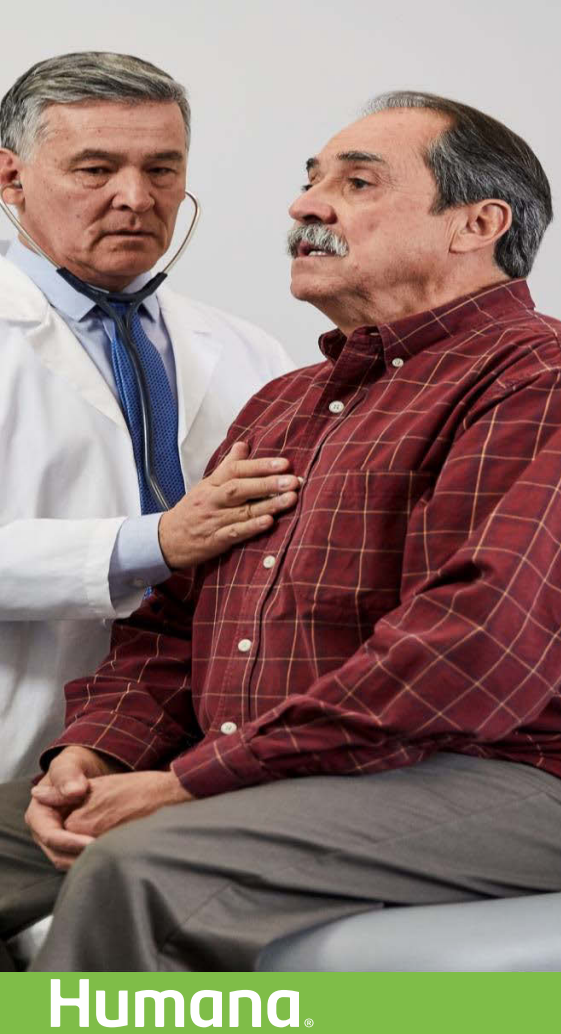
Medicare Health Survey



Evidence of Coverage (EOC)



In-Home Health Assessment



Building Healthy Relationships

Benefits of having a Primary Care Physician

- Your PCP can get to know your overall health history
- You can build a trusting, long-term relationship
- Your plan doesn't require referrals to see other providers
- Your PCP will help take care of you when you're sick and help you stay healthy with preventive care

Physician Finder



- 1 **Find a provider who fits your needs.**
Go to **Humana.com/PhysicianFinder**.
Under Search type, select Medical and click “Go.”

Search type ?

- ✓ Medical
- Dental
- Vision
- Pharmacy

→ Go

- 2 **Already a member of a TRS-Care Medicare Advantage plan?**

Simply select the “Member ID” tab. Enter your member ID and click on “Go” to begin your search.

Search by Humana plan or member ID

Just Looking

Member ID

Use this option if you are not a member or you do not have your ID card.

*** Required**

1. *** Coverage type ?**
 - ☐ Insurance through your employer
 - ☒ Medicare or Medicare-Medicaid
 - ☐ Medicaid
2. *** ZIP code ?**

73301

- 3 **The physician list varies by network.**
To help narrow the search, choose the employer network that represents your plan (Medicare PPO or Employer HMO).

3. *** Network ?**

Medicare PPO/Employer PPO Plus

- 4 **Narrow your search.**
Be more specific by entering a physician’s name, specialty or specific condition. You can also see a list of participating hospitals by typing in the word “hospital.”

4. *** Search ?**

- ✓ Select
- Name
- Specialty
- Condition
- All

Humana®

Do you know your vocabulary terms?

Deductible

A. What you pay upfront

B. What Humana pays

C. What the doctor charges

Coinsurance

A. Humana's share

B. Your premium

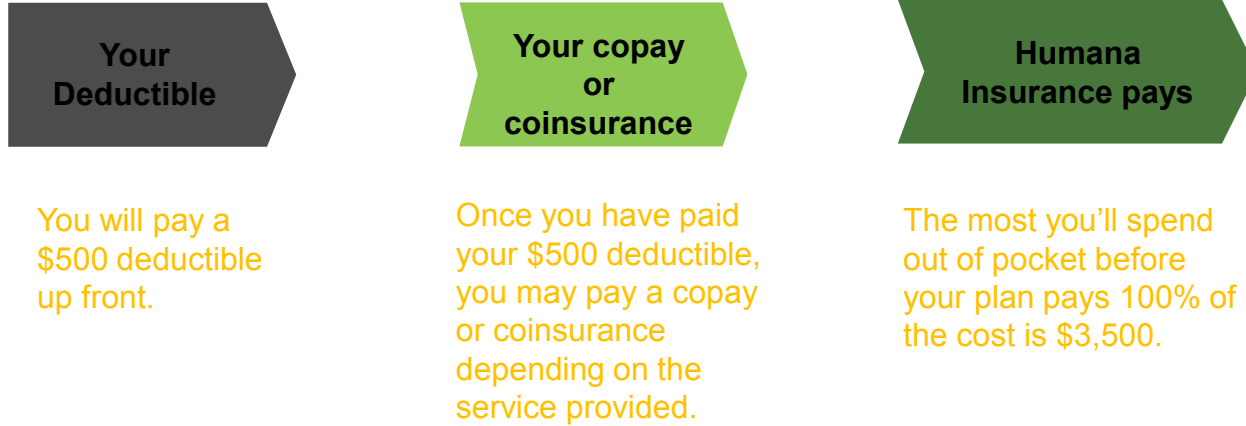
C. Your share of the cost after deductible

Maximum out of pocket

A. The most Humana pays

B. The most you'll spend before your plan pays 100 percent of the cost

TRS-Care Medicare Advantage Plan



All preventive services have a \$0 copay and **DO NOT apply to the deductible*

If you are transferring from the TRS-Care Standard plan, your deductible and maximum out-of-pocket will carry over to the TRS-Care Medicare Advantage plan.

Pop Quiz

You go to the doctor for your Annual Wellness Visit.

Your Provider reminds you it's time to schedule your routine colorectal cancer screening.

Scheduling the colorectal screening will change your Annual Wellness Visit from preventive to diagnostic.

True

False

TRS-Care PPO Medicare Advantage Benefits

DO NOT apply to the \$500 deductible

Preventive Services

\$0 copay

Emergency Services

Emergency Room Care
Urgent Care Facility

\$65 copay

\$35 copay

Virtual Visit (MDLive)

\$5 copay

Transportation

\$0 copay

TRS-Care PPO Medicare Advantage Benefits

After your \$500 deductible is met

Physician & Facility Services	Primary Care Physician	\$5 copay
	Specialist	\$10 copay
	Durable Medical Equipment	5% of the cost
Radiology Services X-Ray / MRI / CT Scan	PCP office	\$5 copay
	Specialist Office	\$10 copay
	Freestanding Facility	5% of the cost
	Outpatient Hospital	5% of the cost

TRS-Care PPO Medicare Advantage Benefits

After your \$500 deductible is met

Inpatient Hospital

**\$500 copay per
admit**

Outpatient Hospital

**\$0 - \$250 copay
or 5%**

of the cost

- Outpatient Laboratory Services
- Outpatient Surgery Services
- Outpatient Physical Therapy

**\$0 copay
\$250 copay
5% of the cost**

Pop Quiz

All of the items below are Preventive Services except:

Annual Wellness Exam

Bone Density Test

This one could be tricky. For example, if polyps are found and removed the procedure could become diagnostic.

Sick Visit

Screening Colonoscopy

Preventive vs. Diagnostic

What is a Preventive Service?

- Diabetic Eye Exam
- Screening Colonoscopy
- Screening Mammogram
- Pap Smear
- Bone Density Test
- Annual Wellness Exam

What is a Diagnostic Service?

- X-Ray
- MRI
- Mental Health
- Rehabilitation
- CT Scan
- Sick Visits

All preventive services have a \$0 copay and **DO NOT apply to the deductible*



Humana®

SmartSummary

An overview of your health benefits and health spending throughout the year.

- Stay informed
- Clear and detailed financials
- Information you can share with your provider
- High-level claims overview such as Dates of Service, rendering provider, & services provided.

SmartSummary®
Your personal medical benefits statement

Page 2 of 8
Firstname A Lastname
Jan 1, 2019-Jan 31, 2019

1 Section 1. TOTALS for medical and hospital claims and Part B Pharmacy claims

	Amount providers have billed the plan	Plan Discounts	Benefit Exclusions	Other Insurance	Total Cost (amount the plan has approved)	Plan's Share	Your Share
Totals for this Month: Medical	1,320.02	0.00	0.00		1,320.02	1,320.02	0.00
(for claims processed from January 1, 2019 -January 31, 2019)							
Totals for this Month: Part B Pharmacy claims	0.00	0.00	0.00		0.00	0.00	0.00
(for claims processed from January 1, 2019 -January 31, 2019)							
Totals for 2019: Medical	6,729.02	2,954.49	448.00		3,326.53	3,070.96	663.57
(for all dates of service from January 1, 2019 through January 31, 2019)							
Totals for 2019: Part B Pharmacy claims	0.00	0.00	0.00		0.00	0.00	0.00
(for all dates of service from January 1, 2019 through January 31, 2019)							

Humana. GHJHGFEN



Remember that all services received and billed to your TRS-Care Medicare Advantage plan, process with the same In-Network & Out-of-Network benefits

Diabetic Testing Supplies

You should only use your **TRS-Care Medicare Advantage** card to buy diabetic supplies for a **\$0** copay.

These items include:

- Acetone testing strips,
- Blood glucose testing strips
- Ketone testing strips
- Lancets
- Lancet devices
- Urine glucose testing strips

TRS-Care Medicare Rx will still cover your insulin syringes and insulin needles for a \$0 copay when you receive a 90-day supply.

Extra Benefits and Resources

Humana

At HomeSM

If you are eligible, a care manager can help you:

- Understand your doctor's advice
- Learn about and find ways to help you afford your medicine
- Make arrangements to get to medical appointments
- Make your home a safer place to live
- Provide ways to help you get meals and groceries



Humana

Extra Benefits and Resources



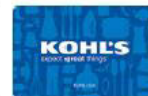
A total health and physical activity program included in your plan at no extra cost.



Go365.com

A wellness program just for Humana members included in your plan at no extra cost.

You can earn rewards that can be redeemed for gift cards from the following



Pop Quiz

Where do you go for care?

You wake up at 2am Sunday morning with a headache from sinus pressure and a sore throat. You are miserable and cannot go back to sleep.

You know your doctors office is not open on weekends. Although you don't feel its an emergency, you know you will worsen if you wait until Monday for treatment.

A. You go to the emergency room.

B. You try and find an urgent care center open on Sundays.

C. You can sign up for MDLive and talk to a provider within minutes and only pay a \$5 copay.

Extra Benefits and Resources

Virtual Visits – Medical and Behavioral Health

Visit with a doctor, practitioner or mental health professional via phone and/or video for non-emergency medical and behavioral health conditions.

- Talk with a doctor or mental health professional from the comfort of your home
- Private, secure and confidential
- Common conditions treated: allergies, cold and flu, UTIs, diarrhea and fever, depression, anxiety, stress



Download the MDLIVE mobile app from the App Store® or Google Play™ Internet access required and data fees may apply. Additional behavioral health virtual visit providers may be available. Contact your plan administrator or call the number on the back of your Humana ID card.



Stay Connected

For more information:

Visit www.trscaremedicareadvantage.com

Humana Customer Care

You have access to a dedicated customer care team to help you with anything related to your Humana plan.

1-800-320-9566 (TTY:711)

Monday – Friday, 7 a.m. – 8 p.m., Central time.

*My***Humana**®

Use MyHumana as an online tool to access your benefits information anytime.

Or use the MyHumana app.



Humana®

Thank You

Humana is a Medicare Advantage PPO organization plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is not a complete description of benefits. Call **1-800-320-9566 (TTY:711)** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

MDLive: Limitations on healthcare and prescription services delivered via remote access technology and communications options vary by state. Remote access technology services are not a substitute for emergency care and not intended to replace your primary care provider or other providers in your network. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional. Telepsychiatry services are currently available to Humana Medicare Advantage members at selected locations. Limitations on healthcare and prescription services delivered via virtual visits and communications options vary by state. Virtual visit services is not a substitute for emergency care and not intended to replace your primary care provider or other providers in your network. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.

Go365 In accordance with the federal requirements of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs, nor are they redeemable for cash. Gift card amounts vary based on the qualifying activity. Rewards must be earned and redeemed within the same plan year. Rewards not redeemed by December 31 will expire. The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.

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Humana Inc. and its subsidiaries provide: (1) free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate; and, (2) free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-800-320-9566** or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.

If you need help filing a grievance, call **1-800-320-9566** or if you use a TTY, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-320-9566 (TTY: 711)**... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-320-9566 (TTY: 711)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-320-9566 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-320-9566 (TTY: 711)**.... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-320-9566 (TTY: 711)** 번으로 전화해 주십시오 PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-320-9566 (TTY: 711)**.... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-320-9566 (телетайп: 711)**.... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-320-9566 (TTY: 711)**.... ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-320-9566 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-320-9566 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-320-9566 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-320-9566 (TTY: 711)**.... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-320-9566 (TTY: 711)**.... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-320-9566 (TTY: 711)** まで、お電話にてご連絡ください。 ...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-320-9566 (TTY: 711)** تماس بگیرید.

Díí baa akó nínizín: Díí saad bee yánilti'go Diné Bizaad, saad bee áká'anida'áwo'déé', t'áá jiik'eh, éí ná hólq, kojí' hódíilnih **1-800-320-9566 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم **1-800-320-9566** (رقم هاتف الصم والبكم: 711).

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TRS-Care Medicare Rx Prescription Drug Plan

2019 TRS-Care Medicare Rx



SilverScript®

♥ CVS Health





Enrollment and Eligibility

- Once you enroll in Medicare, give TRS your Medicare ID number. TRS will then initiate your enrollment and we'll send you Welcome Materials.
- You may opt out of TRS-Care Medicare Rx, but you won't have any prescription coverage through TRS-Care and won't see a reduction in monthly premiums.

Richer benefits through TRS-Care Medicare Rx

- **By enrolling in the TRS-Care Medicare Rx plan you will:**
 - Have lower, more predictable drug costs than TRS-Care Standard.
 - Not be subject to the “donut hole.”
 - Not pay the difference between a brand-name drug and a generic drug, when a generic drug is available.
 - Participants can fill a specialty medication at network pharmacy or via Mail Order





Copays- Up to a 31-Day Supply at Retail

With TRS-Care Medicare Rx you pay the following copayment:

Drug Tier	Copayment
Generic	\$5
Preferred Brand Drugs	\$25
Non Preferred Drugs	\$50
Specialty/High Cost Tier*	\$50



Copays – Up to 90-Day Supply at Retail Plus Pharmacies or Mail Service Pharmacy

For a 32-90-day supply at a preferred network retail pharmacy, or up to a 90 day supply through mail order.

Drug Tier	Copayment
Generic	\$15
Preferred Brand Drugs	\$70
Non-Preferred Drugs	\$125
Specialty/High Cost Tier*	NA

*Restricted to 31 days



Medicare Part D Drug Payment Stages

Participant: You pay copays or less through all stages

- 1 Deductible Stage (\$415 for 2019): **No deductible, pay your copay**
- 2 Initial Coverage Limit Stage (\$3,820): **You pay your copay**
- 3 **Coverage Gap (Donut Hole- \$3,820-\$5,100): You pay your copay**
- 4 Catastrophic Stage (over \$5,100): **You pay your copay or less**



Prior Authorizations

- Prior Authorizations will not transfer over from your non-Medicare prescription coverage. We encourage members to call 844-345-4577 to address any Prior Authorizations. Customer Service will route your call appropriately and help you get the process started.
- If a member is currently on a Part D drug that has a change in usage restriction (Quantity Limits, Prior Authorization), members will be granted a Transition Fill by CMS to allow for the Prior Authorization or other documentation to be submitted to SilverScript.



CMS Required Communications

1. Pre-notification Letter sent from TRS-Care – Approximately 90 days before you join.

General information about the Medicare Part D plan that is sponsored by TRS-Care

- Includes a Benefit Summary to advise participants of their 2019 cost-sharing amounts
- If you choose to opt out of this prescription drug coverage, you will lose your retiree prescription drug coverage from TRS-Care

2. You will receive your Welcome Kit – Approximately 30 days before plan becomes effective

- Includes ID card, Abridged Formulary, Evidence of Coverage, Pharmacy Directory and a mail order form

3. Participants who utilize their prescription drug benefit will receive a monthly Explanation of Benefits (EOB) that summarizes all of the medication they filled the previous month



Quiz Question #1

I should expect to see my copayments increase when I join TRS-Care Medicare Rx.

A) True

B) False

False. If you are joining TRS-Care Medicare Rx® from TRS non-Medicare coverage, you will have flat copays that are better than the copays or coinsurance on your previous plan.



Quiz Question #2

If a medication is not on the TRS-Care Medicare Rx formulary, your only alternative is to try another medication.

A) True

B) False

B – False. Consulting your prescriber for a therapeutic alternative is only the first step. If your doctor believes it is medically necessary for you to have this medication, you can apply for a ‘Non-formulary exception’. If approved this exception would allow you to obtain the medication despite it not being on the formulary. If you run into this issue our Care Team will explain this process and help you through it.



Quiz Question #3

With TRS-Care Medicare Rx, you don't need to plan your budget for varied and sometimes escalating medication costs, due to eventually entering Donut Hole (Gap) phase of Medicare Part D.

A) True

B) False

B – True. Even in the Donut Hole, you pay the same flat copays set by TRS-Care Medicare Rx®



Closing Q&A