



JANUARY 1 – DECEMBER 31, 2018

Summary of Benefits

for Oregon and Washington

Summary of drug services covered by:

Asuris
**Medicare Script
Basic (PDP)**

Asuris
**Medicare Script
Enhanced (PDP)**

Are you eligible?

Asuris Medicare Script Basic (PDP) or Asuris Medicare Script Enhanced (PDP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following: Oregon and Washington.

For more information

Please call us at the phone number below or visit us at **asuris.com/medicare**.

Prospective members call
1-888-369-3172 (TTY: 711)

Current members call
1-800-541-8981 (TTY: 711)

Hours are from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are from 8:00 a.m. to 8:00 p.m., seven days a week).

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy 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.

You can see our plan’s pharmacy directory, the Evidence of Coverage, the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **asuris.com/medicare**.

This document is available electronically and may be available in other formats.

Asuris Northwest Health is a Part D Prescription plan with a Medicare contract. Enrollment in Asuris Northwest Health depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

**Asuris Medicare Script
Basic (PDP)**

**Asuris Medicare Script
Enhanced (PDP)**

Premium and benefits

Monthly Plan Premium

You pay \$100.00

You pay \$160.50

You must continue to pay your Medicare Part B premiums.

Deductible

You pay a \$210 Part D
prescription drug deductible
annually (waived for Tier 6 drugs.)

This plan does not have a Part D
prescription drug deductible.

This is the amount you must pay each year before the plan begins to
pay a portion of your drug costs.

Medicare Part D prescription drugs—initial coverage phase

| Tier | Asuris Medicare Script Basic (PDP) | | Asuris Medicare Script Enhanced (PDP) | |
|-----------------------|--|--|--|--|
| | Retail and mail order 30-day supply | Retail and mail order 90-day supply | Retail and mail order 30-day supply | Retail and mail order 90-day supply |
| 1 Preferred Generic | You pay \$5 | You pay \$10 | You pay \$2 | You pay \$4 |
| 2 Generic | You pay \$15 | You pay \$30 | You pay \$5 | You pay \$10 |
| 3 Preferred Brand | You pay \$47 | You pay \$117.50 | You pay \$42 | You pay \$105 |
| 4 Non-Preferred Drugs | You pay 45% | You pay 45% | You pay 40% | You pay 40% |
| 5 Specialty Tier | You pay 28% | Not available | You pay 33% | Not available |
| 6 Select Care Drugs | You pay \$0 | You pay \$0 | You pay \$0 | You pay \$0 |

A 90-day supply is not available from out-of-network pharmacies or for the Tier 5 — Specialty Tier drugs. Cost-sharing may change when you enter another phase of the Part D benefit. For more information on the phases of the benefit, please call us or access our Evidence of Coverage online. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Initial coverage phase

After you pay your annual deductible (if your plan has one), you pay a copay or coinsurance for each prescription you fill. Your plan pays the rest. You enter the coverage gap when the total amount you and your plan pay for covered drugs reaches \$3,750.

Coverage gap

The coverage gap begins after the total yearly drug cost (what you have paid and what our plan has paid) reaches \$3,750. After you enter the coverage gap:

- On the Asuris Medicare Script Basic plan you pay 35% of the plan's cost for covered brand name drugs, and 44% of the plan's cost for covered generic drugs
- On the Asuris Medicare Script Enhanced plan you pay 35% of the plan's cost for covered brand name drugs, \$2 copay for Tier 1 — Preferred Generic drugs, \$0 copay for Tier 6 Select Care Drugs, and 44% of the plan's cost for other covered generic drugs

You will pay these amounts until your costs total \$5,000—which is the end of the coverage gap. Not everyone will enter the coverage gap.

For more information on cost sharing in the coverage gap, please call us or access our Evidence of Coverage online at [asuris.com/medicare](https://www.asuris.com/medicare).

Catastrophic coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:

- 5% of the cost, or
- \$3.35 copay for generic (including brand name drugs treated as generic) and a \$8.35 copay for all other drugs

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.”

NONDISCRIMINATION NOTICE

Asuris complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Asuris does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Asuris:

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, and 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 listed above, please contact:

Medicare Customer Service

1-800-541-8981 (TTY: 711)

Customer Service for all other plans

1-888-232-8229 (TTY: 711)

If you believe that Asuris has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355 (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@asuris.com

Customer Service for all other plans

Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-232-8229 (TTY: 711)
CS@asuris.com

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 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
<http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-232-8229 (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1-888-232-8229 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-232-8229 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-232-8229 (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 1-888-232-8229 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-232-8229 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-232-8229 (ATS : 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。1-888-232-8229 (TTY:711) まで、お電話にてご連絡ください

Díi baa akó nínízin: Díi saad bee yánílfti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíílnih 1-888-232-8229 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-232-8229 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-232-8229 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសេវាគឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-232-8229 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-232-8229 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-232-8229 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ- 1-888-232-8229 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-232-8229 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-232-8229 (टिडिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-232-8229 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-232-8229 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-232-8229 (TTY: 711)

ប្រគល់: បើសិនជា អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសេវាគឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-232-8229 (TTY: 711)។

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-232-8229 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-232-8229 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-232-8229 (رقم هاتف الصم والبكم 711) (TTY: 711)

For more information, please call us at the phone number below or visit us at asuris.com/medicare.

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