



Local Pharmacists Caring for You.

Community CCRxSM

Enrollment Information

Kemper Insurance



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Community CCRxSM Prescription Drug Plan for Medicare-eligible Kemper Insurance participants.

Kemper Rx Plan 1	
Phase 1: DEDUCTIBLE	\$0
Phase 2: INITIAL COVERAGE	up to \$2,510
<i>34-day supply, you pay</i>	
Generics	\$10
Preferred Brands	\$20
Brands	\$40
<i>90-day supply, you pay</i>	
Generics	\$20
Preferred Brands	\$40
Brands	\$80
Phase 3: COVERAGE GAP	Amount you pay between the Initial Coverage and until you reach \$4,050 in out-of-pocket covered prescription drug costs
<i>34-day supply, you pay</i>	
Generics	\$10
Preferred Brands	\$20
Brands	\$40
<i>90-day supply, you pay</i>	
Generics	\$20
Preferred Brands	\$40
Brands	\$80
Phase 4: CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach \$4,050 you pay the greater of:
<i>30-day supply, you pay</i>	
Generics (including brand drugs treated as generic)	\$2.25
All Others	\$5.60
or, the greater of:	5% coinsurance

Summary of Benefits

Community CCRxSM is offered by Pennsylvania Life Insurance Company and American Progressive Life & Health Insurance Company of New York, Medicare Prescription Drug Providers which are contracted with the Federal Government to administer Medicare Prescription Drug Coverage. This Summary of Benefits tells you some features of the plan including the benefit option(s). It doesn't list every drug covered, every limitation or exclusion.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or a third-party.

Medicare beneficiaries may enroll in Community CCRx through the Centers for Medicare and Medicaid Services Online Enrollment Center, located at www.medicare.gov.

Where is Community CCRxSM available?

The service area for the plan includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

Who is eligible for this plan?

You can join the plan if you are:

- a) a retiree, a dependent of a retiree or a spouse of a retiree;
- b) age 65 years and older;
- c) entitled to Medicare Part A and/or enrolled in Medicare Part B; and
- d) live in the Community CCRx service area and meet eligibility requirements for this plan.

You may only enroll in one Medicare Prescription Drug Plan at a time.

Does my plan cover Medicare Part B or Part D drugs?

Drugs prescribed and dispensed under Medicare Part B are not covered. 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 the Community CCRx formulary.

Where can I get my prescriptions?

Community CCRx has formed a network of pharmacies, which you must use to receive plan benefits. We have more than 60,000 pharmacies in our network. Community CCRx will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can request an up-to-date Pharmacy Directory by calling Customer Service or view the listing on the Web site.

What is a prescription drug formulary?

Community CCRx uses a formulary. A formulary is a list of drugs covered by the plan to meet patient needs. The plan may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If the plan makes any formulary change that limits the members' ability to fill their prescriptions, the plan will notify the affected enrollees before the change is made. Community CCRx will send a formulary to you and you can see the complete formulary on the Web site.

If you are currently taking a drug that is not on the Community CCRx formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact Community CCRx to request an exception or switch to an alternative drug listed on the formulary with your physician's help. Call Community CCRx to see if you can get a temporary supply of the drug or for more details about the drug transition policy.

You have choices in your Medicare prescription drug coverage.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Community CCRx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage.

If you would like more information on other Medicare Part D plans available, please contact Medicare at 1-800-MEDICARE (TTY/TDD users call 1-877-486-2048), 24 hours a day, 7 days a week. Or, visit the Web site: www.medicare.gov.

How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Community CCRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides to discontinue service, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Community CCRx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if you are denied coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want Community CCRx to cover a Part D drug that you believe should be covered. 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 the 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 cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact Community CCRx before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If Community CCRx denies coverage for your prescription drug(s), you have the right to appeal and ask for a review of the decision. Finally, you have the right to file a grievance if you have any type of problem with Community CCRx, or one of the network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a service that the plan offers to help people with certain conditions and chronic diseases. You may be invited to participate in a program designed for your specific health and pharmacy needs. Participation is optional, but it is strongly encouraged that you take full advantage of this covered service if you are selected.

If you have special needs, this document may be available in other formats. Call Customer Service for more information.

Standard Notices

What is an Exception?

An exception is a verbal or written request you can make to Community CCRx to change our drug coverage rules.

How can you request an exception to Community CCRx's formulary?

As a beneficiary, there are several types of exceptions that you have a right to request.

They are as follows:

- You can ask us to cover your medicine even if it is not listed on the formulary.
- You can ask us to waive coverage restrictions and limits on a medicine. For example, for certain medicines, Community CCRx limits the amount that we will cover. If you have a medicine with a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your medicine. For example, if you take a medicine that is considered a brand-name medicine, you can ask us to cover it as a preferred brand instead. This would lower your co-pay or coinsurance for that particular medicine.

Generally, Community CCRx will only approve your exception request if the preferred-brand tiered medicine or alternative medicine on the formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Once an exception request has been approved, it will be valid for the remainder of the plan year as long your physician continues to prescribe the medicine for you and it continues to be safe and effective for treating your condition.

If you join Community CCRx and learn that the plan does not cover a medicine you were taking prior to joining, you may be able to receive a one-time fill of that prescription.

What are Appeals and Grievances?

As a beneficiary, you have the right to make a complaint if you have concerns or problems related to your coverage or your care. Appeals and grievances are the two types of complaints that can be made.

What is an Appeal?

An appeal is the type of complaint a beneficiary makes when they want us to reconsider and change a decision we have made about what prescription medicine benefits are covered, or what we will pay for a particular medicine.

When you may want to consider filing an appeal:

- If we refuse to cover or pay for a prescription medicine you think we should cover
- If you think we are incorrectly reducing or stopping your prescription medicine coverage
- If you disagree with the amount of your co-pay for a prescription medicine
- If your requested exception to our formulary or for the co-pay of a medicine has been denied
- If there is a requirement for you to try another medicine before we pay for the medicine your doctor prescribed and you disagree
- If there is a limit on the quantity (or dose) of the medicine you are taking and you disagree

What is a Grievance?

A grievance is the type of complaint a beneficiary makes when they have any other type of problem with Community CCRx or one of our network pharmacies.

When you may want to consider filing a grievance:

- If you have a problem with waiting times when filling a prescription at a network pharmacy
- If you believe the behavior at a network pharmacy is inappropriate
- If you are having difficulty reaching someone by phone or getting information you requested
- If you have a problem with the cleanliness or conditions of a network pharmacy

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