



2023 SUMMARY of BENEFITS

MedicareBlueSM Rx (PDP)
Select, Standard and Premier

January 1, 2023 – December 31, 2023

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.

WHAT'S INCLUDED

Plan overview	1
Frequently asked questions	2
Using the plan	3

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 Select, 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 Select		MedicareBlue Rx Standard		MedicareBlue Rx Premier	
Monthly plan premium	\$17.30		\$80.70		\$113.60	
Deductible	\$0 deductible on tiers 1-2; \$505 deductible on tiers 3-5		\$0 deductible on tiers 1-2; \$505 deductible on tiers 3-5		\$0	
Initial coverage	Preferred cost sharing	Standard cost sharing	Preferred cost sharing	Standard cost sharing	Preferred cost sharing	Standard cost sharing
30-day supply from a network pharmacy						
Tier 1: Preferred generic	\$0 copay	\$12 copay	\$7 copay	\$14 copay	\$0 copay	\$15 copay
Tier 2: Generic	\$2 copay	\$15 copay	\$12 copay	\$19 copay	\$0 copay	\$20 copay
Tier 3: Preferred brand	21% coinsurance	25% coinsurance	\$40 copay	\$47 copay	20% coinsurance	25% coinsurance
Tier 4: Non-preferred drug	40% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
90-day supply from a network pharmacy or mail order						
Tier 1: Preferred generic	\$0 copay	\$24 copay	\$21 copay	\$42 copay	\$0 copay	\$30 copay
Tier 2: Generic	\$4 copay	\$30 copay	\$36 copay	\$57 copay	\$0 copay	\$40 copay
Tier 3: Preferred brand	21% coinsurance	25% coinsurance	\$120 copay	\$141 copay	20% coinsurance	25% coinsurance
Tier 4: Non-preferred drug	40% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty	Not available	Not available	Not available	Not available	Not available	Not available
Coverage gap Begins once your total drug costs for the year reach \$4,660	<ul style="list-style-type: none"> • Generic drugs: 25% of the plan cost • Brand-name drugs: 25% of the plan cost 				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 \$7,400. For all plans, you pay the greater of 5% of the cost, or a \$4.15 copay for generic drugs (including brand drugs treated as generic) and a \$10.35 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 of the *Evidence of Coverage*).

WHERE CAN I LEARN MORE ABOUT ORIGINAL MEDICARE?

The *2023 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 \$4,660. 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 \$4,660. 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 \$7,400 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 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 independent pharmacies, national chains 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 "SAVE" in the pharmacy directory. These pharmacies offer preferred cost sharing.



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

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

A complete list of services is available in the *Evidence of Coverage*. You can access *the Evidence of Coverage* online at **YourMedicareSolutions.com/2023Documents**, or by calling Customer Service to request a copy.

MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. 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*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; 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 licensee of the Blue Cross and Blue Shield Association.



RAS1019R16 (08/22)