

# 2010 Prescription drug coverage options



## MedicareBlue<sup>SM</sup> Rx (PDP)

MedicareBlue Rx (PDP) is a stand-alone prescription drug plan with a Medicare contract. For 2010, you can choose from three drug options with the same drug levels (tiers) but different deductibles and cost-sharing as described below. All options use the same formulary and nationwide network of more than 59,000 pharmacies.

Please review the Summary of Benefits in the enrollment kit for additional information.

2010 Benefits	MedicareBlue Rx (PDP)		
	Standard	Enhanced	Premier
<b>Monthly plan premium</b> – amount you pay	\$43.70	\$37.20	\$96.20
<b>Annual deductible</b> – amount you pay before initial coverage begins	\$310	\$165	\$0
<b>Initial coverage</b> – amount you pay for a 31-day supply <ul style="list-style-type: none"> <li>• Level 1: Covered Generic</li> <li>• Level 2: Covered Preferred Brand</li> <li>• Level 3: Covered Brand</li> <li>• Covered Specialty drugs</li> </ul>	After you pay the deductible: <ul style="list-style-type: none"> <li>• 10% coinsurance</li> <li>• 22% coinsurance</li> <li>• 50% coinsurance</li> <li>• 25% coinsurance</li> </ul>	After you pay the deductible: <ul style="list-style-type: none"> <li>• \$4 copay</li> <li>• \$35 copay</li> <li>• 50% coinsurance</li> <li>• 28% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$4 copay</li> <li>• \$38 copay</li> <li>• 50% coinsurance</li> <li>• 33% coinsurance</li> </ul>
<b>Coverage gap</b> – amount you pay for a 31-day supply after your total yearly covered prescription drug costs reach \$2,830 <sup>1</sup>	100% for all covered drugs	100% for all covered drugs	\$4 copay for Level 1: Covered Generic drugs; 100% for all other levels of covered drugs
<b>Catastrophic coverage</b> – amount you pay for a 31-day supply after you have paid \$4,550 in out-of-pocket prescription drug costs <sup>2</sup>	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance	The greater of \$2.50 copay for generic drugs and \$6.30 copay for all other covered drugs OR 5% coinsurance

<sup>1</sup>Your “total drug costs” means the total amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include the plan premium you pay.

<sup>2</sup>Your “out-of-pocket” costs means the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premium you pay.

## Additional Information

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

**Enrollment and eligibility:** You are eligible to enroll in MedicareBlue Rx (PDP) if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the plan's service area. You must continue to pay your Medicare Part B premium, and Medicare Part A if applicable, if not otherwise paid for by Medicaid or another third party. You may enroll in only one Part D plan at a time. If you are enrolled in a Medicare Advantage (MA) coordinated care (HMO or PPO) plan or an MA private-fee-for-service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan unless you disenroll from the HMO, PPO or MA PFFS plan. You may enroll in a prescription drug plan if you are a member of a PFFS plan that does not provide Medicare prescription drug coverage, or a MA Medicare Savings Account (MSA) plan, or an 1876 Cost Plan. Members may enroll in MedicareBlue Rx (PDP) only during specific times of the year. You cannot enroll in MedicareBlue Rx (PDP) Premier if your current or former employer or union helps pay for your drugs. For more information about enrollment periods, call MedicareBlue Rx (PDP) Customer Service at the end of the next column.

You may send your enrollment form directly to MedicareBlue Rx (PDP) by mail or online through our website or with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx (PDP) through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov). For more information, contact Customer Service at the number at the end of the next column.

**Extra help:** You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY or TDD users should call **1-877-486-2048**, 24 hours a day, seven days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call **1-800-325-0778**; or
- Your State Medicaid office

**Formulary, network, mail order service:** The plan uses a formulary which is the list of drugs the plan covers. Formulary and non-formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations; these limitations are described in the formulary. MedicareBlue Rx (PDP) members must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances when they cannot reasonably use network pharmacies. Members who use pharmacies outside the network will pay any differential in the non-network pharmacy's charge and the plan's allowable charge. Types of network pharmacies include: retail, mail order, home infusion, long-term care and Indian/Tribal/Urban. The pharmacies in our network can change at any time.

The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. For a formulary, pharmacy directory or information about PrimeMail\*\* mail order pharmacy service, please call Customer Service at the number listed below or access our website at [www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com).

**Federal contract:** MedicareBlue Rx's (PDP) contract with CMS is renewed annually, so enrollment in the plan after 2010 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment. Benefits, formulary, pharmacy network, premiums and cost-sharing (copayments or coinsurance) may change on January 1, 2011. Please contact Customer Service for details.

**Special needs:** If you have special needs or need translation of this material into another language, alternative formats are available. Please call Customer Service for more information.

**Customer Service:** For full information on MedicareBlue Rx (PDP) benefits, call Customer Service at **1-866-434-2037**, 8 a.m. to 8 p.m., daily, Central and Mountain Time. TTY users should call **1-866-456-1550**. You have the option to speak with a licensed sales representative when you call this number. Information is also available online at [www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com). You can also obtain this information by writing to MedicareBlue Rx (PDP) Customer Service, P.O. Box 155845, Fort Worth, TX 76155-0845.

\*\*PrimeMail is from Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

