



Summary of Benefits

County of Orange
Effective January 1, 2027
PPO Plan

Wellwise Retiree

This Summary of Benefits shows the amount you will pay for Covered Services under this Claims Administrator benefit plan. It is only a summary and it is included as part of the Benefit Booklet.¹ Please read both documents carefully for details.

Provider Network:

Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at blueshieldca.com/group/oc/.

Calendar Year Deductibles (CYD)²

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before the Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart below.

		When using a Participating Provider ³	When using a Non-Participating Provider ⁴
Calendar Year medical Deductible	Individual coverage	\$500	\$750
	Family coverage	\$500: individual \$1,000: Family	\$750: individual \$1,500: Family

Calendar Year Medical Out-of-Pocket Maximum⁵

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services.

	When using a Participating Provider ³	When using a Non-Participating Provider ⁴
Individual coverage	\$2,500	\$5,000
Family coverage	\$2,500: individual \$5,000: Family	\$5,000: individual \$10,000: Family

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Preventive Health Services⁷				
Preventive Health Services	\$0		\$0	
Physician services				
Primary care office visit	10%	✓	30%	✓
Specialist care office visit	10%	✓	30%	✓
Physician home visit	10%	✓	30%	✓
Physician or surgeon services in an Outpatient Facility	10%	✓	30%	✓
Physician or surgeon services in an inpatient facility	10%	✓	30%	✓
Other professional services				
Other practitioner office visit <i>Includes nurse practitioners, physician assistants, and therapists.</i>	10%	✓	30%	✓
Acupuncture services <i>Up to 25 visits combined from Participating and Non-Participating Providers per Member, per Calendar Year.</i>	10%	✓	30%	✓
Chiropractic services <i>Up to 25 visits combined from Participating and Non-Participating Providers per Member, per Calendar Year.</i>	10%	✓	30%	✓
Teladoc Health consultation	10%	✓	Not covered	
Family planning				
• Counseling, consulting, and education	\$0		\$0	
• Injectable contraceptive	\$0		\$0	
• Diaphragm fitting	\$0		\$0	
• Intrauterine device (IUD)	\$0		\$0	
• Insertion and/or removal of intrauterine device (IUD)	\$0		\$0	
• Implantable contraceptive	\$0		\$0	
• Tubal ligation	\$0		\$0	
• Vasectomy	10%	✓	30%	✓
Podiatric services	10%	✓	30%	✓
Medical nutrition therapy, not related to diabetes	10%	✓	30%	✓
Pregnancy and maternity care				
Physician office visits: prenatal and postnatal	10%	✓	30%	✓

Benefits⁶
Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Physician services for non-elective pregnancy termination	10%	✓	30%	✓
Emergency Services				
Emergency room services	10%	✓	10%	✓
<i>If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay.</i>				
Emergency room Physician services	10%	✓	10%	✓
Urgent care center services	10%	✓	30%	✓
Ambulance services	10%	✓	10%	✓
<i>This payment is for emergency or authorized transport.</i>				
Outpatient Facility services				
Ambulatory Surgery Center	10%	✓	30% Subject to a Benefit maximum of \$1,500/day	✓
Outpatient Department of a Hospital: surgery	10%	✓	30%	✓
Outpatient Department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies	10%	✓	30%	✓
Inpatient facility services				
<i>When you fail to obtain prior authorization for hospital services and stay with a Non-Participating Provider, you are responsible for a 20% Coinsurance penalty in addition to the hospital services and stay Cost Share.</i>				
Hospital services and stay	10%	✓	30%	✓
Transplant services				
• Transplant facility inpatient services	10%	✓	30%	✓
• Physician inpatient services	10%	✓	30%	✓

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Bariatric surgery services				
<i>Must use Blue Distinction Centers for Bariatric Surgery if surgery occurs within California. Prior authorization is required.</i>				
Inpatient facility services	10%	✓	Within California: Not covered; Outside California: 30%	✓
Outpatient Facility services	10%	✓	Within California: Not covered; Outside California: 30%	✓
Physician services	10%	✓	Within California: Not covered; Outside California: 30%	✓
Diagnostic x-ray, imaging, pathology, and laboratory services				
<i>This payment is for Covered Services that are diagnostic, non-Preventive Health Services, and diagnostic radiological procedures. For the payments for Covered Services that are considered Preventive Health Services, see Preventive Health Services.</i>				
Laboratory and pathology services				
<i>Includes diagnostic Papanicolaou (Pap) test.</i>				
• Laboratory center	10%	✓	30%	✓
• Outpatient Department of a Hospital	10%	✓	30%	✓
Basic imaging services				
<i>Includes plain film X-rays, ultrasounds, and diagnostic mammography.</i>				
• Outpatient radiology center	10%	✓	30%	✓
• Outpatient Department of a Hospital	10%	✓	30%	✓
Other outpatient non-invasive diagnostic testing				
<i>Testing to diagnose illness or injury such as vestibular function tests, EKG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG.</i>				
• Office location	10%	✓	30%	✓
• Outpatient Department of a Hospital	10%	✓	30%	✓

Benefits⁶

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Advanced imaging services <i>Includes diagnostic radiological and nuclear imaging such as CT scans, MRIs, MRAs, and PET scans. Prior authorization required, unless emergency.</i> - Outpatient radiology center - Outpatient Department of a Hospital	10% 10%	✓ ✓	30% 30%	✓ ✓
Rehabilitative and Habilitative Services <i>Includes physical therapy, occupational therapy, and respiratory therapy.</i> - Office location - Outpatient Department of a Hospital	10% 10%	✓ ✓	30% 30%	✓ ✓
Speech Therapy services - Office location - Outpatient Department of a Hospital	10% 10%	✓ ✓	30% 30%	✓ ✓
Durable medical equipment (DME) - DME - Breast pump - Peak Flow Meter - Orthotic equipment and devices - Prosthetic equipment and devices	10% \$0 10% 10% 10%	✓ ✓ ✓ ✓ ✓	30% \$0 30% 30% 30%	✓ ✓ ✓ ✓ ✓
Home health care services	10%	✓	30% When home health care is authorized as an alternative to continued hospitalization in a Participating Provider Hospital, the home health care services will be reimbursed at 10% Coinsurance.	✓
Home infusion and home injectable therapy services - Home infusion agency services <i>Includes home infusion drugs, medical supplies, and visits by a nurse.</i>	10%	✓	30%	✓

Benefits⁶
Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Hemophilia home infusion services <i>Includes blood factor products.</i>	10%	✓	30%	✓
Skilled Nursing Facility (SNF) services <i>Up to 100 days combined from Participating and Non-Participating Providers per Member, per Calendar Year, except when provided as part of a Hospice program. All days count towards the limit, including days during any applicable Deductible period and days in different SNFs during the Calendar Year. If services are not prior authorized, they are only covered if determined to be Medically Necessary on retrospective review. The amount is not to exceed the most common average semi-private room rate.</i>				
Freestanding SNF	10%	✓	30%	✓
Hospital-based SNF	10%	✓	30%	✓
Hospice program services <i>When hospice program services with a Non-Participating Provider are authorized as an alternative to continued hospitalization in a Participating Provider Hospital, the home hospice program services will be reimbursed at 10% Coinsurance.</i>				
Pre-Hospice consultation	10%	✓	30%	✓
Routine home care	10%	✓	30%	✓
24-hour continuous home care	10%	✓	30%	✓
Short-term inpatient care for pain and symptom management	10%	✓	30%	✓
Inpatient respite care	10%	✓	30%	✓
Other services and supplies				
Christian Science services				
• Practitioner services	10%	✓	30%	✓
• Sanatorium Services	10%	✓	30%	✓
Diabetes care services				
• Devices, equipment, and supplies	10%	✓	30%	✓
• Self-management training	10%	✓	30%	✓
• Medical nutrition therapy	10%	✓	30%	✓

Benefits⁶

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Dialysis services	10%	✓	Within California: 30% Subject to a Benefit maximum of \$600/day	✓
PKU product formulas and special food products	10%	✓	Outside California: 30%	✓
Allergy serum billed separately from an office visit	10%	✓	30%	✓
Hearing aid services				
• Hearing aids and equipment	\$0		\$0	
Up to \$5,000 combined maximum per Member, per 36-month period.				
• Audiometry Exam	10%	✓	30%	✓

Mental Health and Substance Use Disorder Benefits

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Outpatient services				
Office visit, including Physician office visit	10%	✓	30%	✓
Teladoc Health mental health	10%	✓	Not covered	
Intensive outpatient care	10%	✓	30%	✓
Behavioral Health Treatment in an office setting	10%	✓	30%	✓
Behavioral Health Treatment in home or other non-institutional setting	10%	✓	30%	✓
Office-based opioid treatment	10%	✓	30%	✓
Partial Hospitalization Program	10%	✓	30%	✓
Neuropsychological and Psychological Testing	10%	✓	30%	✓

Mental Health and Substance Use Disorder Benefits

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Inpatient services				
Physician inpatient services	10%	✓	30% When you fail to obtain prior authorization for Physician inpatient services with a Non-Participating Provider, you are responsible for a 20% Coinsurance penalty in addition to the physician inpatient Cost Share.	✓
Hospital services	10%	✓	30%	✓
Residential Care	10%	✓	30%	✓

Prior Authorization

The following are some frequently-utilized Benefits that require prior authorization:

- Advanced imaging services
- Outpatient mental health services, except office visits and office-based opioid treatment
- Inpatient facility services
- Hospice program services
- Approved clinical trials

Please review the Benefit Booklet for more about Benefits that require prior authorization.

Notes

1 Benefit Booklet:

The Benefit Booklet describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the Benefit Booklet for more details of coverage outlined in this Summary of Benefits. You can request a copy of the Benefit Booklet at any time.

Capitalized terms are defined in the Benefit Booklet. Refer to the Benefit Booklet for an explanation of the terms used in this Summary of Benefits.

2 Calendar Year Deductible (CYD):

Calendar Year Deductible explained. A Calendar Year Deductible is the amount you pay each Calendar Year before the Claims Administrator pays for Covered Services under the Plan.

This Plan has Calendar Year Deductible(s). Covered Services subject to that Deductible are identified with a check mark (✓) in the Benefits chart above.

Covered Services not subject to the Calendar Year medical Deductible. Some Covered Services received from Participating Providers are paid by the Claims Administrator before you meet any Calendar Year medical Deductible. These Covered Services do not have a check mark (✓) next to them in the "CYD applies" column in the Benefits chart above.

This Plan cross accumulates Participating Provider and Non-Participating Provider Calendar Year Deductibles. This means that any amounts you pay towards your Participating Provider Calendar Year Deductible also count towards your Non-Participating Provider Calendar Year Deductible. Also, any amounts you pay towards your Non-Participating Provider Calendar Year Deductible counts towards your Participating Provider Calendar Year Deductible.

Family coverage has an individual Deductible within the Family Deductible. This means that the Deductible will be met for an individual with Family coverage who meets the individual Deductible prior to the Family meeting the Family Deductible within a Calendar Year.

3 Using Participating Providers:

Participating Providers have a contract to provide health care services to Members. When you receive Covered Services from a Participating Provider, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

"Allowable Amount" is defined in the Benefit Booklet. In addition:

- Coinsurance is calculated from the Allowable Amount.

4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide health care services to Members. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- the Copayment or Coinsurance (once any Calendar Year Deductible has been met), and
- any charges above the Allowable Amount.

"Allowable Amount" is defined in the Benefit Booklet. In addition:

- Coinsurance is calculated from the Allowable Amount, which is subject to any stated Benefit maximum.
- Charges above the Allowable Amount do not count towards the Out-of-Pocket Maximum, and are your responsibility for payment to the provider. This out-of-pocket expense can be significant.

5 Calendar Year Out-of-Pocket Maximum (OOPM):

Calendar Year Out-of-Pocket Maximum explained. The Out-of-Pocket Maximum is the most you are required to pay for Covered Services in a Calendar Year. Once you reach your Out-of-Pocket Maximum, the Claims Administrator will pay 100% of the Allowable Amount for Covered Services for the rest of the Calendar Year.

Your payment after you reach the Calendar Year OOPM. You will continue to pay all charges for services that are not covered and charges above the Allowable Amount.

Any Deductibles count towards the OOPM. Any amounts you pay that count towards the Calendar Year medical Deductible also count towards the Calendar Year Out-of-Pocket Maximum.

This Plan cross accumulates Participating Provider and Non-Participating Provider OOPM. This means that any amounts you pay towards your Participating Provider OOPM also count towards your Non-Participating Provider OOPM. Also,

Notes

any amounts you pay towards your Non-Participating Provider OOPM counts towards your Participating Provider OOPM.

Family coverage has an individual OOPM within the Family OOPM. This means that the OOPM will be met for an individual with Family coverage who meets the individual OOPM prior to the Family meeting the Family OOPM within a Calendar Year.

6 Separate Member Payments When Multiple Covered Services are Received:

Each time you receive multiple Covered Services, you might have separate payments (Copayment or Coinsurance) for each service. When this happens, you may be responsible for multiple Copayments or Coinsurance. For example, you may owe an office visit payment in addition to an allergy serum payment when you visit the doctor for an allergy shot.

7 Preventive Health Services:

If you only receive Preventive Health Services during a Physician office visit, there is no Copayment or Coinsurance for the visit. If you receive both Preventive Health Services and other Covered Services during the Physician office visit, you may have a Copayment or Coinsurance for the visit.

Plans may be modified to ensure compliance with Federal requirements.

Pb050126;052026;061826;063026

Summary of Benefits 2027

County of Orange Medicare Prescription Drug Plan (PDP)

Administered by Optum Rx®

Effective January 1, 2027 – December 31, 2027

Optum Rx Customer Service

For questions about this document, please contact Customer Service.



optumrx.com



Toll-free **1-800-908-9097**, TTY **711**
24 hours a day, 7 days a week

Medicare



Medicare.gov



Phone (toll-free): 1-800-MEDICARE (1-800-633-4227)
TTY users: 1-877-486-2048
Hours of operation: 24 hours a day, 7 days a week

Thank you for your interest in the County of Orange Medicare Prescription Drug Plan. Our plan is administered by Optum Rx on behalf of your employer, union, or trustees of a fund. This Summary of Benefits describes some features of our plan, but it does not list every drug we cover or every limitation or exclusion. To get a complete list of our benefits, please contact Optum Rx at the number shown above and ask for the *Evidence of Coverage*.

Note: The prescription drug coverage is offered in conjunction with your Wellwise Medicare Retiree PPO coverage. If you choose a different Medicare Prescription Drug Plan other than the County of Orange Medicare Prescription Drug Plan you will automatically be disenrolled from Wellwise Medicare Retiree PPO and defaulted to Sharewell Retiree when your new plan's coverage begins, and ineligible to change plans until next open enrollment or qualified life event.

Optum Rx®



Where is the service area for the County of Orange Medicare Prescription Drug Plan?

The service area for this plan includes all 50 United States, District of Columbia, Guam, Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and American Samoa. If you move out of the service area, you will be disenrolled from this plan. It is important that you notify both Optum Rx and County of Orange Medicare Prescription Drug Plan if you plan to move outside the service area.

Do I have a choice in my Medicare prescription drug coverage?

Yes. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through this plan. Other options include getting your prescription drug coverage through a stand-alone Medicare Prescription Drug Plan or through a Medicare Advantage Plan that offers prescription drug coverage. If you choose another option, you will no longer be eligible for the Wellwise Medicare Retiree PPO plan and will automatically be enrolled in the Sharewell Retiree PPO plan.

How can I compare my options?

The charts in this document list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by this plan to the benefits offered by other Medicare Prescription Drug Plans.

Who is eligible to join?

You can join this plan as long as you live in the service area, meet any requirements County of Orange Medicare Prescription Drug Plan may have, and are either entitled to Medicare Part A or enrolled in Medicare Part B. (**You must be enrolled in Part B.**)

If you are enrolled in either of the following types of Medicare Advantage (MA) plans, you must disenroll from them before you can join a stand-alone Prescription Drug Plan (PDP):

- A Coordinated Care (HMO or PPO) Plan
- A Private Fee-for-Service (PFFS) Plan that includes Medicare prescription drug coverage

If you are enrolled in the following types of plans, you may enroll in a stand-alone PDP:

- A PFFS Plan that does not provide Medicare prescription drug coverage
- An MA Medical Savings Account (MSA) Plan
- An 1876 Cost Plan

Note: Once you are enrolled in the County of Orange Medicare Prescription Drug Plan, if you then enroll in most Medicare Advantage Plans, you will automatically be disenrolled from this plan when your new plan's coverage begins. However, if you choose a Private Fee-for-Service Plan without Part D drug coverage, a Medicare Medical Savings Account Plan, or a Medicare Cost Plan, you can enroll in that plan and keep our plan for your drug coverage. If you do not want to keep our plan, you can choose to enroll in another Medicare Prescription Drug Plan or drop Medicare prescription drug coverage.

If you disenroll from a Medicare Prescription Drug Plan and go without creditable prescription drug coverage for 63 or more days in a row, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. "Creditable drug coverage" is drug coverage that meets Medicare's minimum standards.

Where can I get my prescriptions filled?

You must use a pharmacy that is in the Optum Rx network to receive plan benefits. The Optum Rx network includes more than 67,000 pharmacies nationwide, and you will pay the same cost-sharing amount for your prescription drugs at any network pharmacy. The County of Orange Medicare Prescription Drug Plan allows you to get your prescriptions filled in 2 ways.

Option 1: Fill your prescription at your local retail pharmacy.

- The plan allows you to receive up to a 90-day supply of prescription medication at any Optum Rx network pharmacy. Simply take your prescription ID card, along with your prescription, to a network pharmacy. If you go to a network pharmacy, you will only pay your copayment/coinsurance amount.

Option 2: Fill your prescription with Home Delivery (prescription mail-order service).

- The plan also allows you to receive maintenance (long-term) medications through Home Delivery. Home Delivery offers a convenient and cost-effective way to get up to a 90-day supply of maintenance medication through the mail.

Note: You may be able to save on your maintenance medications by changing your 30-day retail supply to a 90-day supply through our Home Delivery pharmacy.

What happens if I fill a prescription at an out-of-network pharmacy?

We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases (such as illness while traveling outside the plan's service area where there is no network pharmacy).

You must pay the full amount yourself and file a claim with Optum Rx for reimbursement. If the claim is not approved, there will be no reimbursement. If the claim is approved, you will be responsible for your share of the cost as shown in the copayment table in this document, plus the difference between the lower network cost and the amount the pharmacy charged (when applicable).

For more information, you can call Optum Rx at **1-800-908-9097**, TTY **711**.

Does the plan cover Medicare Part B or Part D excluded drugs?

This plan offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. If you have any questions about your supplemental coverage, you can call Optum Rx at **1-800-908-9097**, TTY **711**.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

What is a formulary?

A formulary is a list of drugs covered by your plan. We may periodically add, remove, or make changes to coverage limitations on certain drugs. We may also change how much you pay for certain drugs. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made.

What kinds of coverage limitations are explained in the formulary?

Here are a few examples:

- The plan may require you to first try one drug to treat a condition before it will cover another drug for that condition.
- The plan may have a quantity limit on some drugs (which means you can only get a certain amount of a drug within a specified timeframe).
- The plan may require your provider to get prior authorization (approval) from Optum Rx for some drugs based on specific criteria.

What can I do if I am taking a drug that is not on the formulary or that has limits or requirements that I cannot meet?

With your physician's help, you may be able to get a temporary supply of the drug, ask for an exception, or switch to a different drug that is listed on our formulary. To see if you can get a temporary supply of the drug or for more details about our drug transition policy, call Optum Rx at **1-800-908-9097**, TTY **711**.

What should I do if I have a Medigap (Medicare Supplement) policy?

If you have a Medigap policy that includes prescription drug coverage, you must contact your Medigap issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Call your Medigap issuer for details.

How can I get help paying my premiums and other out-of-pocket costs?

People with limited income may qualify for Extra Help to pay for your prescription drug costs. To see if you qualify for Extra Help, you can:

- Call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week.
- Go to Medicare.gov and review "Get Extra Help paying your Medicare drug costs" in the *Medicare & You 2027* handbook.
- Call the Social Security Administration at 1-800-772-1213, TTY 1-800-325-0778, 7 a.m.–7 p.m., Monday–Friday.
- Call your state Medicaid office.

Drug Coverage Determinations

As a member of this Medicare Prescription Drug Plan, you have the right to request a coverage determination, which is a decision made by the plan about a drug you believe should be covered. Coverage determinations include requests for exceptions.

What is an exception?

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to rules about when and how you can get drugs in the formulary (sometimes called utilization management rules), such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request.

What can I do if you deny coverage for my prescription drug(s)?

You have the right to file an appeal (ask us to reconsider our decision) about payment or services. For more information, call Optum Rx at **1-800-908-9097**, TTY **711**.

What can I do if I have a problem with the plan or one of your network pharmacies that does not involve coverage for a prescription drug?

You have the right to file a grievance (complaint). If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

What is the Medication Therapy Management (MTM) Program?

The Medication Therapy Management (MTM) Program is a free service we offer. The program can help make sure our members are using drugs that work best to treat their medical conditions. It can also help us identify possible medication errors. If you meet the criteria, we will automatically enroll you in the program and send you information. If you decide not to participate, please let us know. We will remove you from the program.

3 Stages of Coverage

Stage 1 Yearly Deductible	This plan does NOT have a Deductible. This stage does not apply to you.
Stage 2 Initial Coverage	During this stage, the plan pays its share of the cost and you pay your share of the cost of your drugs. The “Copayments and Coinsurance” table below shows your cost for drugs in each tier. Most adult Part D vaccines are covered at no cost to you.
Stage 3 Catastrophic Coverage	Once your out-of-pocket costs have reached the calendar year maximum of \$2,400, you have reached the Catastrophic Coverage Stage. If you reach this stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

Summary of Benefits

If you have any questions about this plan’s benefits or costs, please call Optum Rx at **1-800-908-9097**, TTY **711**.

The County of Orange Medicare Prescription Drug Plan features a 4-tier prescription drug benefit. Below is a chart showing the copayment amounts that you will be required to pay for your Medicare prescription drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs.
Tier 4	Specialty or high-cost drugs listed under Tier 4 cost \$950 or more for up to a 30-day maximum supply.

Copayments and Coinsurance			
Covered Prescription Drugs	Retail Pharmacy (up to a 30-day supply)	Retail Pharmacy (up to a 90-day supply)	Home Delivery Pharmacy (up to a 90-day supply)
Cost Sharing Tier 1 (Generic Drugs)	20% coinsurance	20% coinsurance	20% coinsurance
Cost Sharing Tier 2 (Preferred Brand Drugs)	25% coinsurance	25% coinsurance	25% coinsurance
Cost Sharing Tier 3 (Non-Preferred Brand Drugs)	30% coinsurance	30% coinsurance	30% coinsurance
Cost Sharing Tier 4 (High-Cost Drugs*)	30% with \$150 max	30% with \$450 max	30% with \$450 max (up to a 90-day supply)
* High-Cost Drugs are defined by CMS as medications with a cost of \$950 or more (for up to a 30-day maximum supply). TRICARE payments do not count toward your out-of-pocket costs.			

Note: We cover some prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you pay for these drugs does **not** count toward your Medicare Part D initial coverage limit or true out-of-pocket costs.

Part D Annual Out-of-Pocket Maximum

Once your out-of-pocket costs have reached the calendar year maximum of \$2,400, you have reached the Catastrophic Coverage Stage.

If you reach this Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

NOTICE OF NONDISCRIMINATION

Optum Rx[®], Inc. complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/ or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY **711**).

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

Optum Civil Rights
Coordinator 1
Optum Circle

Eden Prairie, MN 55344
Optum_Civil_Rights@optum.com

If you need help filing a complaint, call the toll-free number **1-888-445-8745**. (TTY **711**).
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: ocrportal.hhs.gov/ocr/smartscreen/main.jsf

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

Mail: U.S. Department of Health and
Human Services 200 Independence
Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

This notice is available at optum.com/en/language-assistance-nondiscrimination.html.

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your member plan ID card.

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាគតិកត្តែ និងការទំនាក់ទំនងគតិកត្តែក្នុងទម្រង់ផ្សេងទៀត ដូចជាព្យួរអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទបកលេខគតិកត្តែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm la disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzen und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **Ius Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yánílt'í'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anida'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxíł hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhólǫ́. Bee atah níł'íní ninaaltsoos níł'ízi bee nééhoziní bąąh t'áá híik'eh bee hane'í námbóo bee hodíłnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.