

## Chapter 6: What you pay for your Medicare and *[Insert name of Medicaid program]* Medicaid prescription drugs

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### Introduction

This chapter tells what you pay for your outpatient prescription drugs. By “drugs,” we mean:

- Medicare Part D prescription drugs, **and**
- Drugs and items covered under Medicaid, **and**
- *[Insert if applicable: Drugs and items covered by our plan as additional benefits.]*

Because you are eligible for *[insert state-specific name of Medicaid program]*, you get “Extra Help” from Medicare to help pay for your Medicare Part D prescription drugs. *[Plans who have \$0 cost sharing for all Medicare Part D drugs should remove the remaining language in this paragraph.]* We *[insert as appropriate: have included or sent you]* a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the LIS Rider”), which tells you about your drug coverage. If you don’t have this insert, please call Member Services and ask for the “LIS Rider.”

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

Other key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

To learn more about prescription drugs, you can look in these places:

- Our *List of Covered Drugs*.
  - We call this the “Drug List.” It tells you:
    - Which drugs we pay for
    - *[Plans that do not have cost sharing in any tier or do not have tiers may omit this bullet.]* Which of the <number of tiers> tiers each drug is in
    - If there are any limits on the drugs



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

- If you need a copy of our Drug List, call Member Services. You can also find the most current copy of our Drug List on our website at <web address>.
- **Chapter 5** of your *Member Handbook*.
  - It tells how to get your outpatient prescription drugs through our plan.
  - It includes rules you need to follow. It also tells which types of prescription drugs our plan does not cover.
- Our *Provider and Pharmacy Directory*.
  - In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that agree to work with us.
  - The *Provider and Pharmacy Directory* lists our network pharmacies. Refer to **Chapter 5** of your *Member Handbook* more information about network pharmacies.

*[Plans with no cost-sharing for all outpatient drugs, delete Sections D, E, F, and G and change section H to section D.]*

*[Plans should refer to other parts of the Member Handbook using the appropriate chapter number, section, and/or page number. For example, "refer to Chapter 9, Section A, page 1." An instruction [insert reference, as applicable] appears with many cross references throughout the Member Handbook. Plans may always include additional references to other sections, chapters, and/or member materials when helpful to the reader.]*

*[Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]*

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## A. The *Explanation of Benefits* (EOB)

*[Plans with a single payment stage (i.e., no cost-sharing differences between the Initial Coverage Stage and the Catastrophic Coverage Stage), modify this section as necessary.]*

Our plan keeps track of your prescription drugs. We keep track of two types of costs:

- Your **out-of-pocket costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions.
- Your **total drug costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions, plus the amount we pay.

When you get prescription drugs through our plan, we send you a summary called the *Explanation of Benefits*. We call it the EOB for short. The EOB is not a bill. The EOB has more information about the drugs you take *[insert, as applicable: such as increases in price and other drugs with lower cost sharing that may be available. You can talk to your prescriber about these lower cost options]*. The EOB includes:

- **Information for the month**. The summary tells what prescription drugs you got for the previous month. It shows the total drug costs, what we paid, and what you and others paying for you paid.
- **Year-to-date information**. This is your total drug costs and total payments made since January 1.
- **Drug price information**. This is the total price of the drug and any percentage change in the drug price since the first fill.
- **Lower cost alternatives**. When available, they appear in the summary below your current drugs. You can talk to your prescriber to find out more.

We offer coverage of drugs not covered under Medicare.

- Payments made for these drugs do not count towards your total out-of-pocket costs.
- *[Insert only if the plan pays for OTC drugs as part of its administrative costs under Medicare Part D, rather than as a Medicaid benefit: We also pay for some over-the-counter drugs. You do not have to pay anything for these drugs.]*
- To find out which drugs our plan covers, refer to our Drug List. *[Insert if applicable: In addition to the drugs covered under Medicare, some prescription and over-the-counter drugs are covered under <insert state-specific name of Medicaid program>. These drugs are included in the Drug List.]*



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

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## B. How to keep track of your drug costs

To keep track of your drug costs and the payments you make, we use records we get from you and from your pharmacy. Here is how you can help us:

### 1. Use your Member ID Card.

Show your Member ID Card every time you get a prescription filled. This helps us know what prescriptions you fill and what you pay.

### 2. Make sure we have the information we need.

Give us copies of receipts for covered drugs that you paid for. You can ask us to pay you back for *[insert if plan has cost-sharing: our share of the cost of]* the drug.

Here are some times when you should give us copies of your receipts:

- When you buy a covered drug at a network pharmacy at a special price or using a discount card that is not part of our plan's benefit
- When you pay a copay for drugs that you get under a drug maker's patient assistance program
- When you buy covered drugs at an out-of-network pharmacy
- When you pay the full price for a covered drug

For more information about asking us to pay you back for *[insert if plan has cost-sharing: our share of the cost of]* a drug, refer to **Chapter 7** of your *Member Handbook*.

### 3. Send us information about payments others have made for you.

Payments made by certain other people and organizations also count toward your out-of-pocket costs. For example, payments made by an AIDS drug assistance program (ADAP), the Indian Health Service, and most charities count toward your out-of-pocket costs. *[Plans should delete the rest of this paragraph if they cover all Medicare Part D drugs at \$0 cost-sharing:]* This can help you qualify for catastrophic coverage. When you reach the Catastrophic Coverage Stage, our plan pays all of the costs of your Medicare Part D drugs for the rest of the year.

### 4. Check the EOBs we send you.

When you get an EOB in the mail, make sure it is complete and correct.

- **Do you recognize the name of each pharmacy?** Check the dates. Did you get drugs that day?



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

- **Did you get the drugs listed?** Do they match those listed on your receipts? Do the drugs match what your doctor prescribed?

For more information, you can call <plan name> Member Services or read the <plan name> *Member Handbook*. *[Plans must include information about how to access the Member Handbook on the plan's website.]*

### What if you find mistakes on this summary?

If something is confusing or doesn't seem right on this EOB, please call us at <plan name> Member Services. *[If applicable: You can also find answers to many questions on our website: <web address>.]*

### What about possible fraud?

If this summary shows drugs you're not taking or anything else that seems suspicious to you, please contact us.

- Call us at <plan name> Member Services.
- Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- *[Plans may also insert additional State-based resources for reporting fraud.]*

If you think something is wrong or missing, or if you have any questions, call Member Services. *[Plans that allow members to manage this information online may describe that option here.]* Keep these EOBs. They are an important record of your drug expenses.

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### C. *[Plans with two payment stages, insert: Drug Payment Stages for Medicare Part D drugs] [Plans with one payment stage, insert: You pay nothing for a one-month [insert if applicable: or long-term] supply of drugs]*

*[Plans participating in the VBID Model and approved to offer VBID reduced or eliminated Part D cost sharing should update the sections below to reflect the approved Model Benefit(s), as appropriate.]*

*[Plans with one payment stage (i.e., those with no cost-sharing for all Medicare Part D drugs), include the following sentence: With our plan, you pay nothing for covered drugs as long as you follow our rules.]*

*[Plans with two payment stages (i.e., those charging LIS cost-shares in the initial coverage stage), include the following paragraph and table.]*



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1: Initial Coverage Stage	Stage 2: Catastrophic Coverage Stage
<p>During this stage, we pay part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin in this stage when you fill your first prescription of the year.</p>	<p>During this stage, we pay all of the costs of your drugs through &lt;end date&gt;.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

*[Plans with one payment stage (i.e., those with no cost-sharing for all Medicare Part D drugs), include the following information up to Section D.]*

**C1. *[Plans that do not have cost sharing in any tier may omit this section. Other plans may modify this section based on the tiering structure.]* Our cost sharing tiers**

*[Plans with tiers must provide an explanation of tiers; refer to the examples below but plans should modify information based on the tiering structure. Plans without tiers should omit information on tiers.]*

*[Plans that have cost sharing in any tier include: Cost-sharing tiers are groups of drugs with the same copay. Every drug on our Drug List is in one of <number of tiers> cost-sharing tiers. In general, the higher the tier number, the higher the copay. To find the cost-sharing tiers for your drugs, refer to our Drug List.*

*If a plan has no cost sharing for one or more tiers of drugs, the plan should modify the cost sharing information accordingly. Include examples such as the following:*

- Tier 1 drugs have the lowest copay. They may be generic drugs or non-Medicare drugs that are covered by Medicaid. The copay is from <amount> to <amount>, depending on your income.
- Tier 2 drugs have a medium copay. They are brand name drugs. The copay is from <amount> to <amount>, depending on your income.
- Tier 3 drugs have the highest copay. The copay is <amount>.]



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.



## C2. Your pharmacy choices

*[Plans that do not have drug tiers should omit this section.]*

How much you pay for a drug depends on whether you get the drug from:

- a network pharmacy, **or**
- an out-of-network pharmacy. In limited cases, we cover prescriptions filled at out-of-network pharmacies. Refer to **Chapter 5** of your *Member Handbook* to find out when we do that.
- *[Plans without mail-order pharmacies should delete this bullet.]* A mail-order pharmacy.

Refer to **Chapter 9** of the *Member Handbook* to learn about how to file an appeal if you are told a drug will not be covered. To learn more about these pharmacy choices, refer to **Chapter 5** of your *Member Handbook* and our *Provider and Pharmacy Directory*.

## C3. Getting a long-term supply of a drug

*[Plans that do not offer extended supplies, delete this section.]*

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is *[insert if applicable: up to]* a <number of days>-day supply. *[Plans with cost-sharing, insert: It costs you the same as a one-month supply.]* *[Plans with no cost-sharing, insert: There is no cost to you for a long-term supply.]*

For details on where and how to get a long-term supply of a drug, refer to **Chapter 5** of your *Member Handbook* or our *Provider and Pharmacy Directory*.

## C4. What you pay

*[Plans that have copays must include the following language. Other plans should delete this section.]* You may pay a copay when you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

Contact Member Services to find out how much your copay is for any covered drug.

**Your share of the cost when you get a one-month *[insert if applicable: or long-term]* supply of a covered prescription drug from:**

*[Plans may delete columns and modify the table as necessary to reflect the plan's prescription drug coverage. Include all possible copay amounts (not just the high/low ranges) – i.e., all three possible copay amounts for a tier in which LIS cost sharing applies – in the chart, as well as a statement that the copays for prescription drugs may vary based on the level of Extra Help the*





*member gets (if the plan charges copays for any of its Medicare Part D drugs). Modify the chart as necessary to include \$0 copays for non-Medicare covered drugs.]*

*[Plans should add or remove tiers as necessary. If mail-order is not available for certain tiers, plans should insert the following text in the cost-sharing cell: Mail-order is not available for drugs in [insert tier].]*

	<b>A network pharmacy</b>	<b>Our plan's mail-order service</b>	<b>A network long-term care pharmacy</b>	<b>An out-of-network pharmacy</b>
	A one-month or up to a <number of days>-day supply	A one-month or up to a <number of days>-day supply	Up to a <number of days>-day supply	Up to a <number of days>-day supply. Coverage is limited to certain cases. Refer to <b>Chapter 5</b> of your <i>Member Handbook</i> for details.
<b>Cost-sharing Tier 1</b>  ( <i>[Insert description; e.g., "generic drugs."]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>
<b>Cost-sharing Tier 2</b>  ( <i>[Insert description.]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>
<b>Cost-sharing Tier 3</b>  ( <i>[Insert description.]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>
<b>Cost-sharing Tier 4</b>  ( <i>[Insert description.]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>

For information about which pharmacies can give you long-term supplies, refer to our plan's *Provider and Pharmacy Directory*.



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

## D. Stage 1: The Initial Coverage Stage *[Plans with one coverage stage should delete this section]*

During the Initial Coverage Stage, we pay a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on the cost-sharing tier the drug is in and where you get it.

*[Plans must provide an explanation of tiers; refer to the examples below. Plans have flexibility to describe their tier model as appropriate. Plans may also edit or delete language regarding Medicaid based on Medicaid coverage.]*

*[Plans that have cost sharing in any tier include: Cost-sharing tiers are groups of drugs with the same copay. Every drug on our plan's Drug List is in one of <number of tiers> cost-sharing tiers. In general, the higher the tier number, the higher the copay. To find the cost-sharing tiers for your drugs, refer to our Drug List.*

- Tier 1 drugs have the lowest copay. They may be generic drugs or non-Medicare drugs that *[Insert state-specific name of Medicaid program]* covers. The copay is from <amount> to <amount>, depending on your income.
- Tier 2 drugs have a medium copay. They are brand name drugs. The copay is from <amount> to <amount>, depending on your income.
- Tier 3 drugs have the highest copay. The copay is <amount>.]

### D1. Your pharmacy choices

How much you pay for a drug depends on if you get the drug from:

- A network pharmacy **or**
- An out-of-network pharmacy.

In limited cases, we cover prescriptions filled at out-of-network pharmacies. Refer to **Chapter 5** of your *Member Handbook* to find out when we do that.

To learn more about these choices, refer to **Chapter 5** of your *Member Handbook* and to our *Provider and Pharmacy Directory*.

### D2. Getting a long-term supply of a drug

*[Plans that do not offer extended supplies, delete the following two paragraphs:]*

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is *[insert if applicable: up to]* a <number of days>-day supply. *[Plans with cost-sharing, insert: It costs you the same as a one-month supply.] [Plans with no cost-sharing, insert: There is no cost to you for a long-term supply.]*



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 10

For details on where and how to get a long-term supply of a drug, refer to **Chapter 5** of your *Member Handbook* or our plan's *Provider and Pharmacy Directory*.

### D3. What you pay

During the Initial Coverage Stage, you may pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

Contact Member Services to find out how much your copay is for any covered drug.

**Your share of the cost when you get a one-month *[insert if applicable: or long-term]* supply of a covered prescription drug from:**

*[Plans may delete columns and modify the table as necessary to reflect the plan's prescription drug coverage. Include all possible copay amounts (not just the high/low ranges) – i.e., all three possible copay amounts for a tier in which LIS cost sharing applies – in the chart, as well as a statement that the copays for prescription drugs may vary based on the level of Extra Help the member gets.]*

*[Plans should add or remove tiers as necessary. Plans should remove references to “cost sharing as appropriate. If mail-order is not available for certain tiers, plans should insert the following text in the cost-sharing cell: Mail-order is not available for drugs in *[insert tier]*.”]*



	<b>A network pharmacy</b>	<b>Our plan's mail-order service</b>	<b>A network long-term care pharmacy</b>	<b>An out-of-network pharmacy</b>
	A one-month or up to a <number of days>-day supply	A one-month or up to a <number of days>-day supply	Up to a <number of days>-day supply	Up to a <number of days>-day supply. Coverage is limited to certain cases. Refer to <b>Chapter 5</b> of your <i>Member Handbook</i> for details.
<b>Cost-sharing Tier 1</b>  ( <i>[Insert description; e.g., "generic drugs."]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>
<b>Cost-sharing Tier 2</b>  ( <i>[Insert description.]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>
<b>Cost-sharing Tier 3</b>  ( <i>[Insert description.]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>
<b>Cost-sharing Tier 4</b>  ( <i>[Insert description.]</i> )	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>	<i>[Insert copay(s).]</i>

For information about which pharmacies can give you long-term supplies, refer to our *Provider and Pharmacy Directory*.

#### D4. End of the Initial Coverage Stage

The Initial Coverage Stage ends when your total out-of-pocket costs reach *[insert as applicable: \$<TrOOP amount>]*. At that point, the Catastrophic Coverage Stage begins. We cover all your drug costs from then until the end of the year.



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Your EOB helps you keep track of how much you have paid for your drugs during the year. We let you know if you reach the *[insert as applicable: \$<TrOOP amount>]* limit. Many people do not reach it in a year.

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## **E. Stage 2: The Catastrophic Coverage Stage** *[Plans with one coverage stage should delete this section]*

When you reach the out-of-pocket limit of *[\$<TrOOP amount>]* for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, our plan pays all of the costs for your Medicare drugs.

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## **F. Your drug costs if your doctor prescribes less than a full month's supply** *[Plans with no Medicare Part D drug cost-sharing should delete this section]*

*[Insert as appropriate: Usually or In some cases]*, you pay a copay to cover a full month's supply of a covered drug. However, your doctor can prescribe less than a month's supply of drugs.

- There may be times when you want to ask your doctor about prescribing less than a month's supply of a drug (for example, when you are trying a drug for the first time that is known to have serious side effects).
- If your doctor agrees, you do not pay for the full month's supply for certain drugs.

When you get less than a month's supply of a drug, the amount you pay is based on the number of days of the drug that you get. We calculate the amount you pay per day for your drug (the "daily cost-sharing rate") and multiply it by the number of days of the drug you get.

- *[Plans may revise the information in this paragraph to reflect the appropriate number of days for their one-month supplies as well as the cost-sharing amount in the example for the current year.]* Here's an example: Let's say the copay for your drug for a full month's supply (a 30-day supply) is \$1.35. This means that the amount you pay for your drug is less than \$0.05 per day. If you get a 7 days' supply of the drug, your payment is less than \$.05 per day multiplied by 7 days, for a total payment less than \$0.35.
- Daily cost-sharing allows you to make sure a drug works for you before you pay for an entire month's supply.
- You can also ask your provider to prescribe less than a full month's supply of a drug to help you:



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 13

- Better plan when to refill your drugs,
- Coordinate refills with other drugs you take, **and**
- Take fewer trips to the pharmacy.

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## G. Prescription cost-sharing assistance for persons with HIV/AIDS

*[Plans with no Medicare Part D drug cost-sharing delete this section]*

### G1. The AIDS Drug Assistance Program (ADAP)

The ADAP helps eligible individuals living with HIV/AIDS access life-saving HIV medications. Outpatient Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the *[insert name of state-specific department]* for individuals enrolled in ADAP.

### G2. If you are not enrolled in ADAP

For information on eligibility criteria, covered drugs, or how to enroll in the program, call *[insert phone number]* or check the ADAP website at *[insert website address]*.

### G3. If you are enrolled in ADAP

ADAP can continue to provide ADAP clients with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. To be sure you continue getting this assistance, notify *[insert description of who to notify]* of any changes in your Medicare Part D plan name or policy number. If you need help finding the nearest ADAP enrollment site and/or enrollment worker, call *[insert phone number]* or check the website listed above.

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## H. Vaccinations

*[Plans may revise this section as needed.]*

**Important Message About What You Pay for Vaccines:** Some vaccines are considered medical benefits. Other vaccines are considered Medicare Part D drugs. You can find these vaccines listed in the plan's *List of Covered Drugs (Formulary)*. Our plan covers most Medicare Part D vaccines at no cost to you. Refer to your plan's *List of Covered Drugs (Formulary)* or contact Member Services for coverage and cost sharing details about specific vaccines.

There are two parts to our coverage of Medicare Part D vaccinations:

1. The first part of coverage is for the cost of **the vaccine itself**. The vaccine is a prescription drug.



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 14

2. The second part of coverage is for the cost of **giving you the vaccine**. For example, sometimes you may get the vaccine as a shot given to you by your doctor.

## H1. What you need to know before you get a vaccination

*[Plans may revise this section as needed.]*

We recommend that you call Member Services if you plan to get a vaccination.

- We can tell you about how our plan covers your vaccination *[insert if the plan has cost-sharing: and explain your share of the cost]*.
- *[Insert if applicable: We can tell you how to keep your costs down by using network pharmacies and providers. Network pharmacies and providers agree to work with our plan. A network provider works with us to ensure that you have no upfront costs for a Medicare Part D vaccine.]*

*[Plans that do not charge any Medicare Part D vaccine copays may delete the following section.]*

## H2. What you pay for a vaccination covered by Medicare Part D

What you pay for a vaccination depends on the type of vaccine (what you are being vaccinated for).

- Some vaccines are considered health benefits rather than drugs. These vaccines are covered at no cost to you. To learn about coverage of these vaccines, refer to the Benefits Chart in **Chapter 4** of your *Member Handbook*.
- Other vaccines are considered Medicare Part D drugs. You can find these vaccines on our plan's Drug List. *[Insert if applicable: You may have to pay a copay for Medicare Part D vaccines.]* If the vaccine is recommended for adults by an organization called the **Advisory Committee on Immunization Practices (ACIP)** then the vaccine will cost you nothing.

Here are three common ways you might get a Medicare Part D vaccination.

1. You get the Medicare Part D vaccine and your shot at a network pharmacy.
  - For most adult Part D vaccines, you will pay nothing.
  - For other Part D vaccines, you pay *[insert as applicable: nothing or a copay]* for the vaccine.
2. You get the Medicare Part D vaccine at your doctor's office, and your doctor gives you the shot.



**If you have questions**, please call <plan name> at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.



- You pay *[insert as applicable: nothing or a copay]* to the doctor for the vaccine.
  - Our plan pays for the cost of giving you the shot.
  - The doctor's office should call our plan in this situation so we can make sure they know you only have to pay *[insert as applicable: nothing or a copay]* for the vaccine.
3. You get the Medicare Part D vaccine medication at a pharmacy, and you take it to your doctor's office to get the shot.
- For most adult Part D vaccines, you will pay nothing for the vaccine itself.
  - For other Part D vaccines, you pay *[insert as applicable: nothing or a copay]* for the vaccine.
  - Our plan pays for the cost of giving you the shot.

*[Insert any additional information about your coverage of vaccinations.]*

