



2021 SUMMARY of BENEFITS

MedicareBlueSM Rx (PDP)

Standard and Premier

January 1, 2021 – December 31, 2021

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: 711)

Non-members

1-866-434-2037 (TTY: 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	\$66.40		\$104.70	
	Deductible	\$0 deductible on tiers 1-2; \$445 deductible on tiers 3-5		\$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	\$10 copay	\$0 copay	\$15 copay
	Tier 2: Generic	\$7 copay	\$15 copay	\$0 copay	\$20 copay
	Tier 3: Preferred brand	\$29 copay	\$46 copay	17% coinsurance	25% coinsurance
	Tier 4: Non-preferred drug	31% coinsurance	36% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
90-day supply from a network pharmacy or mail order	Tier 1: Preferred generic	\$2 copay	\$20 copay	\$0 copay	\$30 copay
	Tier 2: Generic	\$14 copay	\$30 copay	\$0 copay	\$40 copay
	Tier 3: Preferred brand	\$87 copay	\$138 copay	17% coinsurance	25% coinsurance
	Tier 4: Non-preferred drug	31% coinsurance	36% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty	Not available	Not available	Not available	Not available
Coverage gap Begins once your total drug costs for the year reach \$4,130	<ul style="list-style-type: none"> Generic drugs: 25% of the plan cost Brand-name drugs: 25% 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: 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 \$6,550	For both plans, you pay the greater of: <ul style="list-style-type: none"> 5% of the cost, or A \$3.70 copay for generic drugs (including brand drugs treated as generic) and a \$9.20 copay for all other drugs 				

FREQUENTLY ASKED QUESTIONS

WHAT IS MEDICAREBLUE RX (PDP)?

MedicareBlue Rx is a prescription drug plan (PDP) 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)** (TTY: **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 \$4,130. 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 \$4,130. 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 \$6,550 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.



Access the most current drug list at
YourMedicareSolutions.com/Drugs.

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.



MedicareBlueSM Rx (PDP)

A Medicare Prescription Drug Plan

MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age 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 whos primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages

If you need these services, call customer service at **1-866-434-2037** (TTY: **711**), 8 a.m. to 8 p.m., daily, Central and Mountain times.

If you believe 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/smartscreen/main.jsf
By mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, D.C., 20201
By phone	1-800-368-1019 1-800-537-7697 (TDD)

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).

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

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

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

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1-866-434-2037 (መስማት ለተሳናቸው: 711)።

Karen: ဟံသုဂ်ဟံသု- နမ္ဂ်ကတိ/ကညိ / ကျိအယိ, /နမ္နု/ ကျိအတိ/မၤစၢလၢ/တလၢဂ်သုဂ်လၢဂ်စု/နီတမံၤဘၣ်သုန့ၣ် လီၤ./ ကိ: 1-866-434-2037 (TTY: 711).

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

Mon-Khmer, Cambodian: របស់តន៖ បើសិនជាអនកនិយាយ ភាសាខែមរ, សេវាជំនួយផ្លូវភាសា ដោយមិនគិតលទ្ធផល គឺអាចមានសំរាប់បំរើអនក។ ចូរ ទូរស័ព្ទ 1-866-434-2037 (TTY: 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: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 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.

Serbo-Croatian: 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).

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.

