

2023 Summary of Benefits

January 1, 2023 – December 31, 2023

Nationwide



Optima Medicare Rx (PDP)

OptimaHealth 
A Service of Sentara

optimahealth.com/cos

Summary of Benefits

January 1, 2023 – December 31, 2023

This booklet includes a summary of what we cover and what you pay for benefits with an Optima Medicare Rx (PDP) Plan. It does not list every service that we cover or list every limitation or exclusion. For a complete list of covered services, call and request the Optima Medicare Rx (PDP) “Evidence of Coverage” or visit our website at **optimahealth.com/cos**.



Optima Medicare Phone Numbers, Hours of Operation and Website

If you are a member of this plan, call
1-800-543-3359 (TTY: 711)

24 hours a day, 7 days a week.

If you are not a member of this plan, call
1-866-946-1406 (TTY: 711)

- October 1—March 31 | 7 days a week | 8 a.m.—8 p.m.
April —September 30 | Monday—Friday | 8 a.m.—8 p.m.
- Our website: **optimahealth.com/cos**

Who Can Join?

To join Optima Medicare Rx (PDP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Eligibility for coverage is based on the subscriber meeting their employer's requirements for coverage of retiree benefits.

Which Pharmacies Can I Use?

Optima Medicare Rx (PDP) has a national network of pharmacies. If you use a pharmacy not in our network, the plan may not pay for your drug. You can find a network pharmacy or download the pharmacy directory from our website at **optimahealth.com/cos**.

You can check our full formulary online at **optimahealth.com/cos** to find the most up-to-date list of covered drugs or call the Pharmacy Help Desk at 1-800-543-3359 (TTY: 711), 24 hours a day, 7 days a week.



What Do We Cover?

The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

To learn more about Medicare, you can access and/or order the current version of the publication, "Medicare and You" at **[medicare.gov](https://www.medicare.gov)**.

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare enhanced drug benefit.

Monthly Premium, Deductible, Limits & How Much You Pay For Covered Services

Monthly Plan Premium: \$117.85

Deductible Stage

Because there is no deductible for the plan, this payment stage does not apply to you.

Part D Initial Coverage Limit

During this stage, the plan pays its share of the cost of your Tier 1 (Preferred Generic), Tier 2 (Non-preferred generic), Tier 3 (Preferred Brand), Tier 4 (Non-preferred) and Tier 5 (Specialty) drugs and you pay your share of the cost.

You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) total \$7,400. For more information reference Chapter 4 of the Evidence of Coverage.

| | Standard cost-sharing (in-network) (up to a 30-day supply) | Standard cost-sharing (in-network) (up to a 90-day supply) | Mail-order cost sharing (90-day supply) |
|--|--|--|---|
| Cost-Sharing Tier 1 (Preferred Generic) | You Pay \$0 | You Pay \$0 | You Pay \$0 |
| Cost-Sharing Tier 2 (Non-Preferred Generic) | You Pay \$10 | You Pay \$30 | You Pay \$20 |
| Cost-Sharing Tier 3 (Preferred Brand) | You Pay \$20 | You Pay \$60 | You Pay \$40 |
| Cost-Sharing Tier 4 (Non-Preferred Brand) | You Pay \$30 | You Pay \$90 | You Pay \$50 |
| Cost-Sharing Tier 5 (Specialty) | You Pay 20% up to a maximum Copayment of \$100 | Not applicable | Not applicable |

Notice/Notes/Terms & Conditions:

This Plan does not have pre-existing condition exclusions.

This is a group plan sponsored by your employer. Your employer will pay the premium to us on your behalf. Your employer will tell you how much you must contribute, if any, to the premium.

Part D Catastrophic Phase

During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2023).

Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount. For generic drugs, your share of the cost for a covered drug will be either \$4.15 or 5% coinsurance (up to a maximum of \$10), whichever is the larger amount. For brand name drugs, your share of the cost for a covered drug will be either \$10.35 or 5% coinsurance (up to a maximum of \$20), whichever is the larger amount.

Enhanced Drug Coverage

We offer additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan (enhanced drug coverage).

The amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage. In addition, if you are receiving “Extra Help” from Medicare to pay for your prescriptions, the “Extra Help” program will not pay for the drugs not normally covered.

| Drug Name | Limits (QL = Quantity Limit) | Standard retail cost sharing (in network) (30-day supply) |
|--|------------------------------|---|
| siladenafil (25mg, 50mg, 100mg) | QL (6 per 30 days) | \$12 |
| vitamin D2 capsules (50,000 IU) | QL (8 per 28 days) | \$0 |
| folic acid tablets (1mg) | QL (30 per 30 days) | \$0 |
| benzonatate capsules (100mg, 200mg) | QL (60 per 30 days) | \$0 |
| guaifensin w/codeine syrup (100/10mg) | QL (120 ML per 30 days) | \$0 |

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.



Notice Informing Individuals about Nondiscrimination and Accessibility Requirements Discrimination is Against the Law

Optima Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Optima Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Optima Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Optima Health Member Services:
4417 Corporation Lane, Virginia Beach, VA 23462
1-800-927-6048 (TTY: 711)
October 1–March 31 | 7 days a week | 8 a.m.–8 p.m.
April 1–September 30 | Monday–Friday | 8 a.m.–8 p.m.

If you believe that Optima Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Director of Appeals
Optima Health Appeals Department
P.O. Box 62876
Virginia Beach, VA 23466-2876
Fax: 1-866-472-3920, 757-687-6232

You can file a grievance by mail or fax. If you need help filing a grievance, the Director of Appeals is available to help you.

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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

If you are visually impaired and need large print or other assistance to review this document, please call Optima Medicare Member Services at 1-800-927-6048 (TTY: 711). We are open October 1 to March 31, 7 days a week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. After business hours and on weekends and holidays our automated phone system will answer your call.

**Multi-Language Insert
Multi-Language Interpreter Services**

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-927-6048 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-927-6048 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-927-6048 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-927-6048 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-927-6048 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-927-6048 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-927-6048 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-800-927-6048 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-927-6048 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-927-6048 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (TTY: 711) 1-800-927-6048 على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-927-6048 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-927-6048 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-927-6048 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-927-6048 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-927-6048 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-927-6048 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Resources and Contact Information

**If you are a member of this plan, call
1-800-543-3359 (TTY: 711)**

24 hours a day, 7 days a week.

**If you are not a member of this plan, call
1-866-946-1406 (TTY: 711)**

- October 1 – March 31 | 7 days a week | 8 a.m. – 8 p.m.
April 1 – September 30 | Monday – Friday | 8 a.m. – 8 p.m.
- Our website: **optimahealth.com/cos**



Optima Medicare Rx is a PDP with a Medicare contract. Enrollment in Optima Medicare Rx depends on contract renewal. This information is not a complete description of benefits.

S2465_0123_COSSB_250004_C

OptimaHealth 
A Service of Sentara

optimahealth.com/cos

4417 Corporation Lane
Virginia Beach, VA 23462