



***EUTF***

## **Hawaii EUTF Medicare Part D Drug Plan Benefit Summary for Medicare-Eligible Retirees**

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**National Medical Health Card, or NMHC, is the administrator of your EUTF Medicare Part D Drug Plan. If you selected one of the EUTF PPO plan options and you are a Medicare-eligible retiree, NMHC will serve as your pharmacy benefit manager. NMHC will process your prescription drug claims according to the guidelines set by the Centers for Medicare & Medicaid Services (CMS). The following is a brief summary of the benefits available to you through the EUTF Medicare Part D Drug Plan.**

### **Retail Prescription Program**

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The EUTF retail prescription program allows you to go to a participating pharmacy to have prescriptions filled or refilled.

- Simply present your EUTF Medicare ID card along with your prescription to a participating pharmacy.
- The pharmacist will electronically verify eligibility, early refills, drug-to-drug interactions and duplicate therapies. This verification process is done to ensure that you are receiving the maximum benefits available to you through your pharmacy benefit plan; and to ensure your safety by making sure that you are dispensed medications that will not harmfully interact with any prescribed medications that you may be currently taking.
- If you go to a participating pharmacy, you will pay only your co-payment and there are no claim forms to complete.

You can receive up to a 30-day supply of prescription medication at all participating pharmacies. You can receive up to 90-day supply of prescription medication at some of these same pharmacies. To see if your pharmacy can dispense a 90-day supply of medication to you, please contact NMHC at **1-866-533-6977**. TTY/TDD users should call **1-866-443-1094**.

## **Retail Pharmacy Network**

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NMHC has formed a network of participating pharmacies. To ensure you receive the maximum benefit of the plan, you must use a network pharmacy. Covered Medicare Part D drugs are available at out-of-network pharmacies, but you may incur additional costs for prescriptions when using one of these out-of-network pharmacies.

To find a participating pharmacy near you, please contact NMHC at **1-866-533-6977** or you can visit the EUTF website at <http://www.eutf.hawaii.gov/>, click on “Links to carrier websites.” From this link you can choose the National Medical Health Card Systems link where you are able to view or print a listing of retail network pharmacies. TTY/TDD users should call **1-866-443-1094**.

## **Mail Service Prescription Program**

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The Mail Service Prescription Program is a convenient and cost effective way to obtain your maintenance medication through the mail. Maintenance medications are prescription drugs taken for ongoing or chronic conditions such as high blood pressure, heart disease or a thyroid condition.

You will receive a mail service order form in the package containing your new EUTF Medicare prescription ID card. If you need additional forms please contact NMHC at **1-866-533-6977** or you can visit the EUTF website at <http://www.eutf.hawaii.gov/>, click on “Links to carrier websites” where there is an option to print additional forms. TTY/TDD users should call **1-866-443-1094**.

- Simply complete the mail service profile and order form. Enclose your original written prescription(s) along with your applicable co-payment in the envelope provided. You may pay by check or charge your payment to a major credit card.
- Medications are shipped via First Class Mail right to your door. It is recommended that you allow up to 14 days from the date you mail your order to NMHC until you receive your medication.

You can receive up to a 90-day supply of prescription medication through the Mail Service Prescription Program.

**Prescription Co-Payments and Benefits**

Below is a chart representing the co-payment amounts that you will be required to pay for your Medicare prescription drugs at the participating pharmacy network and the NMHC mail service pharmacy until you reach Catastrophic Coverage. Once you spend \$4,350.00 out-of-pocket for the year, you will enter Catastrophic Coverage. Please review your Evidence of Coverage for your expected co-payments once you enter Catastrophic Coverage.

**The EUTF Medicare Part D Drug Plan offers coverage above and beyond the CMS standard Medicare Part D plan and does not have a Coverage Gap also known as the Donut Hole.**

Drug Tier	Prescription Coverage*		
	Retail Copayment/ Co-insurance (30 day supply)	Retail Copayment/ Co-insurance (90 day supply)	Mail Order Copayment/ Co-insurance (90 day supply)
Tier 1: Generic	\$5.00	\$15.00	\$10.00
Tier 2: Preferred Brand	\$15.00	\$45.00	\$35.00
Tier 3: Other Brand	\$30.00	\$90.00	\$60.00
Tier 4: Injectables	20%	20%	20%
Tier 5: Specialty Drugs	20%	20%	20%
Diabetic Supplies: Preferred Brand	No Copayment	No Copayment	No Copayment
Diabetic Supplies: Other Brand	\$15.00	\$45.00	\$35.00

\*Special participant co-payments apply to the following: Insulin, Diabetic Supplies, Oral Contraceptives and Diaphragms. Please refer to your 2009 Evidence of Coverage guide for details.

### **NMHC/EUTF Medicare Part D Drug Plan Prescription ID Cards**

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If you are a new participant, your EUTF ID card will be mailed to your home address. If you have had a change of address, please contact the EUTF to update your records.

If you have lost your card, or need an additional card, you can order a new one by calling NMHC toll-free at **1-866-533-6977**. TTY/TDD users should call **1-866-443-1094**.

### **Questions?**

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**Please call NMHC for more information about this plan. NMHC Customer Service is available 24 hours a day, 7 days a week. Call toll-free: 1-866-533-6977. TTY/TDD users should call 1-866-443-1094.**