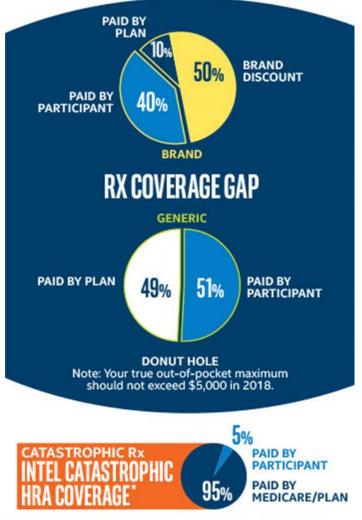
STANDARD MEDICARE PART D 2018 MINIMUM PRESCRIPTION DRUG COVERAGE LIMITS



You pay copayment/coinsurance for each drug.



*Once you hit the out-of-pocket max, you pay a copayment (~5%) for each drug for the remainder of the year. You may submit this copayment to the **Catastrophic Rx HRA** to get reimbursed by Intel. This caps the annual max you pay for prescriptions at \$5,000.

(Out-of-pocket varies depending on the Part D plan you have.)

CATASTROPHIC RX HRA Capping Your Medicare Part D Out-of-Pocket Costs

Medicare retirees who are enrolled in Medicare Part D for prescription drug coverage will not spend more than the Medicare Donut Hole (i.e. Rx Coverage Gap) annual maximum.

As you may know, Medicare Part D plans cover a broad range of medications at a cost share that changes as your prescription drug costs increase during the year. With Part D alone, once you hit the true out-ofpocket maximum, you pay a copayment (~5%) for each drug for the remainder of the year. With Catastrophic Rx HRA, you may get reimbursed by Intel. This means the annual maximum you could pay for prescription drugs is the true out-of-pocket maximum. Your actual out-of-pocket will vary depending on the Part D plan in which you enroll.

Medicare retirees do not need to enroll or elect this benefit during Annual Enrollment, but you do need to be enrolled in Medicare Part D (Medicare Open Enrollment Period is typically during the Fall) to be eligible for reimbursement under the Catastrophic Rx HRA.

To take advantage of this benefit, you simply need to call the Intel Health Benefits Center at 877-GoMyBen (466-9236) and select the "Your Spending Account" option to notify the team you have exceeded the Medicare Part D Donut Hole. Your Spending Account representative will walk you through what you need to do to submit claims for reimbursement.

Additional details available at <u>www.intel.com/go/myben</u> or call the Intel Health Benefits Center at 877-GoMyBen (466-9236). The information in this summary of benefits is not intended to take the place of or change official plan documents in any way. In the event of any discrepancy between the information in the summary of benefits and the official plan documents, the plan documents will prevail.