MASSACHUSETTS

Blue MedicareRx℠ (PDP)

2019 Summary of Benefits
Blue MedicareRx℠ (PDP)

Employer Group Medicare Prescription Drug Plan
with supplemental coverage
$5 / $15 / $30
Option 28

S2893_1846_GRP_M

Blue MedicareRx (PDP)
(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO. & BCBSMA & BCBSRI & BCBSVT with a Medicare contract)

SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred to throughout this Summary of Benefits as "plan" or "this plan."

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the "Evidence of Coverage."

For More Information

Hours of Operation

You can call us 24 hours a day, 7 days a week.

Blue MedicareRx Phone Numbers and Website

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**)

Prospective Members, please contact your benefits administrator.

Visit us at **http://groups.rxmedicareplans.com**

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. For additional information, call us at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

Who can join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States and, live in the service area which includes the United States and its territories (excluding the Virgin Islands).

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Please contact your local benefits administrator for more information.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (http://groups.rxmedicareplans.com). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of 3 "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, your out-of-pocket prescription costs to date and what stage of the benefit you have reached. Later in this document we discuss the benefit stages in your Medicare prescription drug coverage that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan's formulary and the *Evidence of Coverage* on our website at http://groups.rxmedicareplans.com, or contact Customer Care at the number listed above.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's pharmacy directory at our website (http://groups.rxmedicareplans.com). Or, call us and we will send you a copy of the pharmacy directory.

Summary of Benefits

January 1, 2019 – December 31, 2019

Prescription Drug Benefits

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		*You pay the following until your total yearly drug costs reach $3,820[1]:*	
Standard Retail Cost-Sharing		**One-month supply**	**Three-month supply[2]**
Tier 1	**Generic**	$5	$15
Tier 2	**Preferred Brand**	$15	$45
Tier 3	**Non-Preferred Drug**	$30	$90
		Specialty drugs are limited to a one-month supply per fill.	
Mail Order Cost-Sharing		**One-month supply**	**Three-month supply**
Tier 1	**Generic**	$5	$10
Tier 2	**Preferred Brand**	$15	$30
Tier 3	**Non-Preferred Drug**	$30	$60
		Specialty drugs are limited to a one-month supply per fill.	

Coverage Gap	**After your total yearly drug costs reach $3,820,** your former employer provides supplemental coverage that will keep your copayments and/or coinsurance as outlined above. Your copayments and/or coinsurance will not change until you qualify for Catastrophic Coverage.

Catastrophic Coverage	*After your yearly out-of-pocket drug costs reach $5,100, you pay:*
Generic (including brand drugs treated as generic)	$3.40
All other Drugs	$8.50

[1] All covered drugs are on the Blue MedicareRx group formulary/drug list.
[2] Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within the United States and its territories (excluding the Virgin Islands). For examples of what would qualify as special circumstances, refer to the Evidence of Coverage (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand, Specialty or Non-Preferred drug.

Medicare considers drugs which cost more than $670 for a one month supply to be Specialty drugs.

Medicare Coverage Gap Discount Program

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached year-to-date "total drug costs" of $3,820 and are not already receiving "Extra Help."

If you have reached year-to-date "total drug costs" of $3,820, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance in the Coverage Gap the same as what you pay in the Initial Coverage Level. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs and move you through the Coverage Gap. The amount discounted by the manufacturer will count toward your out-of-pocket costs as if you had paid this amount. Your Explanation of Benefits (EOB) will show any discounted amount provided.

Once your out-of-pocket costs reach $5,100, you will move to the Catastrophic phase and the Medicare Coverage Gap Discount Program will no longer be applicable.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Care.

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

Blue MedicareRx:

- 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 the number on the back of your Member ID Card. TTY/TDD users should call 711.

If you believe that Blue MedicareRx 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 with:

Blue MedicareRx (PDP)
Grievance Department Coordinator
P.O. Box 30016
Pittsburgh, PA 15222-0330

Phone: 1-866-884-9478
Fax: 1-866-217-3353

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, Blue MedicareRx Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ENGLISH
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your Member ID Card. TTY: 711.

ARABIC
م لاذإ :ةظوح ت نك ثدحتتا لةغ علار بةإ نن دخمتا عاسملادة يوغلا
رفوتت كل اجلا بن. لصتار لا بقم لابإ بن د لع هظر ةقاطبا لإوضعة
ةصاخلا بك. للهص كبلاوم: 711.

CHINESE
小贴士：如果您说中文，欢迎使用免费语言协助服务。请拨打您会员身份证上的电话号码。（TTY：711）。

FRENCH
ATTENTION : Si vous parlez français, des services gratuits d’interprétation sont à votre disposition. Veuillez appeler le numéro figurant au verso de votre Carte de membre. TTY: 711.

FRENCH CREOLE
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou do Kat ID Manm ou an. TTY: 711.

GREEK
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχει διαθέσιμη υπηρεσία γλωσσικής υποστήριξης, η οποία παρέχεται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της κάρτας μέλους (Αριθμός για άτομα με προβλήματα ακοής/ομιλίας: 711).

HINDI
ध्यान दीजिए : अगर आप हिंदी बोलते हैं तो आपके लिए भाषा

KOREAN
알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 회원 카드 뒷면에 표시된 전화번호(TTY: 711)로 연락주시기 바랍니다.

MON-KHMER, CAMBODIAN
ប្រយ័ត្ន៖ ប្រសិនបើអ្នក
កនិយ ាយភ ាសាខ្មែ រ បសវាជំនួ
យខ្ន ុកភ ាសាបោយមិនគ ិតម ្ល ៃ លួ
គឺអ ាចរកបានសំរ ាប់អ្ន ុក។ សម្ព ជ
ចូ្ល ទ ូ្ល ស ័ព ្ទ ១១ ០ ០ ០

सिंायता सेवाएं मुफ्त उपलब्ध हैं। आपके सदस्य ID कार्ड के पीछे दिए गए नम्बर पर कॉल करें। TTY: 711.

ITALIAN
ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami il numero che si trova sul retro della sua tessera (Member ID Card). TTY: 711.

TAGALOG
Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang numero sa likod ng iyong ID card ng Miyembro. TTY: 711.

VIETNAMESE
LƯU Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi tới số ở mặt sau Thẻ ID Thành Viên của quý vị. TTY: 711.

This information is not a complete description of benefits. Please refer to the contact list below for more information.

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**)

Prospective Members, please contact your benefits administrator.

Visit us at **http://groups.rxmedicareplans.com**

Customer Care Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
24 hours a day

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

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