

→ Who should use this checklist:

Retirees and dependents who are eligible for Medicare

Designed for those enrolled in Alcatel - Lucent Medical Plan (Prescription drug option must be taken with medical plan)		Alcatel - Lucent Prescription Drug Plan	Plan A	Plan B
Core Services				
Is there a network of pharmacies that I can choose from?	If you receive drugs from network pharmacies, your out of pocket costs are normally lower than receiving the same drugs with pharmacies not part of a network.	Yes		
Can I choose a pharmacy that is not part of the network?	Some plans allow members to use out of network pharmacies. In these situations, your costs are normally higher than if you used in network pharmacies. Some plans do not allow the use of non network pharmacies.	Yes, however your costs will be significantly higher		
Does the plan include the use of formulary drugs?	One of the ways for health plans to control the costs of rising drug cost is to use a system of formularies. These formularies reduce the number of brand name drugs available for a specific medication. These formularies are broken into tiered programs. The lowest tiers equate to lowest cost for members and least choices while the highest tiers equate to greater cost and greatest choice. Formularies are normally adjusted once per year.	Yes		

Costs to be entered by the retiree from the annual personal enrollment data and from quotes received from the supplier				
Deductible, Copay and Coinsurance				
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What are the different costs that I must pay for this health plan? Remember, drugs are dispensed to a 34 day maximum supply. Mail Order drugs are dispensed to a 90 day maximum supply.	Premium: a monthly payment you make to purchase and maintain a health plan. You pay this amount even if you do not use services under this plan.	Varies		
	Deductible	\$295/person		
	Tier One: Generic Drugs on Medco standard Medicare part D Formulary for Lucent	<u>In Network Retail:</u> \$10		
		<u>Mail Order:</u> \$20		
	Tier Two: Plan-preferred brand-name drugs on Medco standard Medicare part D Formulary for Lucent	<u>In Network Retail:</u> \$25		
		<u>Mail Order:</u> \$50		
	Tier Three: Non-Plan-preferred brand-name drugs on Medco standard Medicare Part D Formulary for Lucent	<u>In Network Retail:</u> \$45		
		<u>Mail Order:</u> \$90		
	Tier Four: Specialty drugs with average costs of more than \$500/month on Medco standard Medicare part D Formulary for Lucent	<u>In Network Retail:</u> \$60		
		<u>Mail Order:</u> \$120		

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Coverage Gap or "Donut Hole"	Under the Medicare Part D program, there is a level where the member is responsible for all drug costs, referred to as the donut hole. Some drug plans pay for certain prescribed drugs while the member has attained the donut hole level.	Yes, once total drug costs reach \$2700/person including deductible and copayments, you pay 100% of the costs until you reach \$4350 in out of pocket costs per person		
Part D benefits payments resume	Once the donut hole level has been reached, payment for drugs resume.	After a total of out of pocket reaches \$4350 per person, you pay the greater of 5% of the cost or a copayment of \$2.40 for generic / \$6 for brand name drugs for the remainder of the year		