

2022

Dartmouth College Medicare Supplement (DCMS) Plan

Out-Of-Pocket Costs

Medical Insurance	Cigna
Coverage Type	Medical
Deductible	\$250
Coinsurance	20% (up to \$200)
Annual Out-of-Pocket Medical Max	\$450

Prescription Drug Coverage	Express Scripts Medicare (PDP)		
	Generic	Preferred Brand	Non-Preferred Brand
1 - 30 day supply	\$5	\$25	\$40
31 - 60 day supply	\$10	\$50	\$80
61 - 90 day supply	\$15	\$75	\$120
Mail Order			
90 day supply	\$10	\$50	\$80
Annual Out-of-Pocket Rx Max	\$450		
Total Annual Out-of-Pocket Max	\$900		

- Each member is responsible for enrolling in and paying for their coverage in Medicare Parts A & B
- Dartmouth will enroll you into the Express Scripts Medicare Part D plan as part of your enrollment in the DCMS plan.
- If you have not already provided a copy of your Medicare ID card to the Dartmouth Benefits Office, please do so as soon as you receive your copy showing your MBI and effective dates.

Who Pays What?

<p>Medicare Part A (Inpatient Hospital Insurance)* premium free</p> <p>*Covers Inpatient hospital stays, skilled nursing facility stays, some home health visits and hospice care</p> <p>Medicare Part B (Out-Patient Medical Insurance) You pay a premium to Social Security</p>	<p>Dartmouth College Medicare Supplement (DCMS) Plan Through Cigna</p>
<p>Express Scripts Medicare Part D Prescription Coverage (Dartmouth pays the base premium)</p>	<p>DCMS Pharmacy Wrap (Also Express Scripts Medicare)</p>

Blue = Coverage offered through the Federal Government

Green = Included in your DCMS plan coverage

Important notes:

- Express Scripts Medicare is required by law to give you 21 days to change your mind about enrolling in the DCMS Medicare Part D plan. You will receive a letter that will ask you to contact them if you do not want to be enrolled in the DCMS Part D Plan
- Since your Express Scripts Medicare coverage is part of your overall DCMS plan, if you opt out of the Express Scripts Medicare coverage you will also be opting out of the full DCMS plan, including your medical coverage through Cigna.
- Higher income Or Low Income Beneficiaries: If you are considered to be a higher income member or low income member, according to information you have supplied to the IRS, Social Security will contact you directly.

If you qualify for certain low-income subsidies, based on income you have reported to the IRS, Social Security will contact you with additional information. anything from Social Security, contact your local Social Security office for additional information.

If you are considered to be a Higher Income Beneficiary, according to past adjusted gross income (AGI) you report to the IRS, you will pay more for Medicare Part B and an additional premium to Social Security for your Medicare Part D (drug) plan, even if you are on the DCMS plan. These higher payments are called **Income Related Monthly Adjustment Amounts or IRMAA**.