



VibrantRx™ (PDP)

2020 Summary of Benefits

for The State of Louisiana Office of Group Benefits

January 1, 2020 - December 31, 2020

This is a summary of prescription drug services covered by VibrantRx (PDP) and what you pay.

VibrantRx is a Prescription Drug Plan with a Medicare contract offered by MG Insurance Company. Enrollment in VibrantRx depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."



Who Can Join This Plan?

To join VibrantRx, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, be eligible for these benefits from your employer group health plan and live in our service area. Our service area includes all 50 states and the District of Columbia.

Which Pharmacies Can I Use?

VibrantRx has a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's pharmacy directory on our web site (www.MyVibrantRx.com/OGB). Or, call us and we will send you a copy of the pharmacy directory.

Which Drugs are Covered?

We cover Part D drugs. Your employer group also covers prescription drugs not normally covered in a Medicare Prescription Drug Plan. For a complete plan formulary (list of prescription drugs covered by the plan), please call Member Services. You can also see the complete plan formulary and any restrictions on our web site: (www.MyVibrantRx.com/OGB).

Tips for Comparing Medicare Choices

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document may be available in other formats such as Braille or large print.

Premiums and Benefits	VibrantRx (PDP)	What you should know
Monthly Part D Plan Premium	Your coverage is provided through contract with the State of Louisiana Office of Group Benefits (OGB). Please contact the State of Louisiana Office of Group Benefits (OGB) administrator at 1-800-272-8451 for information about your plan premium. Hours are Monday through Friday, 8:00am to 4:30pm, Central time.	You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible.	

Part D Prescription Drugs

Your cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

	Standard Retail Pharmacy (31-day supply)	Standard Retail Pharmacy (62-day supply)	Standard Retail Pharmacy (93-day supply)	Mail Order Pharmacy (93-day supply)
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Initial Coverage

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach \$6,350.

Before you reach your OGB \$1,500 prescription out-of-pocket threshold:

Tier 1: Preferred Generic	50% coinsurance (\$30 maximum)	50% coinsurance (\$60 maximum)	50% coinsurance (\$75 maximum)	50% coinsurance (\$75 maximum)
Tier 2: Preferred Brand	50% coinsurance (\$55 maximum)	50% coinsurance (\$110 maximum)	50% coinsurance (\$137.50 maximum)	50% coinsurance (\$137.50 maximum)
Tier 3: Non-Preferred Drug	65% coinsurance (\$80 maximum)	65% coinsurance (\$160 maximum)	65% coinsurance (\$200 maximum)	65% coinsurance (\$200 maximum)
Tier 4: Specialty	50% coinsurance (\$80 maximum)	Not available – Tier 4 limited to 31-day supply	Not available – Tier 4 limited to 31-day supply	Not available – Tier 4 limited to 31-day supply

After you reach your OGB \$1,500 prescription out-of-pocket threshold:

Tier 1: Preferred Generic	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2: Preferred Brand	\$20 copayment	\$40 copayment	\$50 copayment	\$50 copayment
Tier 3: Non-Preferred Drug	\$40 copayment	\$80 copayment	\$100 copayment	\$100 copayment
Tier 4: Specialty	\$40 copayment	Not available – Tier 4 limited to 31-day supply	Not available – Tier 4 limited to 31-day supply	Not available – Tier 4 limited to 31-day supply

Coverage Gap: Because there is no Coverage Gap (also called the "donut hole") for the plan, this payment stage does not apply to you. You will continue to pay the same cost sharing amounts for your drugs as you paid in the Initial Coverage stage until you qualify for the Catastrophic Coverage Stage.

Catastrophic Coverage: After your yearly out-of-pocket drug costs reach \$6,350 for Part D drugs, you pay the **lesser** of:

- 5% of the cost OR \$3.60 copayment for generic or drugs treated as generic and \$8.95 copayment for all other drugs (whichever is more), **OR**
- Plan standard tier cost share

For drugs offered under your employer group's enhanced benefit (excluded from Part D), you will continue to pay the applicable tier copayment or coinsurance during the Catastrophic Coverage Stage.



Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-826-3451 (TTY: 711).

繁體中文 (Chinese)

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 1-844-826-3451 (TTY: 711)。

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-826-3451 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-826-3451 (TTY: 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-826-3451 (TTY: 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-826-3451 (телетайп: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-826-3451 (رقم هاتف الصم والبكم: 711).

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-826-3451 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-826-3451 (ATS : 711)

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-826-3451 (TTY: 711).

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Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-826-3451 (TTY: 711).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-826-3451 (TTY: 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-826-3451 (TTY: 711).

日本語 (Japanese)

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。1-844-826-3451（TTY:711）まで、お電話にてご連絡ください

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-844-826-3451 تماس بگیرید.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-826-3451 (TTY: 711) पर कॉल करें।



For more information, please call Member Services or visit our web site:
www.MyVibrantRx.com/OGB.



Member Services Phone Number

Call Toll-free **1-844-826-3451**.
TTY users should call 711.

We are open 24 hours a day,
365 days a year.