

**2022 Bozeman School District  
Group Medicare  
Advantage Prescription Drug  
Plan (MAPD)**

**2022 Group MAPD Summary of Benefits**

- ◆ \$277.00 monthly premium per enrollee for medical, prescription drug, dental & vision benefits
- ◆ No deductible
- ◆ Preferred Provider Network (PPO) - allows you the choice of using in-network or out-of-network providers. Using in-network providers will provide the lowest out-of-pocket costs
- ◆ Exercise and Healthy Aging Program with no annual fee
- ◆ Wellness reward - you can earn up to \$25/quarter for having your annual wellness exam, health screenings, utilizing a 90-day refill on eligible medications, etc

**In-Network Benefits - Medical**

- ◆ No deductible
- ◆ \$0 - Physician office copay
- ◆ \$0 - Specialist office copay
- ◆ \$0 - X-ray, lab & diagnostic copay
- ◆ \$0 - Inpatient hospital copay per day
- ◆ \$0 - Outpatient hospital services
- ◆ \$80 - Emergency room copay
- ◆ \$40 - Urgent Care copay

**On-Network Benefits - Medical**

- ◆ No deductible
- ◆ 10% - Physician office coinsurance
- ◆ 10% - Specialist office coinsurance
- ◆ 10% - X-ray, lab & diagnostic coinsurance
- ◆ 10% - Inpatient hospital coinsurance
- ◆ 10% - Outpatient hospital services coinsurance
- ◆ \$80 - Emergency room copay
- ◆ \$40 - Urgent Care copay
- ◆ \$5,100 Annual maximum out-of-pocket

**Prescription Drug Benefit**

- ◆ No deductible
- ◆ Tier 1 (preferred generic) - \$0 preferred pharmacy/\$5 non-preferred pharmacy
- ◆ Tier 2 (non-preferred generic) - \$6 preferred pharmacy/\$11 non-preferred pharmacy
- ◆ Tier 3 (preferred brand) - \$39 preferred pharmacy/\$44 non-preferred pharmacy
- ◆ Tier 4 (non-preferred pharmacy) - \$85 preferred pharmacy/\$95 non-preferred pharmacy
- ◆ Tier 5 (specialty) - Copay- 33% In Initial Coverage Limit, 15% in Coverage Gap (donut hole)- preferred & non-preferred pharmacy
- ◆ Catastrophic coverage phase - after yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and/or mail order) reach \$7,050, you pay the greater of 5% of cost or \$ 3.95 for generic (including brand drugs treated as generic) and \$9.85 for all other drugs
- ◆ Mail order available

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**Enhanced Benefits**

- ◆ Dental/preventive & restorative - \$5 copay for annual exam/cleaning 2x year, 1 x-ray every 2 years; \$1,000 annual max for basic and major restorative services (fillings, crowns, etc)
- ◆ Vision - \$10 copay for routine annual eye exam; \$150 allowance on frames and/or contact lenses every 2 years (EyeMed® network)
- ◆ Hearing exam/hearing aids - \$0 copay for annual routine hearing exam; discount on cost of certain brands of hearing aids; \$1,000 hearing aid allowance every 3 years (TruHearing®)

**Wellness Incentives/Rewards**

- ◆ Exercise and Healthy Aging Program with no annual fee (Silver Sneakers®)
- ◆ \$20/month for over-the-counter (OTC) medications/supplies
- ◆ Earn up to \$100 in pharmacy gift cards for participating in wellness/preventive screenings, annual exam, etc
- ◆ 24/7 Nurseline

Please see Summary of Benefits for Details