



SUMMARY OF INSULIN COVERAGE

Hello, you are receiving this information as a member of MyTruAdvantage who has received an insulin prescription this year. This notice will summarize the Insulin benefits offered by MyTruAdvantage HMO and PPO plans effective January 1, 2023 to December 31, 2023.

Important Message About What You Pay for Insulin - you won't pay more than \$35 for a one-month supply of each insulin covered by our plan, no matter what cost-sharing tier it's on, even if you have not paid your deductible. You will also pay no more than \$35 for a one-month supply of each insulin covered by our plan during the Coverage Gap.

What this means for you. **As a member of MyTruAdvantage, you will not pay more than \$35.00 for a one-month supply of insulins on our Formulary (drug list). This includes any exceptions including up to a one-month supply of an insulin temporarily covered on our Formulary (drug list) as a transition fill.** The table below will help with understanding how the benefit will impact you.

Plan Coverage	Part D – Select Insulins	Part D – Covered Insulins
<p>Part D Benefit Phase Coverage for Plan-Selected Model Drugs</p>	<p>Part D <i>Select Insulins</i> are added to the formulary (drug list) as part of a model program offered by the plan and are covered at \$35 for a one-month supply through the deductible, initial coverage limit (up to \$4,660) and coverage gap phase (up to \$7,400) of the benefit. Anything after the coverage gap will fall to the catastrophic phase and be covered at the greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%.</p>	<p>Part D <i>Covered Insulin Products</i> are included on the formulary (drug list) and are not a part of the Select Insulins. These Covered Insulins are covered at \$35 for a one-month supply through the deductible phase, initial coverage limit (up to \$4,660) and the coverage gap phase (up to \$7,400). Anything after the coverage gap will fall to the catastrophic phase and be covered at the greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%.</p>



Plan-Selected Model Drugs	Plan-Selected Model Drugs. Identified in Part D sponsor’s Approved Proposal for which Part D sponsor offers Model-Specific Supplemental Benefits.	Drugs that are not Plan-Selected Model Drugs but are covered insulin products on the Part D plan’s formulary. Deductible does not apply for covered insulin products and coverage is available in all other phases of the Part D benefit.
Formulary Exceptions	We will cover all Part D Select Insulins no matter what cost sharing tier it’s on at \$35 for a one-month supply.	We will cover all Part D Covered Insulin Products no matter what cost sharing tier it’s on at \$35 for a one-month supply.
Extended Day Supplies	We will cover extended days supplies of Part D Select Insulins (two-month \$70 and/or three-month \$105).	We will cover extended days supplies of Part D Covered Insulin Products (two-month \$70 and/or three-month \$105).
Out-of-Network (OON)	<p>Cost sharing for all Select Insulins will not exceed \$35 for a one-month supply of a Select Insulin.</p> <p><u>Please note:</u> If you choose to use an OON provider, Select Insulins will only be approved for a one-month supply. Two-month and three-month supplies will not be covered.</p>	<p>Cost sharing for all Covered Insulin Products will not exceed \$35 for a one-month supply of a covered Insulin.</p> <p><u>Please note:</u> If you choose to use an OON provider, Covered Insulin Products will only be approved for a one-month supply. Two-month and three-month supplies will not be covered.</p>
Transition Fill	<p>A transition fill provides members the ability to obtain a onetime temporary fill of a prescription you are taking that is not on MyTruAdvantage’s Formulary (drug list). Through the transition fill process, new members can receive a one-month fill of a drug they are taking within the first 90-days of enrollment into the plan. For continued use of the prescription filled through a transition fill, you will need to request a coverage determination or an exception. You may contact the plan at 1-844-283-2788, TTY 711, 24 hours a day, seven days a week to ask for a coverage determination or an exception.</p>	



Additional Resources to Help – Please contact our Member Services number at 1-844-425-4280. (TTY users should call 711), for additional information.

Hours are:

- October 1 – March 31:
 - 7 Days a week, 8:00 a.m. – 8:00 p.m., Local Time
 - On Thanksgiving and Christmas Day, leave a message and it will be returned within 1 business day
- April 1 – September 30:
 - Monday – Friday, 8:00 a.m. – 8:00 p.m., Local Time
 - On weekends and holidays, leave a message and it will be returned within 1 business day

For a complete listing of the Select Insulins offered by MyTruAdvantage, refer to the Formulary found under 2023 Plan Documents & Information found on our website at <https://mytruadvantage.com/documents-and-forms>.

Getting Help from Medicare – If you chose this plan because you were looking for insulin coverage at \$35 or less a month, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (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 1.844.425.4280 (TTY: 711).
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