



2021

Annual Notice of Changes

MedicareBlue Rx Premier (PDP) offered by
Blue Cross and Blue Shield

Annual Notice of Changes for 2021

You are currently enrolled as a member of MedicareBlue Rx Premier. Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.**
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.1, 1.2 and 1.3 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.**
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2021 Drug List and look in Section 1.3 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Think about your overall health care costs.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.**
 - Use the personalized search feature on the Medicare Plan Finder at [Medicare.gov/Plan-Compare](https://www.Medicare.gov/Plan-Compare) website.
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.**

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in MedicareBlue Rx Premier.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2020

- If you don't join another plan by **December 7, 2020**, you will be enrolled in MedicareBlue Rx Premier.
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional resources

Please contact our customer service number at **1-888-832-0075** for additional information. TTY users should call **711**. Hours are seven days a week from 8 a.m. to 8 p.m., Central and Mountain times.

About MedicareBlue Rx Premier

- MedicareBlue RxSM Premier (PDP) is a Medicare-approved Part D sponsor. Enrollment in MedicareBlue Rx Premier 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
- When this booklet says "we," "us," or "our," it means Blue Cross and Blue Shield. When it says "plan" or "our plan," it means MedicareBlue Rx Premier.

Summary of important costs for 2021

The table below compares the 2020 costs and 2021 costs for MedicareBlue Rx Premier in several important areas. **Please note this is only a summary of changes.** A copy of the Evidence of Coverage is located on our website at YourMedicareSolutions.com. You may also call customer service to ask us to mail you an Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$89.60	\$104.70
Part D prescription drug coverage (See Section 1.3 for details.)	Deductible: \$0 Copayment/coinsurance during the initial coverage stage: Drug tier 1 <i>Standard retail cost sharing:</i> You pay \$15 per prescription. <i>Preferred retail cost sharing:</i> You pay \$0 per prescription. Drug tier 2 <i>Standard retail cost sharing:</i> You pay \$20 per prescription. <i>Preferred retail cost sharing:</i> You pay \$0 per prescription. Drug tier 3 <i>Standard retail cost sharing:</i> You pay 25% of the total cost. <i>Preferred retail cost sharing:</i> You pay 17% of the total cost. Drug tier 4 <i>Standard retail cost sharing:</i> You pay 45% of the total cost. <i>Preferred retail cost sharing:</i> You pay 40% of the total cost. Drug tier 5 <i>Standard retail cost sharing:</i> You pay 33% of the total cost. <i>Preferred retail cost sharing:</i> You pay 33% of the total cost.	Deductible: \$0 Copayment/coinsurance during the initial coverage stage: Drug tier 1 <i>Standard retail cost sharing:</i> You pay \$15 per prescription. <i>Preferred retail cost sharing:</i> You pay \$0 per prescription. Drug tier 2 <i>Standard retail cost sharing:</i> You pay \$20 per prescription. <i>Preferred retail cost sharing:</i> You pay \$0 per prescription. Drug tier 3 <i>Standard retail cost sharing:</i> You pay 25% of the total cost. <i>Preferred retail cost sharing:</i> You pay 17% of the total cost. Drug tier 4 <i>Standard retail cost sharing:</i> You pay 45% of the total cost. <i>Preferred retail cost sharing:</i> You pay 40% of the total cost. Drug tier 5 <i>Standard retail cost sharing:</i> You pay 33% of the total cost. <i>Preferred retail cost sharing:</i> You pay 33% of the total cost.

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SECTION 1 Changes to benefits and costs for next year

Section 1.1 – Changes to the monthly premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$89.60	\$104.70

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving Extra Help with your prescription drug costs. Please see Section 5 regarding Extra Help from Medicare.

Section 1.2 – Changes to the pharmacy network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at **YourMedicareSolutions.com**. You may also call customer service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.3 – Changes to Part D prescription drug coverage

Changes to our drug list

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically at **YourMedicareSolutions.com**.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call customer service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call customer service to ask for a list of covered drugs that treat the same medical condition.

SECTION 1 Changes to benefits and costs for next year

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

You and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- Perhaps you can find a different drug covered by the plan that might work just as well for you. You can call customer service for assistance with alternative medications that treat the same medical condition(s). This list can help your doctor or other prescriber to find a covered drug that might work for you.
- You and your doctor can ask the plan to make an exception for you and cover the drug. You can ask for an exception in advance for next year and we will give you an answer to your request before the change takes effect. To learn what you must do to ask for an exception, see Chapter 7 of the separately mailed Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)).
- If you are a current member and a drug you are taking will be removed from the formulary or restricted in some way for next year, we will allow you to request a formulary exception in advance for next year. We will tell you about any change in the coverage for your drug for the following year. You can submit a formulary exception request asking that the drug be covered in 2021 beginning November 1, 2020, and we will notify you of the decision within 72 hours from the time we receive the request.
- Current formulary exceptions may still be covered, depending on the circumstance. You can call customer service to confirm coverage duration.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the Evidence of Coverage.)

Changes to prescription drug costs

Note: If you are in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive Extra Help and didn't receive this insert with this packet, please call customer service and ask for the LIS Rider.

There are four drug payment stages. How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your Evidence of Coverage for more information about the stages.)

The following information shows the changes for next year to the first two stages – the yearly deductible stage and the initial coverage stage. (Most members do not reach the other two stages – the coverage gap stage or the catastrophic coverage stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the Evidence of Coverage, which is located on our website at **YourMedicareSolutions.com**. You may also call customer service to ask us to mail you an Evidence of Coverage.)

SECTION 1 Changes to benefits and costs for next year**Changes to the Deductible Stage**

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

SECTION 1 Changes to benefits and costs for next year**Changes to your cost sharing in the initial coverage stage**

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, Types of out-of-pocket costs you may pay for covered drugs in your Evidence of Coverage.

Stage	2020 (this year)	2021 (next year)
<p>Stage 2: Initial coverage stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 4, Section 5 of your Evidence of Coverage.</p>	Your cost for a one-month supply filled at a network pharmacy:	Your cost for a one-month supply filled at a network pharmacy:
	<p>Tier 1 preferred generic</p> <p><i>Standard cost sharing:</i> You pay \$15 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>	<p>Tier 1 preferred generic</p> <p><i>Standard cost sharing:</i> You pay \$15 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>
	<p>Tier 2 generic</p> <p><i>Standard cost sharing:</i> You pay \$20 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>	<p>Tier 2 generic</p> <p><i>Standard cost sharing:</i> You pay \$20 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>
	<p>Tier 3 preferred brand</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 17% of the total cost.</p>	<p>Tier 3 preferred brand</p> <p><i>Standard cost sharing:</i> You pay 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 17% of the total cost.</p>
	<p>Tier 4 non-preferred drug</p> <p><i>Standard cost sharing:</i> You pay 45% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 40% of the total cost.</p>	<p>Tier 4 non-preferred drug</p> <p><i>Standard cost sharing:</i> You pay 45% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 40% of the total cost.</p>
	<p>Tier 5 specialty</p> <p><i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p>	<p>Tier 5 specialty</p> <p><i>Standard cost sharing:</i> You pay 33% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay 33% of the total cost.</p>
	Once your total drug costs have reached \$4,020, you will move to the next stage (the coverage gap stage).	Once your total drug costs have reached \$4,130, you will move to the next stage (the coverage gap stage).

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

SECTION 2 Deciding which plan to choose**Changes to the coverage gap and catastrophic coverage stages**

The other two drug coverage stages – the coverage gap stage and the catastrophic coverage stage – are for people with high drug costs. **Most members do not reach the coverage gap stage or the catastrophic coverage stage.**

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your Evidence of Coverage.

SECTION 2 Deciding which plan to choose**Section 2.1 – If you want to stay in MedicareBlue Rx Premier**

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our MedicareBlue Rx Premier plan.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan;
- – *OR* – You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage;
- – *OR* – You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2021, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to **Medicare.gov/Plan-Compare**. Here you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, Blue Cross and Blue Shield offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare prescription drug plan, enroll in the new plan. You will automatically be disenrolled from MedicareBlue Rx Premier.
- To change to a Medicare health plan, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from MedicareBlue Rx Premier.
 - You will automatically be disenrolled from MedicareBlue Rx Premier if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost plan, you can enroll in that new plan and keep MedicareBlue Rx Premier for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from MedicareBlue Rx Premier. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from MedicareBlue Rx Premier. To ask to be disenrolled, you must send us a written request or contact Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week (TTY users should call **1-877-486-2048**).

SECTION 3 Deadline for changing plans

- To change to Original Medicare without a prescription drug plan, you must either:
 - Send us a written request to disenroll. Contact customer service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – OR – Contact **Medicare**, at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

SECTION 3 Deadline for changing plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get Extra Help paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the Evidence of Coverage.

SECTION 4 Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. See the list that follows for the SHIP in your state.

The SHIP programs are independent (not connected with any insurance company or health plan). They are state programs that get money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIPs at the following information.

Iowa

Iowa SHIP—Senior Medicare Patrol
601 Locust St. – 4th Floor
Des Moines, IA 50309-3738
Toll free: **1-800-351-4664**
TTY: **1-800-735-2942**
shiip.iowa.gov

Minnesota

Minnesota Board on Aging
P.O. Box 64976
St. Paul, MN 55164-0976
Toll free: **1-800-333-2433**
TTY: **1-800-627-3529**
mn.gov/board-on-aging

Montana

Montana State Health Insurance Assistance Program
Senior and Long Term Care Division
1100 N Last Chance Gulch, 4th Floor
Helena, MT 59601
Toll free: **1-800-551-3191**
TTY: **1-866-735-2968**
dphhs.mt.gov/SLTC/aging/SHIP

SECTION 5 Programs that help pay for prescription drugs**Nebraska**

Nebraska Senior Health Insurance Program
1033 O Street, Suite 307
Lincoln, NE 68508
Toll free: **1-800-234-7119**
TTY: **1-800-833-7352**
doi.nebraska.gov/consumer/senior-health

North Dakota

North Dakota Insurance Department
State Health Insurance Counseling Program
600 East Boulevard Ave.
Bismarck, ND 58505-0320
Toll free: **1-888-575-6611**
TTY: **1-800-366-6888**
nd.gov/ndins/shic

South Dakota

SHIINE – Senior Health Information and Insurance Education
700 Governors Drive
Pierre, SD 57501-2291
Toll free:
Eastern SD: **1-800-536-8197**
Central SD: **1-877-331-4834**
Western SD: **1-877-286-9072**
TTY: **1-800-877-1113**
shiine.net

Wyoming

Wyoming State Health Insurance Information Program (WSHIIP)
106 West Adams Ave.
Riverton, WY 82501
Toll free: **1-800-856-4398**
TTY: **711**
wyoingseniors.com/WSHIIP.htm

SECTION 5 Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - **1-800-MEDICARE (1-800-633-4227).** TTY 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 users should call, **1-800-325-0778** (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Montana has a program called the Big Sky Rx Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).

Montana

Big Sky Rx Program
Dept. of Public Health & Human Services
P.O. Box 202915
Helena, MT 59620
In-state toll free: **1-866-369-1233**
Helena area or out-of-state: **1-406-444-1233**
TTY: **711**

The website for your local SPAP is dphhs.mt.gov/MontanaHealthcarePrograms/BigSky.

Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Wyoming
None available

SECTION 5 Programs that help pay for prescription drugs

- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the state-specified programs in the list that follows. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state's program (listed next).

Iowa

Iowa Department of Public Health
321 East 12th Street.
Lucas State Office Bldg., 5th floor
Des Moines, IA 50319-0075
Call: **515-281-7689**

Minnesota

HIV/AIDS Programs
Department of Human Services
P.O. Box 64972
St. Paul, MN 55164-0972
Call: **651-431-2414** or
Toll free: **1-800-657-3761**
TTY: **1-800-627-3529**

Montana

Montana AIDS Drug Assistance Program
1400 Broadway
Cogswell Building C-211
Helena, MT 59620
Call: **406-444-3565**

Nebraska

Ryan White Program
Department of Health & Human Services
P.O. Box 95026
Lincoln, NE 68509-5026
Call: **402-471-2101**

North Dakota

North Dakota Department of Health
Division of Disease Control
2635 East Main Avenue
P.O. Box 5520
Bismarck, ND 58506-5520
Call: **701-328-2378**
Toll free: **1-800-472-2180**

South Dakota

Ryan White Part B CARE Program
South Dakota Department of Health
615 E. 4th Street
Pierre, SD 57501-1700
Call: **605-773-3737**
Toll free: **1-800-592-1861**

Wyoming

AIDS Drug Assistance Program
Wyoming Department of Health
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002
Call: **307-777-5856**

SECTION 6 Questions?

Section 6.1 – Getting help from MedicareBlue Rx Premier

Questions? We're here to help. Please call customer service at **1-888-832-0075**. (TTY only, call **711**.) We are available for phone calls 8 a.m. to 8 p.m., daily, Central and Mountain times. Calls to these numbers are free.

Read your 2021 Evidence of Coverage (it has details about next year's benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 Evidence of Coverage for MedicareBlue Rx Premier. The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located at our website at **YourMedicareSolutions.com**. You may also call

customer service to ask us to mail you an Evidence of Coverage.

Visit our website

You can also visit our website at **YourMedicareSolutions.com**. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting help from Medicare

To get information directly from Medicare:

Call **1-800-MEDICARE (1-800-633-4227)**

You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

Visit the Medicare website

You can visit the Medicare website (**Medicare.gov**). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **Medicare.gov/Plan-Compare**).

Read Medicare & You 2021

You can read the Medicare & You 2021 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**Medicare.gov**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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, and are currently enrolled with MedicareBlue Rx, call customer service at 1-888-832-0075, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711). If you need these services, but are not currently enrolled with MedicareBlue Rx, 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
3400 Yankee Drive, R400
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:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
By mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20211
By phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-832-0075 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-832-0075 (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-832-0075 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-832-0075 (TTY: 711).

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 1-888-832-0075 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-832-0075 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-832-0075 (TTY: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-832-0075 (መስማት ለተሳናቸው: 711)።

Karen: ဟံသုဂ်ဟံသး- နမုာ်ကတိာ်/ကညိ / ကျိာ်အယိ./နမနုာ်/ကျိာ်အတၢ်မၤစၢၤလၢ/တလၢာ်ဘျုးလၢာ်စ့ၤ/နိတမံၤဘျုးသ့န့ၢ် လိၤ./ကိ: 1-888-832-0075 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-832-0075 (TTY: 711).

Mon-Khmer, Cambodian: របស់តន៖ បើសិនជាអនកនិយាយ ភាសាខែមរ, សេវាជំនួយផែនកភាសា ដោយមិនគិតលទ្ធផល គឺអាចមានសំរាប់បំរើអនក។ ចូរ ទូរស័ព្ទ 1-888-832-0075 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-832-0075 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-832-0075 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-832-0075 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-832-0075 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

For more information:



Visit [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com)



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