VibrantRx (PDP)™

2023 Frequently Asked Questions

Medicare Prescription Drug Plan (PDP) FAQ
for the State of Arizona Medicare Eligible Retirees

vibrantrx prescription drug plan

ARIZONA DEPARTMENT OF ADMINISTRATION HUMAN RESOURCES

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Background

Medicare Prescription Drug Plan
Since January 1, 2014, all Medicare-eligible participants covered under the State of Arizona Benefit Options Program have been enrolled in a Medicare Prescription Drug Plan (PDP), a prescription drug plan that combines a standard Medicare Part D plan with additional prescription drug coverage provided by Benefit Options.

The PDP plan name is VibrantRx (PDP), sponsored by MG Insurance Company, a Medicare approved Part D sponsor. The plan is administered by MedImpact. We refer to this program as **VibrantRx for Benefit Options**.

Who administers the Medicare Prescription Drug Plan?
VibrantRx is administered by MedImpact Healthcare Systems, Inc. which provides pharmacy benefit services to Benefit Options members.

Who is MG Insurance Company?
VibrantRx for Benefit Options is sponsored by MG Insurance Company, a licensed insurance company and wholly owned subsidiary of MedImpact Holdings, that is contracted with the Centers for Medicare & Medicaid Services (CMS) to provide a group Medicare Part D Plan.

Who is making program decisions?
Benefit Options is self-insured and is responsible for making the benefit program decisions.

Why does Benefit Options want Medicare-eligible retirees and their Medicare-eligible dependents to participate in the Benefit Options Plan?
Benefit Options wants Medicare-eligible retirees and their Medicare-eligible dependents to receive access to an enhanced formulary at no additional cost. Also, with the additional coverage provided by Benefit Options, members have no Coverage Gap and lower copayments than the standard Medicare Part D plan. There is also no pharmacy deductible under our plan.

What do members need to do if they do not wish to participate in the VibrantRx for Benefit Options Plan?
Members considering opting out of this program should contact Benefit Options to discuss the impact of this decision. Benefit Options can be reached at 1-602-542-5008 or toll free at 1-800-304-3687. Hours of operation are 8am to 5pm, Monday through Friday.

Can members enrolled in the VibrantRx for Benefit Options be enrolled in an individual Medicare Part D plan or a Medicare Advantage Plan?
No, Medicare does not allow a person to be enrolled in two Medicare Part D plans or a Medicare Part D and a Medicare Advantage Plan at the same time.

What if a member is already enrolled in another Medicare Part D or Medicare Advantage Plan?
Medicare allows a member to be enrolled in only one Medicare prescription drug plan at a time. Members who are enrolled in another Part D plan or a Medicare Advantage plan will be **disenrolled** from that plan when they are enrolled in the VibrantRx for Benefit Options Plan.

What if a member wants to enroll in another Part D plan or a Medicare Advantage Plan?
Members should contact Benefit Options at 1-602-542-5008 or toll free at 1-800-304-3687. Hours of operation are 8am to 5pm, Monday through Friday.

When do members officially have prescription coverage under the VibrantRx for Benefit Options Plan?
Coverage under the VibrantRx for Benefit Options Plan will be effective after Medicare approves the member's enrollment. Members may use their new VibrantRx prescription ID card as of the effective date at the top of the VibrantRx ID card that comes around the same time their VibrantRx Welcome Kit. The ID card is mailed in a #10 envelope that states "Important Plan Information" and will have the VibrantRx and Arizona Department of Administration Human Resources logo.

What if a member's other dependents are not yet eligible for Medicare?
The member's dependents will remain in the non-Medicare prescription drug plan. The non-Medicare dependents should continue to use their current Benefit Options Medical ID card and will not be enrolled in VibrantRx for Benefit Options Plan.

Does the VibrantRx for Benefit Options provide Extra Help with copays (Low Income Subsidy)?
Medicare-eligible retirees and their Medicare-eligible dependents with limited income may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare may pay for up to 100% of drug costs and coinsurance/copayments.

Eligible members are identified during the enrollment process. Plan participants that are eligible for Extra Help will receive a Low Income Subsidy (LIS) Rider with their Explanation of Coverage explaining their benefit. If a member becomes eligible for Extra Help after initial enrollment, the LIS Rider will be mailed separately.

For more information about Extra Help, members may contact their local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048, or visit www.medicare.gov.

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Benefits

What are the copays under VibrantRx for Benefit Options Plan?
The VibrantRx for Benefit Options Plan Formulary (drug list) has a four-tier copayment structure:

Tier Number / Name	Up to 31-day supply at Retail	Up to 90-day supply at Retail	Up to a 90-day supply at Mail Order
Tier 1: Preferred Generic	$15 copayment	$37.50 copayment	$30 copayment
Tier 2: Preferred Brand	$40 copayment	$100 copayment	$80 copayment
Tier 3: Non-Preferred Drug	$60 copayment	$150 copayment	$120 copayment
Tier 4: Specialty	$60 copayment	Long term supply is not available for drugs in Tier 4	Long term supply is not available for drugs in Tier 4

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.

Does the VibrantRx for Benefit Options Plan have a donut hole (coverage gap)?
VibrantRx for Benefit Options does not have a Coverage Gap (Donut Hole) like many other Medicare Part D plans. The Benefit Options Program provides additional benefits through all stages of coverage.

What will the copays be after reaching the Catastrophic Coverage phase ($7,400 in out-of-pocket costs)?
If you reach the Catastrophic phase ($7,400 in out-of-pocket costs for 2023), your VibrantRx for Benefit Options copayment will be the maximum amount you will pay. See your Summary of Benefits or Evidence of Coverage for more details.

Is there a deductible or benefit maximum?
Medicare-eligible members and their Medicare-eligible dependents do not have a pharmacy deductible under this plan. There is no benefit maximum.

Can a member going overseas get more than a 90 day supply?
Yes, but the member must obtain prior approval, and must pay the applicable copayments for the additional months. Approval can be obtained by contacting VibrantRx Member Services at 1-844-826-3451. TTY/TDD users should call 711. Member Services is open 24 hours a day, 365 days a year.

Is there a prescription plan premium?
Members pay a combined medical/pharmacy premium. If you have questions, please call the State of Arizona Benefit Options Program at 1-602-542-5008 or toll free at 1-800-304-3687, 8 am to 5 pm, Monday through Friday. If your income is over $97,000 for an individual or $194,000 for married filing jointly, Medicare requires that you pay an additional premium directly to the government for your Medicare Part D coverage based on your income. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount. You will be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to VibrantRx. For more information visit www.ssa.gov on the web or call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.

Formulary

Will the member experience formulary changes?
A formulary is a list of covered drugs. Drugs on the formulary can change at any time and from year to year. You will receive notice when necessary. Some drugs are covered under Medicare Part D. Some drugs are excluded from Part D coverage but covered by Benefit Options under the Benefit Options supplemental wrap formulary (these drugs are listed as "EX" in your formulary).

How can members get a copy of the formulary (Drug List)?
The VibrantRx for Benefit Options Abridged Formulary (Partial Drug List) will be included in the Welcome Kit you will receive from VibrantRx. The complete, most up-to-date formulary is always available on the website at www.MyVibrantRx.com/stateofaz.

How can members find out if a drug is covered for 2023?
A partial list of covered drugs (abridged formulary) will be included in your 2023 Welcome Kit (if you are a new member) or Annual Notice of Changes that you will receive later this fall. Please review the list of covered drugs in each therapeutic category. For a complete listing of all covered prescription drugs, please visit the online drug search available on the website at www.MyVibrantRx.com/stateofaz to determine which drugs are covered and the associated cost sharing, or call VibrantRx Member Services at 1-844-826-3451 beginning October 15. TTY/TDD users should call 711. Member Services is open 24 hours a day, 365 days a year.

What if a member has a prescription that is not in the formulary list?
If a drug is not included in the formulary, members should first contact VibrantRx Member Services and ask if the drug is covered. For the complete listing of all prescription drugs covered by the plan, visit the plan website at www.MyVibrantRx.com/stateofaz or call Member Services at 1-844-826-3451, 24 hours a day/365 days a year. TTY/TDD users should call 711.

Who determines the drugs covered on the formulary?
The drugs included on the formulary include CMS-approved Part D drugs and non-Part D drugs covered by VibrantRx for Benefit Options. All drugs are selected by a committee of doctors and pharmacists.

Member Communications

Why is VibrantRx's name on all of the communications material?
VibrantRx is the name of the group Part D plan offered by Benefit Options.

Will members get a new ID card?
Newly enrolled Medicare-eligible retirees and their Medicare-eligible dependents enrolled in VibrantRx for Benefit Options will each receive their own prescription drug ID card effective as of their CMS enrollment date. The new ID card will be issued by VibrantRx. Make sure you show your card whenever you fill a prescription. **Current members will not receive a new VibrantRx ID card. Please continue to use your VibrantRx ID card that you received at time of enrollment. If you lose your card or need another one, please call Member Services.**

Can I discard my Medical Plan ID card?
No, members must continue to use the medical card for medical related services. The VibrantRx member ID card is for prescription drug coverage only.

What card should a VibrantRx for Benefit Options Plan member show at the pharmacy?
Members should use the VibrantRx card when filling prescriptions.

How can Medicare-eligible members and their Medicare-eligible dependents get duplicate ID cards?
To request a replacement ID card, simply call VibrantRx Member Services at 1-844-826-3451 and let the representative know that you need a new ID card. Calls to this number are free. TTY/TDD users should call 711. Hours of operation are 24 hours a day, 365 days a year.

What communications can members expect to receive regarding the VibrantRx for Benefit Options program?
All VibrantRx for Benefit Options communications sent to you will have the Arizona Department of Administration Human Resources logo and/or VibrantRx logo.

What is included in the Welcome Kit mailed by VibrantRx to new Medicare-eligible members?
The VibrantRx for Benefit Options Welcome Kit includes:

- Welcome letter and Medicare Acknowledgement & Confirmation of Enrollment
- A letter about pain treatment options and long-term opioid risk
- Information on Extra Help, if you are eligible
- 2023 Abridged Formulary
- Mail Order Pharmacy Information
- Pharmacy Directory with pharmacies closest to you
- Multi Language Insert
- Notice of Privacy Practices

- Information on reporting Fraud, Waste and Abuse
- Notice of Non-Discrimination

You'll receive your Prescription ID Card in a separate #10 envelope.

What other communications will members receive after they are enrolled in the plan?

Annual Notice of Changes (ANOC)
Each fall, current members will receive an Annual Notice of Changes which lets you know what your benefit will be for the next year and if there are any changes to the plan.

Examples of other communications you may receive from VibrantRx for Benefit Options include:

- Your Monthly Prescription Drug Summary or Explanation of Benefits (EOB)
- Coordination of Benefits letter
- Medication Therapy Management Program (MTM) Notification, if applicable

In addition, CMS requires VibrantRx to send a variety of member notices based on different situations. Members will receive CMS required information in the mail about plan utilization or plan programs. Examples of these letters include a Notice for Determination of Low Income Subsidy Eligibility & Ineligibility and Approval or Denial of Coverage Determination (Prior Authorization).

Pharmacies

Where do members fill prescriptions?
Members may continue to fill their prescriptions at their current pharmacy as long as it is a VibrantRx for Benefit Options network pharmacy.

How do members locate a VibrantRx for Benefit Options network pharmacy?
Members will receive a pharmacy directory with the nearest pharmacies based on their permanent address. Members may request additional directories from Member Services or use the online Pharmacy Locator at www.MyVibrantRx.com/stateofaz. The VibrantRx for Benefit Options pharmacy network includes over 63,000 pharmacies nationwide.

My local pharmacy is having trouble filling my prescription. Can VibrantRx for Benefit Options help?
Yes, pharmacists or providers may call the VibrantRx Pharmacy & Provider Help Desk at 1-844-826-3451 for assistance.

Website

How can members view their prescription benefits and other information online?
To view your VibrantRx for Benefit Options benefits, you may visit www.MyVibrantRx.com/stateofaz.

Download any plan document and use easy, online tools, including:

Drug Price Check
- Check the cost of your medications
- Quick cost comparisons between local retail pharmacies, Choice90 retail pharmacies, and mail order

Pharmacy Locator
- Find the pharmacies closest to you with the best cost options for your specific medications
- Use our interactive maps and get directions and contact info

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Member Responsibilities

- **Open and read all information you receive from VibrantRx**. You will be getting letters, statements about your drug costs called "Your Monthly Prescription Drug Summary," and other information required by Medicare. Some of the materials will be informational only.

- **Save all information you receive from VibrantRx** for future reference.

- **Before making any decisions about another plan**, please call Benefit Options at 1-602-542-5008 or toll free at 1-800-304-3687 (hours of operation are 8am to 5pm, Monday through Friday) to make sure you understand what effect this decision will have on your medical and prescription drug coverage.

- **Pay an additional premium if required by Medicare.** If your income is over $97,000 for an individual or $194,000 for married filing jointly, Medicare requires that you pay an additional premium based on your income directly to the government for your Medicare Part D coverage. If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount. You will be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to VibrantRx.

IMPORTANT: If you are required to pay the extra amount and you do not pay it, you will be disenrolled from the plan and lose both your medical and pharmacy benefit.

For more information visit www.ssa.gov on the web or call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.

- **Pay the Part D late enrollment penalty if applicable.** The Part D late enrollment penalty is an amount charged for Medicare drug coverage if you go without creditable coverage (coverage that is expected to pay, on average, at least as much as standard Medicare prescription drug coverage) for a continuous period of 63 days or more. You may be required to pay this higher amount as long as you have a Medicare drug plan. For more information visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Definitions and Terms

Brand Name Drug A prescription drug that is manufactured and sold by the pharmaceutical company that originally researched and developed the drug. Brand name drugs have the same active-ingredient as the generic version of the drug. However, generic drugs are manufactured and sold by other drug manufacturers and are generally not available until after the patent on the brand name drug has expired. Not every brand name drug has a generic version available.

Catastrophic Coverage Phase The stage in the Part D Drug Benefit where you pay a low copayment or coinsurance for your drugs after you or other qualified parties on your behalf have paid $7,400 in out-of-pocket costs for covered drugs during the covered year.

Center for Medicare & Medicaid Services (CMS) The Federal agency that administers Medicare. You may contact Medicare at 1-800-MEDICARE (1-800-633-4227) or www.medicare.gov.

Choice90Rx Retail Pharmacy A program that allows members to get up to a 90-day supply of most covered prescription drugs from a participating retail pharmacy. Tier 4 Specialty drugs are only available in a one month supply.

Coordination of Benefits (COB) Coordination of Benefits is a process that is used to determine the amount that different health care plans pay when a member has primary coverage through a Medicare prescription drug plan and secondary coverage through one or more supplemental/other payers. Although a member cannot have more than one Medicare prescription drug plan at a time, an employer or other plan sponsor may choose to add additional coverage to an individual's Medicare drug benefit through a secondary plan.

Copayment An amount you may be required to pay as your share of the cost for a prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $15 for a one month supply of a Tier 1 Preferred Generic drug or $40 for a Tier 2 Preferred Brand prescription drug.

Coverage Gap (Donut Hole) Most Medicare drug plans have a coverage gap (also called the "**donut hole**"). This means there's a temporary limit on what the drug plan will cover for drugs. VibrantRx for Benefit Options does not have a donut hole. You will continue to pay the same share of the drug cost throughout the plan year. You may pay less for your Part D drugs if you qualify for Extra Help or reach the Catastrophic Coverage stage.

Creditable Coverage Prescription drug coverage (for example, from an employer) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty, if they decide to enroll in Medicare prescription drug coverage later.

Deductible The amount you must pay for prescriptions before our plan begins to pay. You do not have a pharmacy deductible under the VibrantRx for Benefit Options Plan.

Disenrollment The process of ending your membership in Benefit Options medical and pharmacy plan. Disenrollment may be voluntary (your own choice) or involuntary (not your own choice).

Drug Tier Every drug on the list of covered drugs (formulary) is in a drug tier. In general, the higher the drug tier, the higher your cost for the drug.

Evidence of Coverage This document, along with your enrollment form and any other attachments, riders, or other optional coverage selected, which explains your coverage, what we must do, your rights, and what you have to do as a member of our plan.

Explanation of Benefits (EOB) or "Your Monthly Prescription Drug Summary" A monthly statement that you receive if you have used your prescription drug coverage during the previous month. It specifies the total amount that you have spent on prescription drugs (true out-of-pocket cost or TrOOP) and the total amount that the plan or others have paid out. All claims that were processed during a particular cycle, whether approved, denied, or reversed, are detailed in this document.

Formulary or "Drug list" A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

Generic Drug A prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand name drug. Generally, a "generic" drug works the same as a brand name drug and usually costs less.

Late Enrollment Penalty An amount added to your monthly premium for Medicare drug coverage if you go without creditable coverage (coverage that is expected to pay, on average, at least as much as standard Medicare prescription drug coverage) for a continuous period of 63 days or more. You pay this higher amount as long as you have a Medicare drug plan. There are some exceptions. For example, if you receive "Extra Help" from Medicare to pay your prescription drug plan costs, the late enrollment penalty rules do not apply to you. If you receive "Extra Help," you do not pay a penalty, even if you go without "creditable" prescription drug coverage.

Low Income Subsidy (LIS) A program called "Extra Help" which helps people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

Mail Order A program that allows members to get up to a 90-day supply of most covered prescription drugs sent directly to your home. Tier 4 drugs are only available in a one month supply.

Medicare The Federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). People with Medicare can get their Medicare health coverage through Original Medicare, a Medicare Cost Plan, a PACE plan, or a Medicare Advantage Plan and prescription drug coverage through a Medicare Advantage Prescription Drug plan (MA-PD) or a standalone Prescription Drug Plan (PDP) that works with Original Medicare.

Medicare Part A (also known as Original Medicare) The part of Medicare that covers much of the cost of hospital care, home health care, skilled nursing facility care, and hospice services.

Medicare Part B (also known as Original Medicare) The part of Medicare that covers most of the cost of your doctor visits, outpatient care, and other related services. Certain drugs are covered under Medicare Part B, and these cannot also be covered under Medicare Part D.

Medicare Part C Also known as Medicare Advantage (MA) Plan. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. A Medicare Advantage Plan can be an HMO, PPO, a Private Fee-for-Service (PFFS) plan, or a Medicare Medical Savings Account (MSA) plan. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and are not paid for under Original Medicare. In most cases, Medicare Advantage Plans also offer Medicare Part D (prescription drug coverage). These plans are called Medicare Advantage Plans with Prescription Drug Coverage. Everyone who has Medicare Part A and Part B is eligible to join any Medicare health plan that is offered in their area, except people with End-Stage Renal Disease (unless certain exceptions apply).

Medicare Part D The Medicare Prescription Drug Benefit Program. (For ease of reference, we will refer to the prescription drug benefit program as Part D.)

Network Pharmacy A pharmacy that participates in your plan's network. In most cases, you need to use a network pharmacy to pay the amounts specified by your plan. A list of network pharmacies can be found in the Pharmacy Directory.

Part D Drugs Drugs that can be covered under Part D. We may or may not offer all Part D drugs (See your formulary for a specific list of covered drugs). Certain categories of drugs were specifically excluded by Congress from being covered as Part D drugs. However, some of these excluded drugs may be covered under the additional wrap coverage provided by Benefit Options.

Part D Income Related Monthly Adjustment Amount (IRMAA) Individuals with income greater than $97,000 and married couples with income greater than $194,000 must pay a higher Medicare Part B (medical insurance) and Medicare prescription drug coverage premium amount. This additional amount is called the income-related monthly adjustment amount. The Social Security Administration bills members directly for the IRMAA.

Social Security Administration The federal agency that determines, among other things, whether you are entitled to and eligible for Medicare benefits.

Specialty Drugs High-cost drugs that are used to treat complex conditions, such as anemia, cancer, hepatitis C, and multiple sclerosis, and that usually require injection and special handling. Plans can include these drugs in a separate "specialty" drug tier if their cost is above an amount specified by Medicare.

Summary of Benefits A document that gives an overview of the benefits available under the plan. The Centers for Medicare & Medicaid Services (CMS) requires that a Summary of Benefits be included with all pre-enrollment materials so that Medicare beneficiaries can use it to compare plans.

Contact Information

Benefit Options
Phone: 1-602-542-5008 or 1-800-304-3687
Hours of operation are 8am to 5pm, Monday through Friday
Website: www.benefitoptions.az.gov

Centers for Medicare & Medicaid Services (CMS)
Phone: 1-800-MEDICARE (1-800-633-4227)
TTY/TDD users should call 1-877-486-2048
Hours of operation are 24 hours a day, 7 days a week
Website: www.medicare.gov

VibrantRx
Phone: 1-844-826-3451
TTY/TDD users should call 711
Hours of operation are 24 hours a day, 365 days a year
Website: www.MyVibrantRx.com/stateofaz

Social Security Administration
Phone 1-800-772-1213
TTY users should dial 1-800-325-0778
Hours of operation are 7 am to 7 pm, Monday through Friday
Website: www.ssa.gov