



Granite Alliance Insurance Company (PDP)
2021 Annual Notice of Pharmacy Benefit Changes
for DMBA Participants

You are currently enrolled as a participant in DMBA’s Medicare Prescription Drug Plan (PDP) through Granite Alliance. There are a few small changes for next year. *This booklet describes the changes.* This is also known as the *Annual Notice of Changes (ANOC)*.

- Granite Alliance is a Medicare-approved Prescription Drug Plan (PDP).
- When this booklet says “we,” “us,” or “our,” it is referencing Granite Alliance. When it says “plan” or “our plan,” it is referencing the DMBA Prescription Drug Plan provided through Granite Alliance.
- For help or additional information, please call Granite Alliance Member Services toll-free at 855-586-2573. TTY users call 711. We are available 24 hours a day, 7 days a week.

Toll-free 855-586-2573
TTY users call 711
www.mygraniterx.com

There are only a few small changes to your pharmacy benefits for next year. Please review the changes outlined in this booklet. If you have questions about these changes or your coverage, please contact Granite Alliance Member Services. (Our contact information is on the cover of this booklet.)

Important things to do:

- **Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes for next year. Look in Section 1 for information about benefit and cost changes for our plan.
- **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Have they been moved to a different tier? Can you continue to use the same pharmacies? Look in Section 1 and review the 2021 *Drug List* for information about changes to our drug coverage. Your Drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

**Annual Notice of Changes (ANOC) for 2021
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Monthly Premium

You should have received open enrollment information from DMBA including information pertaining to your premium amounts for 2021. If you did not receive this information, please contact DMBA's Enrollment Team toll-free at 800-777-3622.

- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding "Extra Help" from Medicare.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Section 1.2 – Part D Prescription Drug Coverage

Our list of covered drugs is called a *Formulary* or *Drug List*. Instructions on how to find covered drugs are included in this packet. Please call Granite Alliance Member Services if you have questions about your prescription coverage. Our Member Services Team can help you with questions you have about your prescription drug coverage. They can also send you the **complete Drug List** if you would like, or you can get additional information on our website at www.mygraniterx.com or by logging into your DMBA account at www.dmba.com.

We made a few changes to the *Drug List* for 2021, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Please review the *Drug List* to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Starting in 2021, we may immediately remove a brand name drug on our *Drug List* if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our *Drug List*, but immediately move it to a higher cost-sharing tier or add new restrictions or both. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get advanced notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is effective.

When we make these changes to the *Drug List* during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online *Drug List* as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the *Drug List*, see Chapter 3 of your *Pharmacy Benefit Guide*.)

If you are affected by a change in drug coverage, you can:

- **Work with your prescriber to find a different drug** that we cover. You can call Granite Alliance Member Services to ask for a list of covered drugs that treat the same medical condition.
- **Work with your prescriber and ask the plan to make an exception** to cover the drug. **We encourage current participants** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 6 of your *Pharmacy Benefit Guide (What to do if you have a problem or complaint)* or call Granite Alliance Member Services.

If you already received an exception in 2020, most exceptions will carry over into 2021 and **you do not need to submit a new request**. The formulary may change at any time. You will receive notice when necessary. If you are taking a medication that is affected by a change, you will receive notification from Granite Alliance before the change is made.

Prescription Drug Costs

Note: If you are in a Medicare program that helps pay for your drugs (Medicare Extra Help), **the information about costs for Part D prescription drugs may not apply to you.** For those who qualify for this program, we have included a separate insert, called the *Low Income Subsidy Rider* or the LIS Rider, which tells you about your drug costs. If you get Extra Help and didn't receive this insert with this packet, please call Granite Alliance Member Services and ask for the LIS Rider.

We changed the tier for some of the drugs on our *Drug List*. To see if your drugs will be in a different tier, look them up on the *Drug List*. The costs in this table are for a one-month (30-day) supply when you fill your prescription at a participating pharmacy. Limitations, copayments, and restrictions may apply.

	2020 (this year)	2021 (next year)
Tier 1- Preferred Generic:	25% (or at least \$5)	25% (or at least \$5)
Tier 2- Preferred Brand:	25% (or at least \$5)	25% (or at least \$5)
Tier 3- Non-Preferred Drug (Generic and Brand):	50% (or at least \$5)	50% (or at least \$5)
Tier 4- Specialty:	25% (at least \$150, but no more than \$225)	25% (at least \$150, but no more than \$225)
Part D Diabetic Supplies (syringes, needles, and supplies):	10%	10%
Covered Immunizations:	\$0.00	\$0.00
Out-of-Pocket Amount*:	\$6,350	\$6,550
* Medicare determines the annual out-of-pocket amount each year. Once you have paid the out-of-pocket amount for Part D drugs, you will move to the next stage, the Catastrophic Coverage Stage.		

The Coverage Gap Stage

The Coverage Gap Stage begins when your out of pocket costs exceed \$4,130. During this stage you pay the same unless you are taking Tier 3 medications. Tier 3 medications have a *better* benefit in this stage. Most of the time, these are higher cost brand name medications. In the Coverage Gap Stage, Tier 3 medications are a 25% coinsurance rate.

The Catastrophic Coverage Stage

The Catastrophic Coverage Stage is for people with high drug costs. During this stage, Granite Alliance will pay most of the cost of your drugs for the rest of the calendar year. For information about your costs in the Catastrophic Coverage Stage, see Chapter 4 of your *Pharmacy Benefit Guide*.

Section 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Granite Alliance has a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

An updated *Pharmacy Directory* can be found on our website at www.mygraniterx.com or by logging into your DMBA account at www.dmba.com. You may also call Granite Alliance Member Services for updated pharmacy information or ask us to mail you a *Pharmacy Directory*.

If there are any changes to the pharmacy that you use, you will receive a separate notification with instructions on what you need to do. If you do not receive a letter, you can keep using the same pharmacy that you are currently using.

SECTION 2 Changing Plans

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. During this time, you can choose to continue enrollment in your current prescription drug coverage or enroll in another plan. **Please note that if you choose to enroll in another plan, you will lose your medical and prescription coverage through DMBA and will not be able to re-enroll later.**

Your prescription drug plan options are as follows:

- If you decide to stay with your current DMBA-sponsored prescription drug coverage through Granite Alliance, you don't need to do anything. Your enrollment will automatically carry over into 2021.
- If you change prescription coverage by enrolling in another plan, you will lose your medical **and** prescription coverage through DMBA and will not be able to re-enroll later.

We hope to keep you as a participant next year, but if you choose to leave DMBA and want to change plans for 2021 follow the steps below.

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan timely, or
- You can change to a Medicare health plan that includes Part D prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2021* handbook, call your State Health Insurance Assistance Program, or call Medicare.

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. and click *Find health & drug plans*. **Here you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change to a different plan, enroll in the new plan. You will automatically be disenrolled from Granite Alliance and DMBA. **By enrolling in another plan, you'll lose both your medical *and* prescription coverage with DMBA and won't be able to re-enroll later.**
 - You will automatically be disenrolled from Granite Alliance and will also lose your medical coverage through DMBA.
 - 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 will also need to enroll in a new Part D plan for your drug coverage.
 - To ask to be disenrolled, you must send us a written request or contact Medicare at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 877-486-2048.)
- **To change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Granite Alliance Member Services if you need more information on how to do this. (Phone numbers are in Section 6 of this booklet.)
 - Or contact **Medicare** at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **November 1 until November 30**. The change will take effect on January 1, 2021. **Please remember that if you disenroll from Granite Alliance, you'll lose both your medical *and* prescription coverage with DMBA and won't be able to re-enroll later.**

SECTION 4 Additional Help and Resources

Section 4.1 – Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. The SHIP is an independent (not connected with any insurance company or health plan) state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare rights, help you make complaints about your medical care or treatment, and help you straighten out problems with your Medicare bills. Call Medicare at 800-633-4227 to find the SHIP in your state. You can also visit Medicare's website at www.medicare.gov.

Section 4.2 – Programs That Help Pay for Prescription Drugs

As a participant in the Medicare prescription drug program, you may qualify for help paying for prescription drugs. Below we list different kinds of help available to Medicare participants:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Administration at 800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 800-325-0778); or
 - Your State Medicaid Office (applications).
- **State Pharmaceutical Assistance Programs.** Many states have State Pharmaceutical Assistance Programs (SPAP) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules to provide drug coverage to its participants. These programs provide limited income and medically needy seniors and individuals with disabilities financial help for prescription drugs. Please contact the SPAP in your state to determine what benefits may be available to you. You can find the SPAP in your area by calling Medicare at 800-633-4227.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Medicare at 800-633-4227.

Section 4.3 – Getting Help from Granite Alliance

If you have questions, we're here to help. Please call Granite Alliance Member Services toll-free at 855-586-2573. TTY users call 711. We are available 24 hours a day, 7 days a week. Calls to these numbers are free.

Granite Alliance has free language interpreter services available to answer questions from non-English-speaking participants. We can also give you information in braille, in large print, or other alternate formats if you need it. If you are eligible for Medicare because of a disability, we are required to give you information about benefits that is accessible and appropriate for you.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Granite Alliance. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at www.mygraniterx.com. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Granite Alliance Member Services to ask us to mail you an *Evidence of Coverage*.

For more information, you can also visit our website at www.mygraniterx.com or log into your DMBA account at www.dmba.com.

Section 4.4 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

Visit the Medicare Website

You can also visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare and click on *Find health & drug plans*.)

Read Medicare & You 2021

You can read the *Medicare & You 2021* handbook. Each fall, this booklet is mailed to Medicare participants. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.