2020
SUMMARY of BENEFITS

MedicareBlue℠ Rx (PDP)
Standard and Premier

January 1, 2020 – December 31, 2020
INTRODUCTION

This guide is a summary of the prescription drug services offered by MedicareBlue℠ 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.

WHAT’S INCLUDED

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CONTACT MEDICAREBLUE RX

YourMedicareSolutions.com

Members  Nonmembers
1-888-832-0075  1-866-434-2037
TTY users call 711 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.

<table>
<thead>
<tr>
<th>Premiums &amp; benefits</th>
<th>MedicareBlue Rx Standard</th>
<th>MedicareBlue Rx Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly plan premium</td>
<td>$42.00</td>
<td>$89.60</td>
</tr>
</tbody>
</table>

**Deductible**
- $0 on tier 1 (preferred generic) and tier 2 (generic) drugs
- $435 on tier 3 (preferred brand), tier 4 (non-preferred drug) and tier 5 (specialty) drugs
- $0

### Initial coverage

<table>
<thead>
<tr>
<th>Initial coverage</th>
<th>Preferred cost sharing</th>
<th>Standard cost sharing</th>
<th>Preferred cost sharing</th>
<th>Standard cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Preferred generic</td>
<td>$3 copay</td>
<td>$15 copay</td>
<td>$0 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$8 copay</td>
<td>$20 copay</td>
<td>$0 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Tier 3: Preferred brand</td>
<td>$29 copay</td>
<td>$46 copay</td>
<td>17% coinsurance</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>Tier 4: Non-preferred drug</td>
<td>29% coinsurance</td>
<td>35% coinsurance</td>
<td>40% coinsurance</td>
<td>45% coinsurance</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>33% coinsurance</td>
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</tr>
</tbody>
</table>

### 30-day supply from a network pharmacy

<table>
<thead>
<tr>
<th>30-day supply from a network pharmacy</th>
<th>Preferred cost sharing</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Preferred generic</td>
<td>$6 copay</td>
<td>$30 copay</td>
<td>$0 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$16 copay</td>
<td>$40 copay</td>
<td>$0 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Tier 3: Preferred brand</td>
<td>$87 copay</td>
<td>$138 copay</td>
<td>17% coinsurance</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>Tier 4: Non-preferred drug</td>
<td>29% coinsurance</td>
<td>35% coinsurance</td>
<td>40% coinsurance</td>
<td>45% coinsurance</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

### 90-day supply from a network pharmacy or mail order

<table>
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<tr>
<th>90-day supply from a network pharmacy or mail order</th>
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<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
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### Coverage gap

- Generic drugs: 25% of the plan cost
- Brand-name drugs: 25% of the plan cost

**Coverage begins once your total drug costs for the year reach $4,020**

### Catastrophic coverage

- Generic: 25% of the plan cost
- Brand-name: 25% of the plan cost

**Catastrophic coverage begins once your total out-of-pocket costs for the year reach $6,350**

- Tier 1 (preferred generic) and tier 2 (generic) drug costs are the same as those listed above
- For drugs in all other tiers:
  - Generic: 25% of the plan cost
  - Brand-name: 25% of the plan cost

For both plans, you pay the greater of:
- 5% of the cost, or
- A $3.60 copay for generic drugs (including brand drugs treated as generic) and a $8.95 copay for all other drugs
FREQUENTLY ASKED QUESTIONS

WHAT IS MEDICAREBLUE RX (PDP)?
MedicareBlue Rx (PDP) is a prescription drug plan that works with your Medicare benefits. Not all covered services are listed in this booklet. To see a complete list of covered services, call MedicareBlue Rx and ask for the Evidence of Coverage. The phone numbers are listed on the inside front cover. You can also visit YourMedicareSolutions.com to view the electronic version.

CAN I JOIN?
To join, you must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area, which 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.

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 booklet.

WHICH PHARMACIES CAN I USE?
In general, 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 and we will send you a Pharmacy Directory.

If you must use an out-of-network pharmacy, you will generally have to pay the full cost at the time you fill your prescription. You can ask us to reimburse you for our share of the cost (see Chapter 5, Section 2.1 of the Evidence of Coverage).

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 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 $4,020. 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 $4,020. 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 25% 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 $6,350 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.
USING THE PLAN

UNDERSTANDING YOUR PHARMACY NETWORK AND DRUG TIERS
Using the 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 one of five tiers, or levels.
- The drug list will tell you which tier your medication is on.
- Whichever tier your drug is on will determine your share of the cost.

THE DRUG TIERS

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

NATIONWIDE PHARMACY NETWORK
With thousands of in-network pharmacies throughout the United States, it’s convenient and easy to fill your prescriptions. Many offer preferred cost sharing, including CVS, Target, Hy-Vee, SuperValu, Walmart and more. You will usually pay less for your prescriptions when you use a preferred pharmacy.

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

Access the most current directory at YourMedicareSolutions.com/Pharmacy.

Access the most current drug list at YourMedicareSolutions.com/Drugs.
NOTICE OF RIGHTS
NONDISCRIMINATION AND ACCESSIBILITY

MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MedicareBlue Rx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services call our pre-enrollment call center at 1-866-434-2037, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that MedicareBlue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing to:

MedicareBlue Rx Compliance Officer
1750 Yankee Doodle Road, S120
Eagan, MN  55121

You can file a grievance by mail. If you need help filing a grievance, the MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

<table>
<thead>
<tr>
<th>Method</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically through the Office of Civil Rights Complaint Portal</td>
<td><a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a></td>
</tr>
<tr>
<td>By Mail</td>
<td>U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td></td>
<td>200 Independence Avenue SW</td>
</tr>
<tr>
<td></td>
<td>Room 509F, HHH Building</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20201</td>
</tr>
<tr>
<td>By Phone</td>
<td>1–800–368–1019</td>
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<tr>
<td></td>
<td>800–537–7697 (TDD)</td>
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</tbody>
</table>
A complete list of services is available in the Evidence of Coverage. You can access the Evidence of Coverage online at YourMedicareSolutions.com/Documents, or by calling customer service to request a copy.

MedicareBlueSM Rx is a prescription drug plan (PDP) 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.