



2018 SUMMARY of BENEFITS

MedicareBlueSM Rx (PDP)
S5743 001, 004

January 1, 2018 – December 31, 2018

INTRODUCTION

This guide is a summary of the prescription drug services offered by MedicareBlueSM Rx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read comparison chart of plan coverage options and contact information for customer service representatives who are available to answer your questions.

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CONTACT MEDICAREBLUE RX



YourMedicareSolutions.com



Members

1-888-832-0075

TTY users call **711**

Nonmembers

1-866-434-2037

TTY users call **711**

Call toll-free from 8 a.m. to 8 p.m., daily, Central and Mountain times

COMPARING MEDICAREBLUE RX PLANS

Your benefits will be different depending on the plan you choose: MedicareBlue Rx Standard or MedicareBlue Rx Premier. This chart shows how much you will pay each month for your premium, the plan's deductible and how much you will pay for your prescriptions.

	Premiums & Benefits	MedicareBlue Rx Standard		MedicareBlue Rx Premier	
	Monthly Plan Premium	\$37.40		\$100.60	
	Deductible	\$0 on Tier 1 (Preferred Generic) and Tier 2 (Generic) drugs \$405 on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred drug) and Tier 5 (Specialty Tier) drugs		\$0	
	Initial Coverage	Preferred cost sharing	Standard cost sharing	Preferred cost sharing	Standard cost sharing
30-Day Supply from a Network Pharmacy	Tier 1: Preferred Generic	\$1 copay	\$15 copay	\$0 copay	\$15 copay
	Tier 2: Generic	\$5 copay	\$19 copay	\$0 copay	\$20 copay
	Tier 3: Preferred Brand	17% coinsurance	21% coinsurance	17% coinsurance	25% coinsurance
	Tier 4: Non-Preferred drug	30% coinsurance	41% coinsurance	45% coinsurance	50% coinsurance
	Tier 5: Specialty Tier	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
90-Day Supply from a Network Pharmacy or Mail-Order	Tier 1: Preferred Generic	\$2 copay	\$30 copay	\$0 copay	\$30 copay
	Tier 2: Generic	\$10 copay	\$38 copay	\$0 copay	\$40 copay
	Tier 3: Preferred Brand	17% coinsurance	21% coinsurance	17% coinsurance	25% coinsurance
	Tier 4: Non-Preferred drug	30% coinsurance	41% coinsurance	45% coinsurance	50% coinsurance
	Tier 5: Specialty Tier	Not available	Not available	Not available	Not available
Coverage Gap Begins once your total drug costs for the year reach \$3,750	<ul style="list-style-type: none"> Generic Drugs: 44% of the plan cost Brand-name Drugs: 35% of the plan cost 		<ul style="list-style-type: none"> Tier 1 (Preferred Generic) and Tier 2 (Generic) drug costs are the same as those listed above For drugs in all other tiers: <ul style="list-style-type: none"> Generic: 44% of the plan cost Brand-name: 35% of the plan cost 		
Catastrophic Coverage Begins once your total out-of-pocket costs for the year reach \$5,000	For both plans, you pay the greater of: <ul style="list-style-type: none"> 5% of the cost, or A \$3.35 copay for generic drugs (including brand drugs treated as generic) and a \$8.35 copay for all other drugs 				

FREQUENTLY ASKED QUESTIONS

Read below to find more information about the plan benefits, eligibility requirements and who to contact for additional questions.

WHAT IS MEDICAREBLUE RX (PDP)?

MedicareBlue Rx (PDP) is a prescription drug plan that works with your Medicare benefits. This booklet explains what MedicareBlue Rx covers and explains costs you will pay as a member. Not all covered services are listed. To see a complete list of covered services, call and ask for *Evidence of Coverage*. Or, visit **YourMedicareSolutions.com**, then select the 'Documents' tab to view the electronic version.

CAN I JOIN?

You must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area to join. Our service area includes: Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming.

ARE MY DRUGS COVERED?

Check the formulary, also called a drug list, at **YourMedicareSolutions.com**. Or call MedicareBlue Rx and we will send you a copy. The phone numbers are listed on the inside front cover.

HOW MUCH WILL I NEED TO PAY FOR PRESCRIPTION DRUGS?

The amount you pay depends on what tier the drug is on and what benefit stage you have reached. Your costs for each drug tier and benefit stage are shown in the benefit chart in this document.

WHICH PHARMACIES CAN I USE?

In general, you will need to use the pharmacies in the plan's network to fill your prescriptions. Some pharmacies offer preferred cost sharing, and you may pay less when you use them. You can find the list of pharmacies for this plan at **YourMedicareSolutions.com**. Or call MedicareBlue Rx and we will send you a *Pharmacy Directory*. The phone numbers are listed on the inside front cover.

WHERE CAN I LEARN MORE ABOUT ORIGINAL MEDICARE?

The *Medicare & You* handbook explains what Original Medicare covers and the costs you may pay. You can view the handbook online at **medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week.

WHAT ARE THE DRUG TIERS?

Our plan places a drug into one of five tiers. Check the 2018 drug list to find out which tier your drug is on.

Cost-Sharing Tier 1: Preferred Generic

This tier is the lowest tier and generally contains the lowest cost generics.

Cost-Sharing Tier 2: Generic

This tier contains generics.

Cost-Sharing Tier 3: Preferred Brand

This tier contains preferred brand drugs and non-preferred generic drugs.

Cost-Sharing Tier 4: Non-Preferred drug

This tier contains non-preferred brand drugs and non-preferred generic drugs.

Cost-Sharing Tier 5: Specialty Tier

This tier contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.

WHAT ARE THE BENEFIT STAGES?

As you spend up to certain dollar amounts on your covered prescription drugs, you will move into different benefit stages.

Stage 1: Meet your deductible

The amount you must pay for prescriptions before your plan begins to pay.

Stage 2: Initial coverage

The stage before your total drug costs for the year have reached \$3,750. During this stage you will pay a copayment or coinsurance for your prescriptions.

Stage 3: Coverage gap

This stage begins after your total drug costs for the year have reached \$3,750. It is sometimes referred to as the "donut hole." During this stage, you receive a discount on brand-name drugs and pay no more than 44% of the costs for generic drugs.

Stage 4: Catastrophic coverage

This stage begins after your out-of-pocket costs for the year have reached the \$5,000 limit for the calendar year. You will stay in this payment stage until the end of the calendar year. During this stage the plan will pay most of the cost for your drugs.

HEALTH CARE TERMS AND WHAT THEY MEAN

Copay — A set dollar amount you pay for prescriptions.

Coinsurance — A percent of the cost you pay for prescriptions.

Deductible — A set amount of money you must pay before your plan begins to pay.

In-network — Pharmacies that are included in your plan. Using an in-network pharmacy usually means you pay less for your prescriptions.

Preferred cost sharing — Lower cost sharing for certain covered Part D drugs at certain network pharmacies.

Premium — The amount you pay each month to be a member of the plan.

USING THE PLAN

UNDERSTANDING YOUR PHARMACY NETWORK AND DRUG TIERS

Using the formulary, also known as a drug list, and the pharmacy directory will help you get the most out of the plan's benefits.

PRICE DRUGS

- All prescription drugs are placed on tiers – or different levels.
- The formulary will tell you which tier your medication is on.
- Whichever tier your drug is on will determine your share of the cost.



LOCATE A PHARMACY

- Pharmacies in the network offer either standard or preferred cost sharing.
- You will usually pay the least amount if you use a pharmacy offering preferred cost sharing.

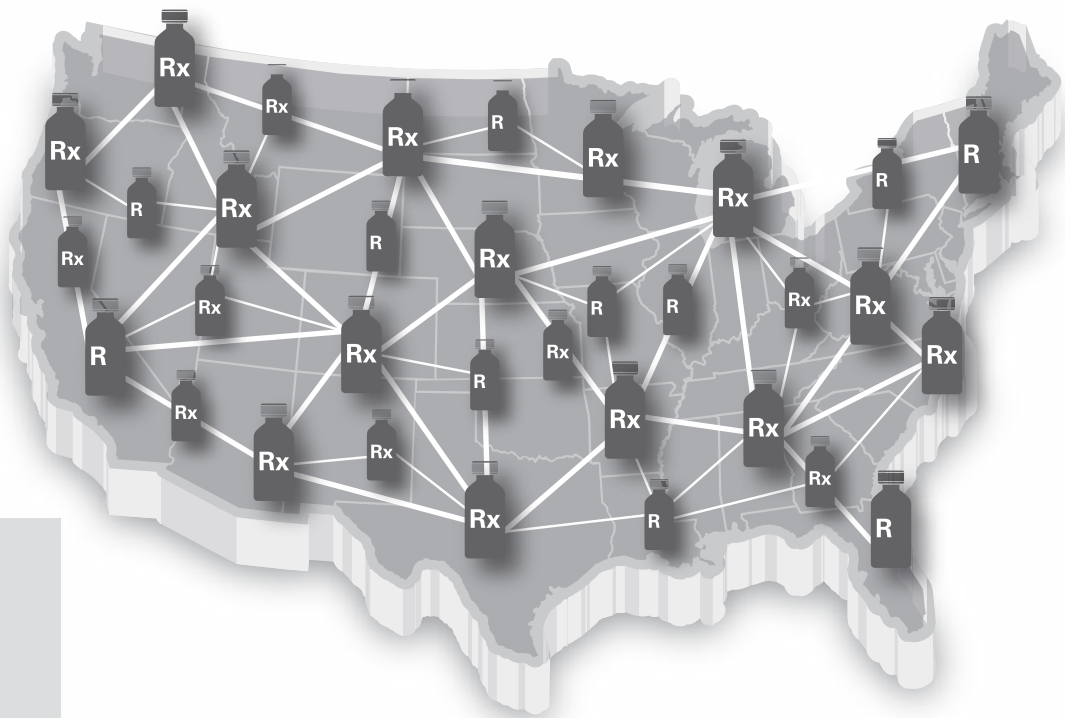


Access the most current formulary at [YourMedicareSolutions.com/drugs](https://www.yourmedicare.com/drugs).

Access the most current directory at [YourMedicareSolutions.com/pharmacy](https://www.yourmedicare.com/pharmacy).

NATIONWIDE PHARMACY NETWORK

With more than 67,000 in-network pharmacies throughout the United States, it's convenient and easy to fill your prescriptions. There are more than 36,000 pharmacies offering preferred cost sharing nationwide, including CVS/Target pharmacies, Hy-Vee, Costco and many more.



TIP: HOW TO FIND A PREFERRED PHARMACY

Look for pharmacies marked with a "P" in the pharmacy directory. These pharmacies offer preferred cost sharing.



MedicareBlueSM Rx (PDP)

A Medicare Prescription Drug Plan

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-434-2037 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-434-2037 (TTY: 711).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-434-2037 (መስማት ለተሳናቸው: 711)።

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-434-2037 (رقم هاتف الصم والبكم: 117).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-434-2037（TTY：711）。

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-434-2037 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-434-2037 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-434-2037 (TTY: 711).

Karen:

ဟံသုင်ဟံသး- နမုာ်ကတိာ် ကညီ ကျိာ်အယိ, နမုာ်န့ ကျိာ်အတော်မာစာလော တလဟ်ဘုင်လဟ်စုာ် နီတမံဘုင်သ့န့င်လီၤ. ကိး 1-866-434-2037 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-434-2037 (TTY: 711)번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-434-2037 (TTY: 711).

Mon-Khmer, Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-434-2037 (TTY: 711)។

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-434-2037 (телетайп: 711).

Serbo-Croatian (Serbian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-434-2037 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-434-2037 (TTY: 711).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

MedicareBlue Rx is a Prescription Drug Plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association.



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