

Iron Road Healthcare Medicare Part D Prescription Drug Plan (PDP)

Your 2022 Summary of Benefits

Sponsored by UPREHS, administered by OptumRx[®]
Effective January 1, 2022 – December 31, 2022



Thank you for your interest in the Iron Road Healthcare Medicare Part D Prescription Drug Plan. Our plan is administered by OptumRx on behalf of your 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 OptumRx at the number shown below and ask for the *Evidence of Coverage*.

Note: This prescription drug coverage is offered in conjunction with your Iron Road Healthcare HCPP Part B & Medicare Part A & B Secondary Plan coverage. If you choose a different PDP other than Iron Road Healthcare Medicare Part D Prescription Drug Plan, you will be disenrolled from the Iron Road Healthcare HCPP Part B & Medicare Part A & B Secondary Plan.

OptumRx Enrollment Member Services

Phone (toll-free): 1-855-235-1405
TTY users: 711
Hours of operation: Monday through Friday, 8 a.m. to 8 p.m. local time, except holidays
Website: optumrx.com

Medicare

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
Website: medicare.gov

Where is the service area for the Iron Road Healthcare Medicare Part D Prescription Drug Plan?

The service area for this plan includes the 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 OptumRx and Iron Road Healthcare 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.

How can I compare my options?

The charts in this booklet 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 Iron Road Healthcare may have, and are entitled to Medicare Part A and enrolled in Medicare 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 Iron Road Healthcare 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 OptumRx network to receive plan benefits. The OptumRx 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 Iron Road

Healthcare Medicare Part D 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 OptumRx 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).

- This plan offers members an option to receive maintenance medications through mail-order. Mail-order offers a convenient and cost-effective way to obtain up to a 90-day supply of maintenance medication through the mail. Depot Drug mail is the preferred mail-order pharmacy that offers the lowest copayments and coinsurance; however, Depot Drug is NOT available in the following states: Alabama, Alaska, Connecticut, Delaware, Hawaii, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Guam and District of Columbia. OptumRx Home Delivery is the preferred mail-order pharmacy for anyone located in these states. Other pharmacies are also available within our network.

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, if applicable.

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 OptumRx 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 booklet, plus the difference between the lower network cost and the amount the pharmacy charged (when applicable).

For more information, you can call OptumRx. Our contact information is on the front cover of this booklet.

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

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our drug list (formulary). The Iron Road Healthcare HCPP Part B & Medicare Part A & B secondary plan would consider Medicare-allowed Part B drugs.

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 OptumRx for some drugs.

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 OptumRx. Our contact information is on the front cover of this booklet.

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 "Programs for People with Limited Income and Resources" in the *Medicare & You* 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 the Railroad Retirement Board at 1-877-772-5772, TTY 1-312-751-4701. If you press "0," you may speak with an RRB representative from 9:00 am - 3:30 pm, Monday, Tuesday, Thursday, and Friday, and from 9:00 am - 12:00 pm on Wednesday.
- Call your state Medicaid office

How can I prevent fraud, waste, and abuse?

Fraud, waste, and abuse is a serious matter. It is in your best interest to protect yourself from fraudulent schemes. The Centers for Medicare & Medicaid Services (also called CMS or Medicare) has partnered with a national Medicare Drug Integrity Contractor (MEDIC) to help detect, correct, and prevent fraudulent behavior within Medicare Part C and Medicare Part D. In collaboration with CMS, the MEDIC has developed several pamphlets that are designed to provide you with critical information related to fraud, waste, and abuse. They include information on what to look for and how to report it if you suspect that you may have been subjected to fraud. These pamphlets can be found online at optumrx.com on the "Forms" page.

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 OptumRx. Our contact information is on the front cover of this booklet.

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.

4 Stages of Coverage

Stage 1: Yearly Deductible	During this stage, Iron Road Healthcare pays the \$480 deductible on your behalf and you pay your standard copayment or coinsurance. This stage does not apply to you.
Stage 2: Initial Coverage	In this stage, how much you pay for a drug depends on which “tier” the drug is in. 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. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$4,430. Once your total drug costs have reached \$4,430, you will move to the next stage, the Coverage Gap Stage.
Stage 3: Coverage Gap	During this payment stage, you pay 100% of drug cost (less discounts) <ul style="list-style-type: none">• Generic: 75% discount for most generic drugs• Brand: 75% discount for most brand-name drugs You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$7,050. Medicare sets this total and the rules for counting costs toward this amount.

Stage 4: Catastrophic Coverage	<p>Once your out-of-pocket costs have reached the calendar year maximum (including manufacturer discounts) of \$7,050, you will pay whichever is the higher amount between the following:</p> <ul style="list-style-type: none"> • 5% coinsurance <p>or</p> <ul style="list-style-type: none"> • \$3.95 copayment for covered generic drugs (including brand drugs treated as generics) • \$9.85 copayment for all other covered drugs
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Summary of Benefits

If you have any questions about this plan's benefits or costs, please call OptumRx. Our contact information is on the front cover of this booklet.

The Iron Road Healthcare Medicare Part D Prescription Drug Plan features a 5-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 have higher copayments than preferred generic drugs in Tier 1.
Tier 3	Drugs listed under Tier 3 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 4	Drugs listed under Tier 4 generally have higher copayments than preferred brand-name drugs in Tier 3.
Tier 5	Specialty or high-cost drugs listed under Tier 5 cost \$670 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)	Depot Drug Preferred Mail-Order Pharmacy (up to a 90-day supply)	OptumRx Non-Preferred Home Delivery Pharmacy (up to a 90-day supply)
Cost Sharing Tier 1 (Preferred Generic Drugs)	\$15	\$45	\$9	\$45
Cost Sharing Tier 2 (Non-Preferred Generic Drugs)	\$20	\$60	\$30	\$60
Cost Sharing Tier 3 (Preferred Brand Drugs)	\$30	\$90	\$45	\$90

Cost Sharing Tier 4 (Non-Preferred Brand Drugs)	Greater of: \$90 or 33%	Greater of: \$270 or 33%	Greater of: \$225 or 33%	Greater of: \$270 or 33%
Cost Sharing Tier 5 (High-Cost Drugs*)	33%	n/a	n/a	n/a
<p>* High-Cost Drugs are defined by CMS as medications with a cost of \$670 or more (for up to a 30-day maximum supply).</p> <p>You must obtain a 90-day supply of Tier 1 Generics when using Depot Drug mail. If you need less than a 90-day supply of Tier 1 Generics, you must use a retail network pharmacy. You may obtain a 30, 60, or 90-day supply of Tier 2, 3, or 4 prescription drugs from Depot Drug mail. If you use a mail-order pharmacy outside of the plan's network, your prescription will not be covered.</p>				

Part D Annual Out-of-Pocket Maximum

Once your out-of-pocket costs have reached the calendar year maximum of \$7,050, the Iron Road Healthcare Medicare Part D Prescription Drug Plan will pay most of the cost of your drugs until the end of the calendar year. All of the expenses that count toward the out-of-pocket maximum will be automatically calculated.

Once your out-of-pocket costs have reached the calendar year maximum, your share of the cost for a covered drug will be whichever is the higher amount between the following:

- Coinsurance of 5% of the cost of the drug
- or**
- \$3.95 copayment for a generic drug (or a drug that is treated like a generic)
- \$9.85 copayment for all other drugs



Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies do not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format, such as large print, or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week.

If you believe we have failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223 (TTY 711)**
Fax: 1-855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Department of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at:
<https://www.hhs.gov/ocr/office/file/index.html>

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

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniłiśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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をご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(Khmer)សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមចូរសុំទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'igíí, t'áá jíik'eh, bee ná'ahóót'í. T'áá shq'odí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déq' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.