



Prescription Drug Summary of Benefits: 01/01/2026 – 12/31/2026
Formulary E4, 20%/20%/20%/20% (with Senior Rx Plus)

IBEW Local 697

Health and Benefit Plan

About this Plan:

For comprehensive information about all the services and any limitations or exclusions, please refer to your Evidence of Coverage (EOC). Upon enrolling in the plan, you'll receive guidance on accessing your plan details online. You can conveniently view your EOC by logging into the member portal at **www.anthem.com**, or you can call Member Services with any questions you may have.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, D.C., and all United States territories.

How much is the monthly premium?

Contact your group plan sponsor/union for more information on your plan premium.

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Stage 1 Annual Deductible Stage

In this stage, you pay a set amount. Once you reach this amount, your plan begins to pay its share of the cost.

Deductible: \$0

Stage 2 Initial Coverage Stage

Below is your payment responsibility for covered prescriptions until you reach the **CMS defined drug out-of-pocket limit** of \$2,100.

Retail Pharmacy	Standard Network Pharmacy		Mail-Order Pharmacy
	per 30-day supply (Specialty limited to a 30-day supply)	per 90-day supply	per 90-day supply (Specialty limited to a 30-day supply)
Tier 1: Generics	20% \$10 Min	20% \$10 Min	20% \$10 Min
Tier 2: Preferred Drugs	20% \$20 Min	20% \$20 Min	20% \$20 Min
Tier 3: Non-Preferred Drugs	20% \$35 Min	20% \$35 Min	20% \$35 Min
Tier 4: Specialty Drugs (Generic)	20% \$10 Min	N/A	20% \$10 Min
Tier 4: Specialty Drugs (Brand)	20% \$35 Min	N/A	20% \$35 Min

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will pay the mail-order copay.

Stage 3 Catastrophic Coverage Stage

Your payment responsibility changes after the amount you have paid for covered drugs reaches your **CMS defined drug out-of-pocket limit** of \$2,100.

Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
All Part D Covered Prescription Drugs	\$0

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.
- **Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.
- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. All other Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill and receive your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to reimburse you the cost of the vaccine and its administration. Please see your Evidence of Coverage for complete details on what you pay for vaccines.
- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

This document reflects cost shares only.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Medicare & You 2026 resource: For more information, we encourage you to read Medicare & You 2026. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.