



Granite Alliance Insurance Company (PDP)

2021 Summary of Pharmacy Benefits

January 1, 2021 – December 31, 2021

DMBA has chosen Granite Alliance Insurance Company (PDP) to provide its retiree prescription drug benefits. Granite Alliance is a Medicare-approved Prescription Drug Plan. This document is a summary of the Medicare Part D benefits that are available to you through Granite Alliance. This document does not list every service that is covered, nor every limitation or exclusion. For a complete list of services refer to your *Pharmacy Benefit Guide* also called the *Evidence of Coverage*. It is available online at www.mygraniterx.com or you may call Granite Alliance at 1-855-586-2573 (TTY: 711) to request a copy.

What You Should Know as a Member of Granite Alliance

As you may know, you can only be enrolled in one Medicare Prescription Drug Plan or Medicare Advantage Plan at a time. It is your responsibility to notify us of any prescription drug coverage you may have now or get in the future. Please call us if you think you might be enrolled in a different Medicare Prescription Drug Plan or a Medicare Advantage Plan.

As a member of Granite Alliance, you have the right to appeal plan decisions about payment or services if you disagree with them. Read your *Pharmacy Benefit Guide* to know which rules you must follow to receive coverage with this Medicare Prescription Drug Plan.

Choosing a Different Plan

You are not required to be enrolled in this plan and can decide to join a different Medicare drug plan. **However, if you decline coverage you will no longer be eligible for medical or prescription drug coverage from DMBA, and will NOT be able to enroll later.**

Medicare limits when you can make changes to your coverage. You may leave this plan only at certain times of the year or under certain special circumstances. To request to leave, call Granite Alliance at 1-855-586-2573 (TTY: 711), we are available 24 hours a day, 7 days a week.

You can also call 1-800-MEDICARE (1-800-633-4227) 24 hours per day, 7 days per week for information regarding Medicare Part D. TTY users should call 1-877-486-2048. However, if you decide not to be enrolled in the Granite Alliance Prescription Drug (Part D) Plan, you are no longer eligible for medical or prescription drug coverage from DMBA, and you will not be able to enroll later.

Keep in mind that if you leave our plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future. In order to be eligible for coverage, you must be a DMBA retiree, have Medicare Part A and B, and live in the United States, the District of Columbia, or Puerto Rico (our service area). If you move outside of the service area, we will enroll you into the Foreign Living Alliance Plan. By participating in the Granite Alliance plan, you will not be able to participate in any other Part D Medicare plans.

Your Pharmacy Copayments

You can see our plan's drug costs by logging into your account at www.dmba.com or call us and we can review your benefits over the phone. Your pharmacy copayments and coinsurance amounts are also listed in the table on the next page. This plan offers a catastrophic benefit. Once you, or others who pay on your behalf (e.g. Extra Help for low income eligible members), have paid \$6,550 in out-of-pocket expenses you will pay a lower copayment as indicated in the table on the next page.

PRESCRIPTION CATEGORY	FROM YOUR LOCAL RETAIL PHARMACY FOR A 30-DAY SUPPLY, YOU'LL PAY:	FROM MAIL-ORDER PHARMACY AND RETAIL PHARMACY FOR A 90-DAY SUPPLY YOU'LL PAY:
INITIAL COVERAGE		
TIER 1: Preferred Generic Medications	25% (or at least \$5)	25% (or at least \$10 but no more than \$225)
TIER 2: Preferred Brand Medications	25% (or at least \$5)	25% (or at least \$10 but no more than \$225)
TIER 3: Non-Preferred Medications (Generic and Brand)	50% (or at least \$5)	50% (or at least \$10)
TIER 4: Specialty Medications	25% (or at least \$150, but no more than \$225)	Not covered
Part D Diabetic Supplies (syringes, needles, and supplies)	10%	10%
Covered Immunizations	\$0.00	N/A
Excluded Medications	100% (not covered)	100% (not covered)
COVERAGE GAP		
TIER 1: Preferred Generic Medications	25% (or at least \$5)	25% (or at least \$10 but no more than \$225)
TIER 2: Preferred Brand Medications	25% (or at least \$5)	25% (or at least \$10 but no more than \$225)
TIER 3: Non-Preferred Medications (Generic and Brand)	25% (or at least \$5)	25% (or at least \$10)
TIER 4: Specialty Medications	25% (or at least \$150, but no more than \$225)	Not covered
Part D Diabetic Supplies (syringes, needles, and supplies)	10%	10%
Covered Immunizations	\$0.00	N/A
Excluded Medications	100% (not covered)	100% (not covered)
CATASTROPHIC COVERAGE		
TIER 1: Preferred Generic Medications	5% (or at least \$3.70)	5% (or at least \$3.70 but no more than \$225)
TIER 2: Preferred Brand Medications	5% (or at least \$9.20)	5% (or at least \$9.20 but no more than \$225)
TIER 3: Non-Preferred Medications (Generic and Brand)	5% (or at least \$3.70 for generic and \$9.20 for brand)	5% (or at least \$3.70 for generic and \$9.20 for brand)
TIER 4: Specialty Medications	5% (or at least \$9.20 but no more than \$225)	Not covered
Part D Diabetic Supplies (syringes, needles, and supplies)	5% (or at least \$3.70 for generic and \$9.20 for brand)	5% (or at least \$3.70 for generic and \$9.20 for brand)
Covered Immunizations	\$0.00	N/A
Excluded Medications	100% (not covered)	100% (not covered)

NOTE: Drug costs can fluctuate daily so the cost may not be the same amount on each prescription you fill.

Covered Drugs

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers. Drugs on the formulary represent prescription therapies believed to be a necessary part of a quality treatment program. We have a formulary that lists all drugs that we cover. To get more information about your drug coverage:

- You can see the complete formulary and any restrictions by logging into your DMBA account (www.dmba.com) or on our website (www.mygraniterx.com).
- You can also call us and we can help you or mail you a copy of the formulary. You may also request a formulary by emailing GAICHelp@magellanhealth.com.

Using Your Coverage through Granite Alliance

Granite Alliance has a network of pharmacies where you can fill your prescription drugs. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

All major pharmacy chains and most retail pharmacies are participating in our network. You can find pharmacies in your area through your DMBA account (go to www.dmba.com, select *Find a Provider*, then *Find a Participating Pharmacy* under *Pharmacy*).

We also offer an online searchable pharmacy directory on the Granite Alliance website at www.mygraniterx.com. Click on *Plan Information*, and then choose *Find Pharmacy* from the drop down menu. If you want a pharmacy directory mailed to you, or if you need help finding a network pharmacy, please call Granite Alliance at 1-855-586-2573 (TTY: 711) or email GAICHelp@magellanhealth.com.

Extra Help for Members with Limited Incomes

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. Federally qualified low-income members who receive Extra Help may have lower, or no copayments and may receive a refund on a portion of their premiums. Many people qualify for those savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov.prescriptionhelp. If you already qualify for Extra Help, you will receive additional information.

Contact Granite Alliance for Additional Information

You can call us 24 hours a day, 7 days a week.

Phone Numbers and Website

- Toll-free at 1-855-586-2573
- TTY users call 711
- www.mygraniterx.com

Your Privacy

Rest assured, Granite Alliance takes your privacy very seriously and will only release information as required by law and in accordance with all privacy rules and regulations.

By being a member of the Granite Alliance Prescription Drug Plan, you acknowledge that Granite Alliance will release your information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. You also acknowledge that Granite Alliance will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.

Granite Alliance (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Granite Alliance (PDP) depends on contract renewal.

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Granite Alliance received the following Overall Star Rating from Medicare.

★★★★☆
3.5 Stars

We received the following Summary Star Rating for Granite Alliance's health/drug plan services:

Health Plan Services:	Not Offered
Drug Plan Services:	★★★★☆ 3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★☆	4 stars - above average
★★★☆☆	3 stars - average
★★☆☆☆	2 stars - below average
★☆☆☆☆	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 24 Hours a day Mountain time, 7 days a week at 855-586-2573 (toll-free) or 711 (TTY).

Current Members please call 855-586-2573 (toll-free) or 711 (TTY).

Star Ratings are based on 5 stars. Star ratings are assessed each year and may change from one year to the next.

Granite Alliance (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Granite Alliance (PDP) depends on contract renewal.



Nondiscrimination Notice

Granite Alliance Insurance Company (PDP) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex/gender.

Granite Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic format and other formats as requested and reasonably available)
- Provides free language services to people whose primary language is not English, including:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Granite Alliance at 1-855-586-2573.

If you believe that Granite Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or email.

Mail: Civil Rights Coordinator,
Corporate Compliance Department
Magellan Health
8621 Robert Fulton Dr.
Columbia, MD 21046

Phone: 1-800-424-7721
Email: compliance@magellanhealth.com

If you need help filing a grievance, Granite Alliance's customer service team is available to help you. They can be reached at 1-855-586-2573 (TTY 711). Granite Alliance's customer service team is available 24 hours a day, 7 days a week.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services' Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Multi-Language Assistance Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-586-2573 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-586-2573 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-586-2573 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-586-2573 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-586-2573 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-586-2573 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-586-2573 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang gratis ki disponib pou ou. Rele 1-855-586-2573 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-586-2573 (ATS: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-586-2573 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-586-2573 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-586-2573 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-586-2573 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-586-2573 (TTY: 711) まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-586-2573 (TTY: 711) تماس بگیرید.