

2021 Medicare Education Guide

A Guide to Medicare

Learn about the basics of Medicare
and understand your coverage options



Education Guide

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Use this table of contents to guide you through the steps on your Medicare journey!

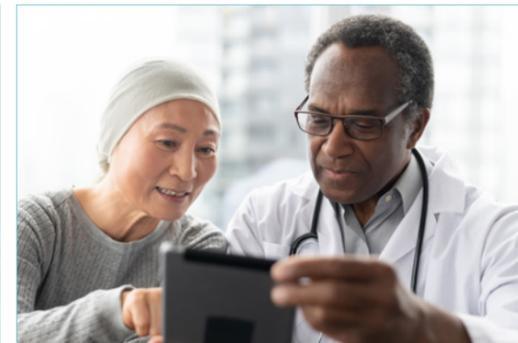
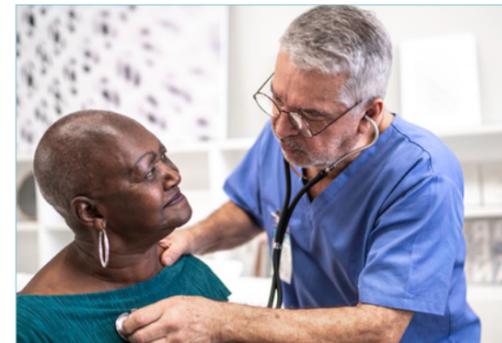
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Getting Started

Welcome to Medicare

Healthy relationships start with trust. Whether you are eligible for Medicare coverage now or will be soon, Prevea360 Medicare Advantage and Dean Health Plan are here to help. This Medicare Education Guide has what you need to know before shopping for Medicare plans. It describes the basics of Medicare and helps you understand your Medicare options for medical and drug coverage.

No matter where you are in the decision-making process, Prevea360 Medicare Advantage and Dean Health Plan are here to guide you.



Questions?

Please contact Prevea360 Medicare Advantage at
1-877-234-0126 (TTY: 711)

Important: This Education Guide does not include all plans and options available under Medicare or retiree benefits. Visit [medicare.gov](https://www.medicare.gov) for a complete view of plans and information on Medicare benefits. This guide is not intended to be the only resource available or used by a consumer to determine the coverage they need.

Medicare Basics

New To Medicare? Shopping During Annual Enrollment?

This Education Guide is a smart start for anyone new to Medicare and anyone shopping for options during the Annual Enrollment Period. This guide will help answer some of the questions you may have about Medicare.

Important: If you chose not to collect Social Security at age 65, you are still eligible for Medicare. We recommend you consider your Medicare options even if you are still covered by an employer. Working with a licensed agent while shopping for Medicare plans helps ensure you have the right coverage for your needs.

General Eligibility*:

You're eligible to join Medicare if you are a U.S. citizen or a legal resident who has resided in the U.S. for five or more consecutive years and:

- Are 65 years old, or are 65+
- Under 65 years old with a qualifying disability
- Diagnosed with end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's disease)

Current Coverage: Get The Facts

Before you enroll in Medicare, make sure you understand all the options you have. Every situation is different. If you are staying employed after the age of 65, you may want to discuss your options with a representative at your current employer. You also may have other benefits available, such as:

- Retiree health coverage from your former employer
- Health coverage through your spouse's employer

Get Medicare Started With Your Local Social Security Office:

Your first step for Medicare coverage starts at the Social Security office—online or in person. Whether you are electing to get Social Security payments at the age of 65 or not, you still need to enroll in Medicare through Social Security.



Get Help When You Need It:

We recommend talking with a licensed Medicare agent and/or an employer representative when picking Medicare coverage and considering your options. The help offered by local insurance companies and licensed agents is at no cost to you. Begin the conversation by looking at your personal expectations for a plan, the care you might need, and your budget.

Low Income Programs:

If you are concerned about how to pay for medical costs and coverage you need, check into programs such as:

- **Medicaid**—helps pay for services that Medicare does not.
- **Medicare Savings Programs**—helps pay Part A and Part B premiums and out-of-pocket costs. There are also special programs for Part D.
- **SeniorCare**—helps pay the costs of prescription drugs. For more information visit dhs.wisconsin.gov/seniorcare



To learn more, contact your local Social Security Administration office, the Wisconsin Medical Assistance office or the Medicaid office. You can also receive help by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week.

*For specifics on eligibility and Part A special situations, please refer to [medicare.gov](https://www.medicare.gov).



Insurance Terminology

Start smart by learning insurance terms before choosing Medicare coverage

Premium

A premium is the payment for the cost of your plan. You pay this amount to stay enrolled. You will always pay your Part B premium regardless of the type of Medicare coverage you choose. You may also pay a premium for Medicare Supplement plans, Medicare Advantage and Part D.

Cost-Sharing

Cost-sharing refers to amounts that you, as a member, have to pay when receiving services or prescription drugs. Cost-sharing includes things like deductibles, copayments and coinsurance.

Deductible

A deductible is a set amount of money that you have to pay for services before any benefits for that service are paid for by the health insurance plan. For example, you might need to pay the first \$500 of your medical care for the year. Deductibles can apply to Medicare or a private insurance plan. Many Medicare Advantage plans do not have a medical deductible.

Copayment

A copayment is a flat amount you pay in cost-sharing for a service. For example, you might have a \$10 copayment to see a doctor. A copayment is also commonly referred to as a co-pay or copay.

Coinsurance

Coinsurance is a payment you make for health services on a percentage basis. For example, a Medicare Advantage plan might require you to pay 20% for an imaging service (such as X-ray or CT) and the plan pays the remaining 80%.

Maximum Out-Of-Pocket

The maximum out-of-pocket is NOT a deductible. This is the absolute maximum amount you will pay in any given year for services covered by Medicare under a Medicare Advantage plan. Original Medicare does not have this protection.

Underwriting / Guaranteed Issue

Underwriting is when a health insurance company evaluates an applicant's health information when determining health insurance premiums or whether coverage is offered at all. Guaranteed issue of coverage means there is no underwriting involved in the enrollment process. All Medicare Advantage plans are guaranteed issue, as is Original Medicare. Medicare Supplement plans are only guaranteed issue during your Initial Enrollment Period or within Special Enrollment Periods. If you want to purchase a Medicare Supplement plan at any other time, you will need to meet the company's underwriting requirements.

HMO

Many Medicare Advantage plans are HMOs (Health Maintenance Organizations). The health plan and network of providers help members with coordinated health care. Generally, members must receive care from network providers.

HMO-POS (HMO With Point of Service)

HMO-POS plans have a network of providers, but will also cover some services a member receives out-of-network.* The member cost-sharing for out-of-network services is generally higher.

PPO (Preferred Provider Organization)

PPO plans also have a network of providers, but will pay for any services a member receives out-of-network.* Cost-sharing for services out of the PPO network will generally be higher.

**Out-of-network providers are under no obligation to provide services to plan members.*



Medicare Eligibility and Enrollment Periods

Who's Eligible For Medicare?

You are eligible for Medicare, the federal health insurance program, if you are a legal U.S. resident and one of the following applies to you:

- ▶ You are 65 years old or older
- ▶ You are any age and have a qualifying permanent disability
- ▶ You are any age and have been diagnosed with end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also called Lou Gehrig's disease)

Medicare Enrollment Periods



Initial Enrollment Period (IEP)

This is the seven-month period during which you may enroll in Medicare for the first time. This includes the three months prior, the month of your birthday and the three months after. If you are enrolling for the first time due to disability, your IEP timing is based on your disability date. See the next page to understand when IEPs start for each type of Medicare coverage.



Annual Enrollment Period (AEP)

Oct. 15 - Dec. 7 of every year is the period during which you may make changes to your medical and prescription drug coverage. Your coverage will become effective January 1.



Open Enrollment Period (OEP)

Jan. 1 - Mar. 31 of every year is the period during which you may switch from one Medicare Advantage plan to another Medicare Advantage plan, or cancel your Medicare Advantage plan and return to Original Medicare.



Special Enrollment Period (SEP)

This is a period during which Medicare recipients may change medical and prescription drug coverage outside of the AEP, if they meet certain requirements and have a qualifying event, such as moving to a new service area or leaving an employer-based plan. Some Medicare products are only "guaranteed issue" during your IEP, or when you qualify for a SEP.

When Can I Enroll, Based On My Initial Enrollment Period (IEP)?

Your IEP is when you're first eligible to purchase Medicare coverage. Below are some examples of Medicare coverage, when to enroll based on the IEP and what to do if you're past your IEP.

Coverage	When To Enroll	What If I'm Past My IEP?
Part A 	You can enroll in Part A any time after becoming Medicare eligible (often when you are turning 64 years and 9 months old). You'll be automatically enrolled in Medicare Part A if you receive Social Security benefits. If you don't currently receive Social Security benefits, you'll need to enroll at your local Social Security office.	There are typically no penalties for enrolling late. There is a possible exception if you and your spouse did not contribute the minimum amount to Social Security. Visit medicare.gov for information on your specific situation for late enrollment.
Part B 	You have a 7 month window to enroll in Part B (3 months prior to becoming Medicare-eligible through the 3 months after your eligibility month).	If you wait to enroll until after the IEP ends, and you don't have an SEP, you can sign up between January 1 and March 31 each year in the General Enrollment Period. Coverage will begin July 1. Your premiums may increase (unless you qualify for an exception).
Part C (Medicare Advantage) 	You have a 7 month window to enroll in Part C (3 months prior to becoming Medicare-eligible through the 3 months after your eligibility month).	If you miss the enrollment window, you must wait for the Annual Enrollment Period (from Oct. 15 - Dec. 7) unless you qualify for an exception.
Part D 	You have a 7 month window to enroll in Part D (3 months prior to becoming Medicare-eligible through the 3 months after your eligibility month).	If you miss the enrollment window, you must wait for the Annual Enrollment Period (from Oct. 15 - Dec. 7) unless you qualify for an exception. You may be subject to a late enrollee penalty.
Medicare Supplement (Medigap) Coverage 	Medicare Supplement offers guaranteed issue for 6 months after your eligibility start date for Medicare. You cannot be refused coverage if you sign up during this period.	You can apply for Medicare Supplement (Medigap) coverage at any time. You may be charged a higher rate or rejected for coverage, depending on factors such as your age and health history.

- If you enroll in a Medicare Advantage plan, you cannot buy or remain enrolled in Medicare Supplement Insurance.
- Most Medicare Advantage plans include Part D, prescription drug coverage. You may not enroll in an MA Only plan with a separate Part D plan. To get both, you should choose a **Medicare Advantage Part D (MAPD)** plan.

Understanding Original Medicare

No matter which option you choose, the first step is the same: Enroll in Original Medicare, also known as Parts A and B.

Original Medicare
Administered by the federal government

Hospital Insurance

Inpatient Care Part A



- Hospital room
- Inpatient acute care
- Inpatient mental health care
- Skilled nursing facility care
- Home health services
- Inpatient tests and services
- Additional coverages apply. See [medicare.gov](https://www.medicare.gov) for details.



Medical Insurance

Outpatient Care Part B



- Doctor visits (including annual wellness visit)
- Outpatient services
- Clinical lab services
- Some preventive care
- Durable medical equipment, such as oxygen tanks and wheelchairs
- Diagnostic tests such as X-rays and MRIs
- Additional coverages apply. See [medicare.gov](https://www.medicare.gov) for details.

Hospital Insurance

Inpatient Care Part A Basics



Medicare Part A covers care for an illness or medical condition, and has some benefits for preventive care. It pays for a hospitalization, a stay in a Skilled Nursing Facility (SNF) for rehabilitation, hospice and some home health care.

- Part A **premium** is generally \$0 unless you (or a spouse) have not paid in to Medicare for ten years. Go to [medicare.gov](https://www.medicare.gov) for more information if you have been informed you will have to pay premium for Part A.
- Part A has a **deductible and other cost sharing**. These amounts can change annually. For 2020, the deductible was \$1,408 per benefit period. Hospital cost sharing was \$352 per day for days 61-90 and \$704 for days starting at the 91st day.
- There is **no maximum out-of-pocket** for Part A coverage. You will pay your portion of all services annually, with no limit to your financial obligation within the year.

What Is Not Covered:

- Doctor services you receive are not covered under Part A but may be paid under Part B.
- Part A also excludes coverage for personal costs in the hospital, such as phone calls, and does not cover “custodial care” (nursing home resident care).

Medical Insurance

Outpatient Care Part B Basics



Medicare Part B pays for a variety of things, including doctor visits, lab tests, imaging services (such as X-ray or CT) and other medically necessary services.

- Part B **premium** is usually taken out of your Social Security check or paid directly to Medicare. The premium changes each year and for 2020 it was \$144.60 as a base, but this can vary widely based on income.
- Part B has a **deductible** before it starts to cover your care. The deductible was \$198 for 2020 and can adjust up every year. You will pay this deductible annually. Most services in Part B are paid at 80%, meaning you pay a 20% coinsurance associated to any Medicare-eligible charges you incur.
- There is **no maximum out-of-pocket** for Part B coverage. You will pay your portion of all services annually, with no limit to your financial obligation within the year.

What Is Not Covered:

- Vision, hearing and dental services are not covered in most circumstances.
- Drugs are not covered in most circumstances. Limited covered medications are generally for specific types of illnesses.

Medicare Coverage Options

Offered by private insurance companies

Original Medicare doesn't cover everything. Many Medicare recipients choose to buy additional plans from private insurance companies such as Prevea360 Health Plan for alternative coverage options and to spend less out-of-pocket.

Medicare Advantage

Part C



- Replaces Original Medicare Parts A and B
- Has an annual maximum out-of-pocket
- Many include Part D coverage (drug prescription)
- May have enhancements like dental, eye wear and more
- Has a network of providers and hospitals
- One rate regardless of age
- **Medicare Advantage Part D plans** include prescription drug coverage
- **Medicare Advantage-Only plans** do not include prescription drug coverage

Prescription Drug Coverage

Part D



- Covers outpatient prescription medications
- Offered in MAPD Plans (Medicare Advantage with Part D), or can be purchased separately in addition to Original Medicare.

Medicare Supplement

- Are standardized and generally do not include any additional benefits
- Are also known as Medigap—do not include a network
- Does not replace Parts A and B
- Provides coverage for nearly all of the cost sharing gaps in Original Medicare Parts A and B
- Does not include Part D prescription benefits
- Premiums may change with age
- Can be underwritten if purchased outside your Initial Enrollment Period and a Special Enrollment Period does not apply.



Medicare Coverage Options

Keep Original Medicare and purchase a separate Medicare Supplement Insurance plan also known as Medigap

OR

Enroll in a Medicare Advantage (MA-Only Plan) or a Medicare Advantage with Part D (MAPD Plan)
This is also known as Part C

Medicare Supplement

Helps with out-of-pocket expenses not paid by Medicare Parts A and B but generally does not cover additional benefits



With or Without a Separate

Medicare Advantage (MA-Only)

Part C



Combines Parts A & B services, and most include additional benefits, such as gym membership, dental and vision

OR

Prescription Drug Coverage

Part D

Covers prescription medications



Medicare Advantage with Prescription Drug Coverage (MAPD)

Part C + Part D

Combines Parts A, B and D services, and most include additional benefits, such as gym membership, dental and vision. This includes prescription medication coverage.

- If you enroll in a Medicare Advantage plan, you cannot buy or remain enrolled in Medicare Supplement Insurance.
- Most Medicare Advantage plans include Part D, prescription drug coverage. You may not enroll in an MA Only plan with a separate Part D plan. To get both, you should choose an MAPD plan.

Overview of Medicare Advantage Part C Coverage

The Basics

The easy way to remember what services are included in Medicare Advantage plans is to remember:
Part A + Part B = Part C.

Medicare Advantage, also called Part C, covers the same services as Medicare Parts A and B, but will have different types of cost-sharing. Medicare Advantage plans are offered by private companies and replace **Original Medicare**. Most Medicare Advantage plans provide the added simplicity of copays and protect members with a maximum out-of-pocket amount. Many Medicare Advantage plans include prescription drug coverage (Part D) and additional benefits that are not included under Original Medicare.

Premium

This is a separate payment that may be required for your plan. Some Medicare Advantage plans have no premium associated to them.

- Premiums do not vary based on age or gender, and do not increase based on your attained age.
- Premiums can vary based on plan options.
- Members choose the plan and premium amount according to their own needs and budget.

Part B Premium Reduction

If you pay a Medicare Part B premium, a plan may pay part of that premium for you as a Part B premium-reduction benefit.

Copayment

Medicare Advantage plans have copays for many of the covered benefits and services, so you know upfront what your share of the costs will be. For example, you may pay a \$20 copay for X-rays, then the plan pays for the rest of the cost.

Coinsurance

Medicare Advantage plans may cover some benefits and services with coinsurance instead of copays. For example, if a service costs \$100 and the plan charges 10% coinsurance, you would pay \$10 (10%), and the plan would pay \$90 (90%).

Maximum Out-Of-Pocket

This is NOT a deductible, and is a protection that is not available under Original Medicare. This is an accumulation of every dollar a member spends for covered Medicare medical expenses toward an annual maximum. For example, the copayments to see a doctor, be admitted to a hospital or get a lab test add up against the maximum out-of-pocket. Once the maximum amount is met for the year, the member pays nothing more out-of-pocket for covered Medicare services. Part D drug cost-sharing does not accrue to the medical maximum out-of-pocket.

Networks

Unlike Original Medicare, Medicare Advantage plans have a network of providers and are operating as an HMO, HMO-POS or PPO. Staying in-network provides the best coverage, and in the case of an HMO, no benefits for out-of-network providers are provided, except for urgent and emergency care.

Service Area

Medicare Advantage plans have a service area. You must live in the service area to enroll. Most carriers include their service area in their enrollment materials.

Additional Benefits

Most Medicare Advantage plans cover additional benefits too. Common additional benefits include:

- Preventive Dental: dental exams, cleanings, and X-rays.
- Comprehensive Dental: fillings, extractions, bridges, crowns, and dentures, etc.
- Gym memberships
- Over-the-counter allowance
- Coverage for routine hearing exams and hearing aids
- Coverage for routine eye exams, eyeglasses, and contact lenses

Prescription Drug Coverage

When Medicare Advantage includes prescription drug coverage (MAPD), the drug coverage is Part D coverage and has no extra premium. It is part of the cost for the Medicare Advantage plan. Check the benefits of each plan carefully! If you need Part D coverage, purchase an MAPD plan. You cannot purchase Medicare Advantage and Part D separately.

MA-Only (No Prescription Drug Coverage)

If you have creditable prescription drug coverage through TRICARE, the VA, an employer, or Wisconsin's SeniorCare program, a Medicare Advantage plan without Part D might be right for you.

What Is Not Covered

Any service that is excluded from Parts A and B is generally excluded from Part C with the exception of additional benefits included in the Medicare Advantage plan.



Overview of Medicare Supplement

The Basics

Medicare Supplement plans do not replace Original Medicare. They are sold by private insurance companies to help you pay for the deductibles, copays and coinsurance of Original Medicare. (See 2020 amounts on page 11.)

Note: Medicare Supplement plans do not include prescription drug coverage (Part D). A Part D coverage plan should be purchased separately to help cover prescription drug costs.

Premium

Medicare Supplement plans charge a premium, which is paid to the insurance company from which you purchase the plan. Premiums are generally age-rated. This means as you get older, your premium will increase. Often, these plans charge different premium rates based on your gender as well.

Cost-Sharing

Medicare Supplement plans and their optional riders are standardized for each state, and provide coverage for some or all of Original Medicare's cost-sharing provisions.

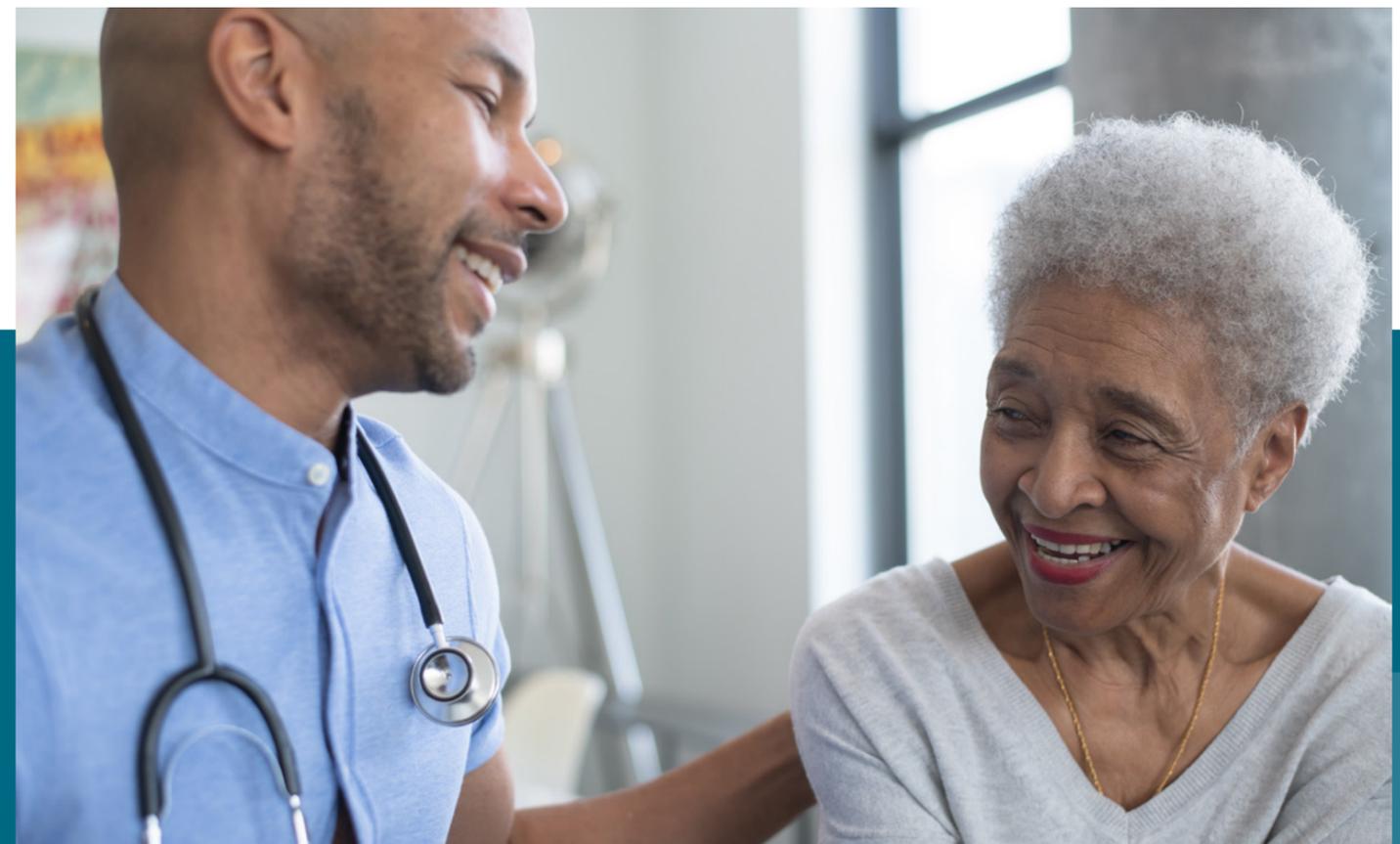
What Is Not Covered?

- There are generally no benefits for any items or medical services not covered by Medicare.
- In general, Medicare Supplement plans do not cover routine vision, dental, glasses, hearing aids or hearing exams, gym memberships, or other benefit enhancements. See Medicare Advantage Plans and the comparison chart on pages 18-19 for information on Medicare plans with additional benefits built-in.

Remember, Medicare Supplement plans complement Original Medicare, they do not replace Original Medicare.

Underwriting On Medicare Supplement:

It is important to understand that these plans can be underwritten. When you initially enroll at the age of 65, the plan is guaranteed issue. However, if you decide later to change companies or plans, the insurance company may be able to underwrite and can either charge you more for your premiums based on health issues, or decline your request for coverage.



Discover Coverage Options That Fit Your Needs

- ✓ Benefit Included with Plan
- Benefit Offered by Some Plans

Benefit Options	Original Medicare	Original Medicare with Medicare Supplement	Medicare Advantage
Medicare Part A hospital coverage	✓	✓	✓
Medicare Part B doctor visits	✓	✓	✓
Preventive services covered at no cost to you	✓	✓	✓
Covers urgent and emergency care anywhere in U.S.	✓	✓	✓
Covers routine medical care anywhere in the U.S. while traveling	✓	✓	•
Provides urgent and emergency care outside of U.S.		•	•
Permits you to go to any hospital or provider in U.S. who accepts Medicare	✓	✓	•
Protection from unlimited out of pocket medical costs		✓	✓
Part D prescription benefits			•
Provides a network of hospitals and providers who work together to coordinate your care			✓
Provides fitness benefit (gym membership)		•	•
Covers annual physical exam (not just the annual wellness visit)			✓
Covers vision exam and eyeglass allowance			•
Provides hearing exam and hearing aid allowance			•
Provides dental coverage (exams, cleanings, X-rays, extractions, bridges, crowns, and dentures)			•
Covers an unlimited number of days for inpatient hospital care			•
Over-the-counter allowance			•
Post-discharge meal benefit			•
Transportation to medical appointments			•

Explore Part D

Prescription Drug Coverage

How Part D Works

Medicare Part D prescription drug coverage is offered through private insurance companies. Part D coverage includes cost-sharing, but the price you pay for prescriptions under Part D coverage is generally discounted from retail price. Overall, prescription drugs are more affordable with Part D coverage than paying full price without insurance.

Premiums

You will pay a premium if you purchase a Part D stand-alone plan. The other way to get Part D coverage is by buying a Medicare Advantage plan with Part D (MAPD) included. You may pay a premium for the MAPD plan but there's not an additional premium cost for the Part D coverage.

Cost-Sharing

There are different cost sharing options (deductibles, copayments and coinsurance) to pay under Part D. Each plan will be a little different. Review the *Understanding Drug Benefits* on the next page to learn more.

Formulary And Tiered Formulary

All Part D plans have a formulary. A formulary is the long list of medications that a particular Part D plan covers. Medicare requires that every class of drug is covered by a plan, but does not require all prescription drugs be covered by any plan. Many times you will find there are multiple medications that address the same health issue.

Most Part D plans have a “tiered formulary.” A tiered formulary means that the plan has divided the drugs in its formulary into groups and has different benefits associated to each. Usually, generic drugs are in the lowest tiers, meaning you pay less. Brand name drugs tend to have significantly higher copayments.

Pharmacy Network

You will obtain your prescription drugs from network pharmacies. Some plans offer reduced cost-sharing if you obtain your medications from a Preferred Pharmacy network, utilize a mail-order pharmacy, or purchase a three-month supply of maintenance prescriptions at one time.

Understanding Drug Benefits:

The four stages of Part D are managed on a calendar year basis. The stages reset each year on January 1st.

Stage 1: The Deductible Stage

- Most Part D plans have a drug deductible before copayments and coinsurance are available.
- Some plans do not have a deductible (and you go right to Stage 2) OR the deductible does not apply to things like generic medication. Understanding how the deductible works for the plan you choose is important and can save you money.
- Example: Dave gets a prescription filled and this is the first one of the year. His plan has a \$200 deductible, and the medication cost was \$30. Because he has not met the deductible, Dave pays the \$30, and that amount is credited toward his plan's deductible

Stage 2: Your Initial Coverage Stage

- In this stage, the plan covers your prescriptions after you pay a copay or coinsurance.
- Your prescriptions are covered under this stage until your total drug costs (the sum of what you and your health plan have paid) reaches your out-of-pocket amount. For 2021 your out-of-pocket amount is \$4,130. Out-of-pocket amounts change annually.
- Example: Debbie gets a prescription filled that is a generic drug. Her plan does not have a deductible for generic drugs, so Debbie is under Stage 2 and only pays a \$3 copay for her medication and her plan covers the rest of the actual cost.

Stage 3: Your Coverage Gap (Also Known As The “Donut Hole”)

- Generic and brand name drugs are subject to a 25% coinsurance in 2021. This is the percent of the total cost you pay toward the medication. These percentages are determined by Medicare.
- In this “donut hole,” you will pay coinsurance for prescriptions until you reach \$6,550 in out-of-pocket costs in 2021. The dollar amount changes annually and is set by Medicare.
- Example: Doug's medications cost \$1,000 every month. In the coverage gap, Doug will pay \$250 out-of-pocket for his medication each month.

Stage 4: Your Catastrophic Coverage

- After you exceed \$6,550 in out-of-pocket costs (just what you have spent) in 2021, you are in Stage 4 – Catastrophic Coverage.
- Once you are in the Catastrophic Stage, it lasts the rest of the calendar year, and copayments or coinsurance for medication reduce greatly. In 2021, you will pay \$3.70 for generics and \$9.20 for brand drugs, or 5%, whichever is greater.



Example of a Tiered Formulary with 5 Tiers

Formulary Tier	Formulary Cost of Prescription
Tier 1: Preferred Generic	\$3 Copay
Tier 2: Non-Preferred Generic	\$10 Copay
Tier 3: Preferred Brand	\$47 Copay
Tier 4: Non-Preferred Brand	\$100 Copay
Tier 5: Specialty Drugs	29% Coinsurance

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