



Members Health Insurance Company

P.O. Box 266380  
Weston, FL 33326

## Farm Bureau Select Rx 2019 Summary of Benefits January 1, 2019 - December 31, 2019

Thank you for your interest in Farm Bureau Select Rx.

Our plan is offered by Members Health Insurance Company, a Medicare Prescription Drug Plan (PDP) that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It does not list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Farm Bureau Select Rx and ask for the "Evidence of Coverage".

### **Member Services:**

Farm Bureau Select Rx

Members Health Insurance Company: 1-844-368-8739

Hours of Operation: Monday through Friday, 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends and federal holidays from April 1 – September 30. TTY users should call 711.

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

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call Member Services at the phone number listed above.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week or visit <http://www.medicare.gov> on the web.

### **You have choices in your Medicare prescription drug coverage**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Farm Bureau Select Rx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

### **How can I compare my options?**

The chart in this booklet lists some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Farm Bureau Select Rx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

**Where is Farm Bureau Select Rx available?**

The service area for this plan includes Alabama. You must live in this area to join this plan.

**Who is eligible to join?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, and live in the service area. If you are enrolled in a Medicare Advantage (MA) coordinated care (Health Maintenance Organization [HMO] or Preferred Provider Organization [PPO]) plan or a Medicare Advantage Private Fee-for Service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in a PDP, unless you first disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or a Medicare Advantage Medical Savings Account (MSA) plan may enroll in a Prescription Drug Plan (PDP). Enrollees in an 1876 Cost plan may enroll in a PDP.

**Where can I get my prescriptions?**

Farm Bureau Select Rx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. Please refer to your Evidence of Coverage for more details.

Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

The pharmacies in our network can change at any time. You will receive a Pharmacy Directory upon enrollment, or you may visit us at [www.mhinsurance.com/part-d](http://www.mhinsurance.com/part-d). Our Member Services number is listed on the front page of the booklet.

**What if my doctor prescribes less than a month's supply?**

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copayment (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copayment for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid.

Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

**Does my plan cover Medicare Part B or Part D drugs?**

Farm Bureau Select Rx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and

medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

### **What is a Prescription Drug Formulary?**

Farm Bureau Select Rx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send an abridged formulary to you, or you can view our complete formulary listing on our website at [www.mhinsurance.com/part-d](http://www.mhinsurance.com/part-d).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **What should I do if I have other insurance in addition to Medicare?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Farm Bureau Select Rx. Get this information before you decide to enroll in this plan.

### **How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877- 486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

### **What are my protections in this plan?**

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end

a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

### **Drug Coverage Determinations**

As a member of Farm Bureau Select Rx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy.

Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a free service we offer. The program can help make sure that our members are using the drugs that work best to treat their medical conditions and help us identify possible medication errors. We will automatically enroll you in the program if you meet the criteria and send you information. If you decide not to participate, please notify us and we will withdraw your participation in the program. Contact Farm Bureau Select Rx for more details.

### **Where can I find information on plan ratings?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on [www.medicare.gov](http://www.medicare.gov) and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for these plans. Our Member Services number is listed above.

Please call Members Health Insurance Company for more information about Farm Bureau Select Rx.

## Monthly Premium Table

Use this table to locate your state's monthly premium for each plan. The dollar amount shown next to your state is the monthly premium you pay for the **Farm Bureau Select Rx** plan.

State	
Alabama	\$99.00

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug plan or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost plan that offers prescription drug coverage.

If you have any questions about this plan's benefits or cost, please contact Member Services for details.

### Drug Coverage under Medicare Part D

This plan uses a formulary. The plan will send you an abridged formulary upon confirmation of your enrollment. You can also see the complete formulary at [www.mhinsurance.com/part-d](http://www.mhinsurance.com/part-d).

Different out-of-pocket costs may apply for people who:

- Have limited income
- Live in long term care facilities, or
- Have access to Indian/Tribal/Urban (Indian Health Services) providers

Most people will pay their Part D premium. However, some people will pay a higher premium because their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premium based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-325-0778

The plan offers national in-network prescription coverage (i.e., this would include Alabama). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug cost paid by both you and a Part D plan. The plan may first require you to try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Farm Bureau Select Rx for certain drugs. You must go to certain pharmacies for a very limited amount of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, or printed materials as well as on the Medicare Prescription Drug Plan Finder on [Medicare.gov](http://Medicare.gov)

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. The plan charges a minimum cost sharing amount for certain low-cost drugs. If you request a formulary exception for a drug and

Farm Bureau Select Rx approves the exception, you will pay Tier 4: Non-Preferred Brand cost sharing for that drug.

<b>In-Network</b> \$0 annual deductible.
<b>Initial Coverage Limit</b> You pay the following copayment or coinsurance until total yearly drug cost reach \$3,820
<b>Preferred Retail Pharmacies</b>
<b>Tier 1: Preferred Generic</b> <ul style="list-style-type: none"><li>• \$3 copay for a one-month (30-day) supply of drugs in this tier</li><li>• \$9 copay for a three-month (90-day) supply of drugs in this tier</li></ul>
<b>Tier 2: Generic</b> <ul style="list-style-type: none"><li>• \$8 copay for a one-month (30-day) supply of drugs in this tier</li><li>• \$24 copay for a three-month (90-day) supply of drugs in this tier</li></ul>
<b>Tier 3: Preferred Brand</b> <ul style="list-style-type: none"><li>• \$40 copay for a one-month (30-day) supply of drugs in this tier</li><li>• \$120 copay for a three-month (90-day) supply of drugs in this tier</li></ul>
<b>Tier 4: Non-Preferred Brand</b> <ul style="list-style-type: none"><li>• 45% for a one-month (30-day) supply of drugs in this tier</li><li>• 45% for a three-month (90-day) supply of drugs in this tier</li></ul>
<b>Tier 5: Specialty Tier/High Cost</b> <ul style="list-style-type: none"><li>• 33% for a one month (30-day) supply of drugs in this tier</li></ul>

## Retail Pharmacies

### Tier 1: Preferred Generic

- \$8 copay for a one-month (30-day) supply of drugs in this tier
- \$24 copay for a three-month (90-day) supply of drugs in this tier

### Tier 2: Generic

- \$13 copay for a one-month (30-day) supply of drugs in this tier
- \$39 copay for a three-month (90-day) supply of drugs in this tier

### Tier 3: Preferred Brand

- \$45 copay for a one-month (30-day) supply of drugs in this tier
- \$135 copay for a three-month (90-day) supply of drugs in this tier

### Tier 4: Non-Preferred Brand

- 50% for a one-month (30-day) supply of drugs in this tier
- 50% for a three-month (90-day) supply of drugs in this tier

### Tier 5: Specialty Tier/High Cost

- 33% for a one month (30-day) supply of drugs in this tier

## Long Term Care Pharmacy

Long-term care pharmacies must dispense brand name drugs in amounts less than a 14 days' supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

### Tier 1: Preferred Generic:

- \$8 copay for a one-month (31-day) supply of drugs in this tier

### Tier 2: Generic

- \$13 copay for a one-month (31-day) supply of drugs in this tier

### Tier 3: Preferred Brand

- \$45 copay for a one-month (31-day) supply of drugs in this tier

### Tier 4: Non-Preferred Brand

- 50% for a one-month (31-day) supply of drugs in this tier

### Tier 5: Specialty Tier/High-Cost

- 33% for a one-month (31-day) supply of drugs in this tier

## Mail Order

### Tier 1: Preferred Generic

- \$3 copay for a one-month (30-day) supply of drugs in this tier
- \$9 copay for a three-month (90-day) supply of drugs in this tier

### Tier 2: Generic

- \$8 copay for a one-month (30-day) supply of drugs in this tier
- \$24 copay for a three-month (90-day) supply of drugs in this tier

### Tier 3: Preferred Brand

- \$40 copay for a one-month (30-day) supply of drugs in this tier
- \$120 copay for a three-month (90-day) supply of drugs in this tier

### Tier 4: Non-Preferred Brand

- 45% for a one-month (30-day) supply of drugs in this tier
- 45% for a three-month (90-day) supply of drugs in this tier

### Tier 5: Specialty Tier/High-Cost

- 33% for a one-month (30-day) supply of drugs in this tier

### Coverage Gap

After your total yearly drug costs reach \$3,820, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 37% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$5,100.

### Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$5,100, you pay the greater of:

- 5% coinsurance, or
- \$3.40 copay for generic (including brand drugs treated as generic) and \$8.50 copay for all other drugs.

### Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy.

You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Farm Bureau Select Rx.



<p><b>Out-of-Network Initial Coverage</b>  You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$3,820</p>
<p><b>Tier 1: Preferred Generic</b></p> <ul style="list-style-type: none"> <li>• \$8 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>
<p><b>Tier 2: Generic</b></p> <ul style="list-style-type: none"> <li>• \$13 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>
<p><b>Tier 3: Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• \$45 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>
<p><b>Tier 4: Non-Preferred Brand</b></p> <ul style="list-style-type: none"> <li>• 50% for a one-month (30-day) supply of drugs in this tier</li> </ul>
<p><b>Tier 5: Specialty Tier/High-Cost</b></p> <ul style="list-style-type: none"> <li>• 33% for a one-month (30-day) supply of drugs in this tier</li> </ul>
<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
<p><b>Out-of-Network Coverage Gap</b>  You will be reimbursed up to 63% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$5,100. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).  You will be reimbursed up to 75% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$5,100. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p>
<p><b>Out-of-Network Catastrophic Coverage</b>  After your yearly out-of-pocket drug costs reach \$5,100, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.40 copay for generic (including brand drugs treated as generic) and \$8.50 copay for all other drugs.</li> </ul>

Members Health Insurance Company is a Part D plan with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

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