

# SFEHACL Medicare Part D Plan (PDP)

## Summary of Benefits for 2024

A \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage. For questions, please contact SFEHACL Customer Service at 1-877-968-3550 Monday-Friday, 7:30 AM to 4:00 PM Pacific Time. TTY/TDD users call the national number 711. **NOTE:** Federally qualified low-income members have lower, or no copayments and premiums may be less. If you are receiving *Extra Help*, you will receive additional information. Drug costs can fluctuate daily so they may not be the same amount on each prescription you fill.

Part D Benefits	SFEHACL Medicare Part D Plan Benefits Description <i>An Enhanced Plan</i>
Premiums for Medicare Part D, HCPP & Medicare Secondary Plans are Combined	<b>\$240 is your combined monthly premium covering ALL of your SFEHACL Medicare Plans. There is an increase of \$20.00 for 2024, you must still pay your Medicare Part B Premium.</b>
\$545 Part D Annual Deductible <b>SFEHACL pays this for you!</b>	<b>You pay NO ANNUAL DEDUCTIBLE! \$545 is paid for you by SFEHACL! No first-dollar costs to you except for drug copayments.</b>
\$5,030 Initial Coverage Amount, or Initial Coverage Benefit Stage	You receive \$5,030 in drug benefits during your Initial Coverage Stage. You pay only your copayment in this stage. Medicare determines this amount. This is the same as Medicare's standard amount.
\$8,000 Coverage Gap, or Out-of-Pocket Benefit Stage	After you use your \$5,030 for drug costs in the Initial Coverage Stage, you pay 100% of the drug cost (less discounts) until your yearly out of pocket drug costs reach \$8,000. All copayments in the Initial Coverage Stage and Part D drugs you pay for in the Coverage Gap apply to the \$8,000. This is the same as Medicare's standard amount.
75% Generic Drug Discount paid by SFEHACL in the Coverage Gap	SFEHACL pays 75% of the cost of a Generic Drug when you are in the Coverage Gap out-of-pocket benefit stage until your yearly out-of-pocket drug costs reach \$8,000. You pay 25% of the drug cost. The discount is given when you fill your prescription. You do not get out-of-pocket spending credit for the 75% paid by SFEHACL.
75% Brand Name Drug Discount in the Coverage Gap	Your Brand Name drug discount in the Coverage Gap is 75% on most brand drugs. Many manufacturers continue the 70% discount. SFEHACL pays an additional 5% of the cost of a discounted drug for a total discount of 75%. Discounts are given when you fill your prescription. You get credit for 95% of the cost of the drug against your out-of-pocket spending. You do not get credit for the 5% paid for you by SFEHACL.
Catastrophic Coverage Benefit Stage	After you spend \$8,000 out-of-pocket, you will enter the Catastrophic Coverage benefit, there would not be a copay for the member after reaching the max out of pocket.
Quantities of Drugs Supplied	<b>Remember, a \$9 copayment gets you a 90-day supply of any Tier 1 Generic drug from the Depot Drug Mail Pharmacy while you are in your Initial Coverage benefit stage!</b> See the copayment chart on the next page.
Part D Drugs Requiring Cost-Utilization Limits, and Step Therapy	<b>Your Formulary includes most Part D drugs with very few of these limitations.</b> SFEHACL applies very few limits not required by Medicare and/or Federal and state requirements.

Part D Benefits		SFEHACL Medicare Part D Plan Benefits Description An Enhanced Plan	
Formulary	<b>Your Formulary includes most Part D drugs!</b> You are not limited to only certain Part D drugs as you would be with many plans. See your 2024 Formulary Book.		
Mental Health Part D Drugs	Most Part D drugs are covered in your Formulary! If Medicare covers the drug, it is available to you.		

## 2024 Prescription Copayments Chart

2024 Copayment Amounts for Part D Drugs	Tier 1 Generic Drugs 30-Day	Tier 2 Brand Preferred 30-Day	Tier 3 Brand Non- Preferred 30-Day	Tier 4 Specialty Drugs 30-Day
<b>Depot Drug Mail Pharmacy</b> <b>\$\$\$ Your Best Money Saver</b> Tier 1 Generic drugs 90-day supplies only. Tiers 2 & 3 drugs may be 30, 60, or 90-day supplies.	\$3 (\$9 for 90-day)	\$15	Greater of 33% or \$75	N/A
National Retail Pharmacy Network includes Specialty, Long Term Care and Home Infusion Pharmacies 30, 60, or 90 Day-supplies	\$15	\$30	Greater of 33% or \$90	33% (up to 30-day supply)
<p><b>Note: Out-of-Network Pharmacy - Emergency Only</b></p> <p>We refund you the SFEHACL cost for the Part D drug minus your Retail tier copayment amount. You pay any charges above our cost. If you are in the Coverage gap and the generic and brand name discounts were not applied from the pharmacy, you will not be reimbursed for the discount amounts. Non-Part D drugs are not covered.</p> <p>*If the actual cost-plus dispensing fee for a prescription is less than the Tier copayment amount for that drug, you will pay the actual cost-plus dispensing fee, not the copayment! Some drugs would cost you less under this rule so make sure that you use your SFEHACL ID card!</p>				

## Inflation Reduction Act of 2022

As part of the passage of the Inflation Reduction Act (IRA) of 2022, insulin prescription fills covered by Medicare will have a maximum out-of-pocket cost of \$35.00 per month. This legislation applies for insulin on all segments of your Medicare coverage (Initial Coverage, Coverage Gap, and Catastrophic Coverage). Covered insulin products where the out-of-pocket cost would be less than \$35.00 per month will not be charged the max out of pocket capped amount. Covered insulin products where the scheduled out-of-pocket amount would exceed the price cap will have an out-of-pocket cost set at \$35.00 per month to comply with this regulation.

**Vaccine Administration Fees:**

Part B Vaccine Administration Fee \$30.00

Part D Vaccine Administration Fee \$30.00

Covax Administration Fee \$40.00 (may change based upon CMS Guidance)

**COPAYMENT AND COINSURANCE FOR 2024**

- Tier copayments remain the same as they were in 2023.

## SFEHACL Medicare Part A & B Secondary Plan (MSP) Summary of Benefits for 2024

SFEHACL provides you with very generous benefits! You have access to an enormous national network of participating providers including Alaska and Hawaii. You can go to any participating hospital, doctor, or other provider in America that you choose without referrals or pre-approvals! For questions, please contact SFEHACL Customer Service at 1-877-968-3550 Monday-Friday, 7:30 AM to 4:00 PM Pacific Time. TTY/TDD users call the national number 711. All payments are for Medicare allowed services.

<b>SFEHACL MEDICARE PART A &amp; B SECONDARY PLAN BENEFITS</b>	<b>SFEHACL Medicare Coinsurance Payment</b>
Annual Medicare Part A & B Deductibles	100%
Ambulance Service	100%
Chiropractic Service Acupuncture Service	100%
Diabetes Training & Kidney Dialysis	100%
Doctor Service Including Office & Hospital Visits	100%
Durable Medical Equipment	100% When Covered
Emergency Service & Urgent Care Service	100%
Home Health Care & Hospice Care	100%
Inpatient hospital Care & Outpatient hospital Care Blood Products • Medicare Days & Limits Apply	100%
Transportation, Routine Dental Services	Not a SFEHACL Benefit
Outpatient Surgery, Diagnostic Service & Therapeutic Service	100%
Physical Therapy, Speech Therapy & Outpatient Rehabilitation Service	100%
Podiatry Service	100%
Mental Health Services • Medicare Days & Limits Apply	100%
Preventive Health Care Service • Medicare Restrictions & Limits Apply	Medicare pays 100%
Skilled Nursing Facility • Medicare Days & Limits Apply	100%
Vision Service – Non-routine • SFEHACL covers one refractive service annually that is not covered by Medicare	100% of the SFEHACL allowable amount
Hearing Services (including aids, tests, etc.) Covered through Amplifon Only- Enhanced Benefit	Copay varies by hearing aid selected

**IMPORTANT:** SFEHACL Medicare Part A & B Secondary Plan payments are a percentage of the Medicare allowed amount called the Co-insurance. SFEHACL MSP excludes benefits on Durable Medical Equipment that are not covered under Medicare. For details, refer to your Medicare & You handbook 2024 and your SFEHACL HCPP Part B & Medicare Part A & B Secondary Plan Guide.

# Nondiscrimination

SFEHACL does not discriminate on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals. Section 1557 has been in effect since its enactment in 2010 and the HHS Office for Civil Rights has been enforcing the provision since it was enacted.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, gender, disability, or sex, you may send a complaint to:

SFEHACL Civil Rights Coordinator  
551 E. San Bernardino Road  
Covina, CA 91723  
Phone: 1-877-968-3550, TTY/TDD use 711  
Fax: 1-626-967-3161

If you need help filing a complaint, or need this information in another format, including large print, please call our Member Services at 1-877-968-3550, TTY/TDD 711. A representative will assist you.

You can also file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

[www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services

200 Independence Avenue, SW Room 509F, HI-IH Building Washington, D.C. 20211

## Multi-language Interpreter Services

**ATTENTION:** If you speak a language other than English, then language assistance services are available to you free of charge. Please call 1-877-968-3550 our Customer Service representatives are available Monday through Friday, from 7:30am to 4:00pm, Pacific Time. TTY/TDD users call the national number 711.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免費會員電話號碼

**XIN LUU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

ةيبرعلا ثدحتت نرك اذا: بيت (Arabic)، بلع دوجوملا بناجملا فتاهلا مور بلع لاصتلا ءاجرلا . لكل ةحاتم قيناكمللا ةبوغللا ءدعاسملا تامدخ ناب ةيوضعلا فرعم.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけません。健康保険証に記載されているフリーダイヤルにお電話ください。

يسراف امش نابز رگا: هجوت (Farsi) تراک یور هک یناگیار نفاک مر امش اب افظل .شباب یم امش را ینتار رد ناگیار روط هب ینابز دادما تامدخ ،تس ا لیریبگ سامن هدش نیق امش ی یاسانش.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayang iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béesh hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.