

# 2024 Summary of Benefits

## Members Health Insurance Company

This booklet gives you a summary of what **Farm Bureau Select Rx** (PDP) and **Farm Bureau Essential Rx** (PDP) covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, you can view our *Evidence of Coverage* online at [mhinsurance.com/part-d](https://mhinsurance.com/part-d) or call Member Services for more information or to request an *Evidence of Coverage*.

### Who can join?

To join Members Health Insurance Company, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in Alabama.

### Enrollment information:

**1-844-368-8739 (TTY/TDD: 711)**

8 a.m. through 8 p.m. local time, seven days a week, October 1 through March 31.

8 a.m. through 8 p.m. local time, Monday through Friday, April 1 through September 30.

### Member Services:

**1-855-540-4744 (TTY/TDD: 711)**

8 a.m. through 8 p.m. local time, seven days a week, October 1 through March 31.

8 a.m. through 8 p.m. local time, Monday through Friday, April 1 through September 30.

### Visit us online

[www.mhinsurance.com/part-d](https://www.mhinsurance.com/part-d)

### Medicare:

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

**(TTY/TDD: 1-877-486-2048)**

24 hours a day, 7 days a week

Website: [medicare.gov](https://www.medicare.gov)

### Social Security Administration:

**1-800-772-1213**

**(TTY/TDD: 1-800-325-0778)**

7 a.m. to 7 p.m., Monday through Friday

# Phases of Coverage

|   |   |  |   |
|---|---|--|---|
| <p><b>Farm Bureau<br/>Essential Rx<br/>Begins</b></p> <p>↓</p> <p><b>\$545</b></p>  | <p><b>Farm Bureau<br/>Select Rx<br/>Begins</b></p> <p>↓</p> <p><b>\$0</b></p>   | <p><b>\$5,030</b></p>  | <p><b>\$8,000</b></p>   |
| <p><b>Deductible Phase</b></p> <p>If you select the Farm Bureau Essential Rx plan with a deductible, you will pay all of your drug costs until you spend \$545.</p> <p>If you select the Farm Bureau Select Rx plan you do not have a deductible.</p> | <p><b>Initial Coverage Phase</b></p> <p>You pay copays or coinsurance and the plan pays the difference until the total cost of drugs paid by both you and the plan reaches \$5,030.</p> | <p><b>Coverage Gap Phase (Donut Hole)</b></p> <p>You pay 25% coinsurance for generic drugs and 25% coinsurance for brand drugs during this phase. You move into the Catastrophic Phase once you and others on your behalf have spent \$8,000 on your drug costs.</p> | <p><b>Catastrophic Coverage Phase</b></p> <p>Once you and others on your behalf have spent \$8,000 in drug costs, the plan pays the full cost of your covered Part D drugs and you pay nothing.</p> |

You may be able to get Extra Help to pay for your prescription drug premiums, deductibles and costs. To see if you qualify for Extra Help, call the Social Security office at 1-800-772-1213, 7 a.m. to 7 p.m., Monday-Friday. TTY users should call 1-800-325-0778.

## Are you a diabetic?

You won't pay more than \$35 for a one-month supply of insulin, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.



# Farm Bureau Select Rx Plan

| Medicare Part D Prescription Drug Plan:  |                  |  | Farm Bureau Select Rx Plan |                  |                  |   |
|--|------------------|--|----------------------------|------------------|------------------|---|
| Monthly Premium  |                  |  | \$76.70                    |                  |                  |   |
| If you have Part B, you must continue to pay your Part B premiums.   |                  |  |                            |                  |                  |   |
| Annual Deductible  |                  |  | \$0                        |                  |                  |   |
| Are you a diabetic?  |                  |  |                            |                  |                  |   |
| 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.   |                  |  |                            |                  |                  |   |
| Initial Coverage Stage   |                  |  |                            |                  |                  |   |
| During this stage, the Plan pays its share of the cost of your drugs and you pay your share of the cost.<br><b>You stay in this stage until your total drug costs for the year total \$5,030.</b><br>Total drugs costs are your payments plus the Plan's payments. |                  |  |                            |                  |                  |   |
| Preferred Pharmacy   |                  |  |                            |                  |                  |   |
| The Preferred Cost-Sharing Pharmacies for the Farm Bureau Select Rx plan are Kroger and Walmart.   |                  |  |                            |                  |                  |   |
| Copay/<br>Coinsurance  |                  | The Preferred Cost-Sharing Pharmacies for the Farm Bureau Select Rx Plan are Kroger and Walmart. |                            | Mail Order       |                  | Network Pharmacy (Standard Cost-Sharing Pharmacy) |
| Tier Level   | 30 - Day Supply  | 100 - Day Supply   | 30 - Day Supply            | 100 - Day Supply | 30 - Day Supply  | 100 - Day Supply                                  |
| Tier 1 - Preferred Generic   | \$1              | \$3  | \$0                        | \$0              | \$15             | \$45  |
| Tier 2 - Generic   | \$9              | \$27   | \$0                        | \$0              | \$20             | \$60  |
| Tier 3 - Preferred Brand   | \$42             | \$126  | \$42                       | \$126            | \$47             | \$141   |
| Tier 4 - Non-Preferred Brand   | 45% of drug cost | 45% of drug cost   | 45%                        | 45%              | 50% of drug cost | 50% of drug cost                                  |
| Tier 5 - Specialty*  | 33% of drug cost | Not covered  | 33%                        | Not covered      | 33% of drug cost | Not covered                                       |

\*Tier 5 drugs outside of 30 day supply are not covered.

# Farm Bureau Essential Rx Plan

| Medicare Part D Prescription Drug Plan:  |                  | Farm Bureau Essential Rx Plan |  |
|--|------------------|-------------------------------|--|
| Monthly Premium  | \$37.10          |                               |  |
| If you have Part B, you must continue to pay your Part B premiums.   |                  |                               |  |
| Annual Deductible  | \$545            |                               |  |
| Are you a diabetic?  |                  |                               |  |
| 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, even if you haven't paid your deductible.   |                  |                               |  |
| Beneficiaries who qualify for Medicare's low-income subsidy already receive help on their premium and out-of-pocket costs. If you already receive a low-income subsidy, the \$35 copayment does not apply.   |                  |                               |  |
| Deductible Stage   |                  |                               |  |
| The Deductible Stage is the first stage of your drug coverage. This stage begins when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs.  |                  |                               |  |
| Once you have paid \$545 for your drugs, you leave the Deductible Stage and move to the Initial Coverage Stage.  |                  |                               |  |
| Initial Coverage Stage   |                  |                               |  |
| During this stage, the Plan pays its share of the cost of your drugs and you pay your share of the cost. <b>You stay in this stage until your total drug costs for the year total \$5,030.</b> Total drugs costs are your payments plus the Plan's payments. |                  |                               |  |
| Copay/Coinsurance  |                  | Network Pharmacy              |  |
| Tier Level   | 30 - Day Supply  | 100 - Day Supply              |  |
| Tier 1 - Preferred Generic   | \$5              | \$15                          |  |
| Tier 2 - Generic   | \$12             | \$36                          |  |
| Tier 3 - Preferred Brand   | \$47             | \$141                         |  |
| Tier 4 - Non-Preferred Brand   | 50% of drug cost | 50% of drug cost              |  |
| Tier 5 - Specialty   | 25% of drug cost | Not covered                   |  |