



THE MEDICARE PART D PRESCRIPTION DRUG COVERAGE YOU DESERVE



EnvisionInsurance focuses on improving your pharmacy care experience and has the unique ability to provide you with great coverage at affordable costs. We go to work every day and try to improve the quality of life and care for our members, and we're here to help you.

Find more information online at:
kdheks.gov/hcf/sehp/default.htm

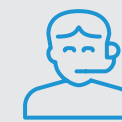
SEHP Direct Bill Call Center: (toll free) 866-541-7100,
Monday through Friday, 8:30am - 4:30pm Central

OR

EnvisionInsurance: 1-833-682-1186, 24 hours daily (TTY 711)

EnvisionInsurance is a different kind of company with a different approach to prescription drug benefits. For more than 10 years, our Medicare-approved Part D plans have helped hundreds of thousands of individuals and group retirees nationwide get the medications they need, at a price they can better afford. As drug costs continue to rise and new medications get introduced every week, we aim to be more than an insurance plan—we strive to be a partner and an advocate.

WE'VE PARTNERED WITH THE STATE OF KANSAS TO OFFER YOU:



100% U.S.-based member service, available **24 hours a day, 7 days a week**



Three plan options so you have more choices to meet your needs.



The **clinical support** you need to coordinate and manage your healthcare



Convenient access to a nationwide network of over 60,000 pharmacies



ENTER MEDICATIONS UNDER YOUR DAY SUPPLY	PREMIER (DEDUCTIBLE \$0)					VALUE (DEDUCTIBLE \$100)					CLASSIC (DEDUCTIBLE \$435)				
	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
30 DAY SUPPLY (through retail or mail)															
Your Cost Share	25% OR MAX \$30	25% OR MAX \$30	25% OR MAX \$100	50% OR MAX \$150	25%	\$12	\$16	\$42	\$86	25%	\$10	\$13	\$42	\$86	25%
Enter Total for Each Column															
Multiply Total by Your Cost Share															
60 DAY SUPPLY (through retail or mail)															
Your Cost Share	25% Co-ins \$30 MAX	25% Co-ins \$30 MAX	25% Co-ins \$100 MAX	50% Co-ins \$150 MAX	N/A	\$12	\$16	\$42	\$86	N/A	\$10	\$13	\$42	\$86	N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
Enter Total for Each Column					N/A					N/A					N/A
Multiply Total by Your Cost Share					N/A					N/A					N/A
90 DAY SUPPLY (through retail or mail)															
Your Cost Share	25% Co-ins \$45 MAX	25% Co-ins \$45 MAX	25% Co-ins \$150 MAX	50% Co-ins \$225 MAX	N/A	\$24	\$32	\$84	\$172	N/A	\$18 OR MAIL \$9	\$30 OR MAIL \$15	\$120	\$240	N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
					N/A					N/A					N/A
Enter Total for Each Column					N/A					N/A					N/A
Multiply Total by Your Cost Share					N/A					N/A					N/A

Use this worksheet to get estimated drug costs and compare between available Part D plans.

STEP 1. Enter the name of your medication(s) on the worksheet under “List of medications.” Be sure to pay attention to the “Days Supply” and use the appropriate section. Most people fill medications every 30 days (monthly) or 90 days (every three months). Copays vary between 30 and 90 day fills.

STEP 2. Open the EnvisionRxPlus formulary and search for your drug name. In the middle column of the formulary list, you will find the applicable Drug Tier for that medication.

STEP 3. Mark an X under the Tier Level for the medication for the plan you’re pricing. Do this for all three plans if you’d like to compare costs between plans.

STEP 4. Calculate the costs of your drugs in each tier. Simply count the number of Xs in each column and enter that total in the “Total Number of Drugs” row. Then, multiply by the copay listed at the top of the column.

STEP 5. Add up the costs in each tier column and this is your estimated total cost.

If you do not find one of your medications listed on the formulary, call 833-682-1186, 24 hours daily (TTY 711) and we can help you find formulary alternatives.

The copays listed are Initial Coverage Stage cost-share amounts. Some plans have deductibles, so those will have to be paid before the copay applies. Progression through the Medicare Coverage Stages depends on each member’s unique out-of-pocket.

For the Value plan, cost-share for tiers 3 – 5 will adjust to 25% during the Coverage Gap rather than a flat copay.

For the Premier plan, the maximum copay amount is used for the calculation and should be noted as the maximum you would pay for a medication in that tier. Ultimately, you will pay the lower cost share amount between the two.

EnvisionInsurance is a Prescription Drug Plan with a Medicare contract. Enrollment in EnvisionInsurance depends on contract renewal. Costs may vary for drugs based on use of retail pharmacies, mail-order, Long Term Care (LTC) or home infusion, and for 30 or 90 day supplies. The information provided in this document is a summary. Comprehensive plan details will be provided in your Evidence of Coverage.

