

# **BlueMedicare Rx-Option 2 (PDP) offered by Florida Blue**

## **Annual Notice of Changes for 2017**

You are currently enrolled as a member of BlueMedicare Rx-Option 2. 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.**

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### **Additional Resources**

- This information is available for free in other languages.
- Please contact our Member Services number at 1-800-926-6565 for additional information. (TTY users should call 1-800-955-8770.) Hours are 8:00 a.m.-8:00 p.m. local time, seven days a week from October 1-February 14, except for Thanksgiving Day and Christmas Day. However, from February 15-September 30, you will have to leave a message on Saturdays, Sundays and Federal holidays. We will return your call within one business day.
- Member Services also has free language interpreter services available for non-English speakers.
- El departamento de Atención al Cliente presta servicios de interpretación de manera gratuita, disponibles para las personas que no hablan inglés.
- This information is available in an alternate format, including large print, audio tapes, CDs and Braille. Please call Member Services at the number listed above if you need plan information in another format.

### **About BlueMedicare Rx-Option 2**

- Florida Blue is an Rx (PDP) Plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Florida Blue. When it says “plan” or “our plan,” it means BlueMedicare Rx-Option 2.

## ***Think about Your Medicare Coverage for Next Year***

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

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### **Important things to do:**

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 1.1 and 1.3 for information about benefit and cost changes for our plan.
  - Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.3 for information about changes to our drug coverage.
  - 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? How do the total costs compare to other Medicare coverage options?
  - Think about whether you are happy with our plan.**
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### **If you decide to stay with BlueMedicare Rx-Option 2:**

If you want to stay with us next year, it's easy - you don't need to do anything.

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### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2017. Look in Section 2.2 to learn more about your choices.

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**Summary of Important Costs for 2017**

The table below compares the 2016 costs and 2017 costs for BlueMedicare Rx-Option 2 in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
<b>Monthly plan premium*</b>	\$174.70	\$172.50
*Your premium may be higher or lower than this amount. (See Section 1.1 for details.)		

Cost	2016 (this year)	2017 (next year)
<b>Part D prescription drug coverage</b> (See Section 1.3 for details.)	Deductible: \$0	Deductible: \$0
	Copay/Coinsurance during the Initial Coverage Stage:	Copay/Coinsurance during the Initial Coverage Stage:
	<b>Drug Tier 1:</b> Standard cost-sharing: \$8 copay	<b>Drug Tier 1:</b> Standard cost-sharing: \$10 copay
	Preferred cost-sharing: \$3 copay	Preferred cost-sharing: \$3 copay
	<b>Drug Tier 2:</b> Standard cost-sharing: \$15 copay	<b>Drug Tier 2:</b> Standard cost-sharing: \$17 copay
	Preferred cost-sharing: \$10 copay	Preferred cost-sharing: \$10 copay
	<b>Drug Tier 3:</b> Standard cost-sharing: \$47 copay	<b>Drug Tier 3:</b> Standard cost-sharing: \$47 copay
	Preferred cost-sharing: \$42 copay	Preferred cost-sharing: \$40 copay
	<b>Drug Tier 4:</b> Standard cost-sharing: \$100 copay	<b>Drug Tier 4:</b> Standard cost-sharing: \$100 copay
	Preferred cost-sharing: \$95 copay	Preferred cost-sharing: \$93 copay
	<b>Drug Tier 5:</b> Standard cost-sharing: 33% of the total cost	<b>Drug Tier 5:</b> Standard cost-sharing: 33% of the total cost
	Preferred cost-sharing: 33% of the total cost	Preferred cost-sharing: 33% of the total cost

## ***Annual Notice of Changes for 2017***

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## **SECTION 1 Changes to Benefits and Costs for Next Year**

### **Section 1.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2016 (this year)</b>	<b>2017 (next year)</b>
<b>Monthly premium</b> <b>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</b>	\$174.70	\$172.50

- 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.

### **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 pharmacies within the network.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.BlueMedicareFL.com](http://www.BlueMedicareFL.com). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2017 Pharmacy Directory to see which pharmacies are in our network.**

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## Section 1.3 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

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 Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of coverage for the plan year. (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.

To ensure your formulary exception will not expire please contact our Member Services number. Your doctor may have to submit another exception request.

### 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 does not apply to you.** We sent you 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 get “Extra Help” and haven’t received this insert by September 30, 2016, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 of this booklet.

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 information below 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 enclosed *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2016 (this year)	2017 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	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.

### 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	2016 (this year)	2017 (next year)
<b>Stage 2: Initial Coverage Stage</b>	Your cost for a one-month supply at a network pharmacy:	Your cost for a one-month supply at a network pharmacy:
During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b>	<b>Tier 1- Preferred Generics</b> <i>Standard cost-sharing:</i> You pay \$8 per prescription. <i>Preferred cost-sharing:</i> You pay \$3 per prescription.	<b>Tier 1- Preferred Generics</b> <i>Standard cost-sharing:</i> You pay \$10 per prescription. <i>Preferred cost-sharing:</i> You pay \$3 per prescription.
The costs in this row are for a one-month (31-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		



Stage	2016 (this year)	2017 (next year)
<p data-bbox="203 304 609 367">Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p data-bbox="203 388 609 567">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.</p>	<p data-bbox="641 304 1015 336"><b>Tier 2 – Generics</b></p> <p data-bbox="641 378 1015 451"><i>Standard cost-sharing:</i> You pay \$15 per prescription.</p> <p data-bbox="641 472 1015 546"><i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p> <p data-bbox="641 609 1015 640"><b>Tier 3 –Preferred Brand</b></p> <p data-bbox="641 661 1015 735"><i>Standard cost-sharing:</i> You pay \$47 per prescription.</p> <p data-bbox="641 756 1015 829"><i>Preferred cost-sharing:</i> You pay \$42 per prescription.</p> <p data-bbox="641 892 1015 955"><b>Tier 4 – Non-Preferred Brand</b></p> <p data-bbox="641 976 1015 1050"><i>Standard cost-sharing:</i> You pay \$100 per prescription.</p> <p data-bbox="641 1071 1015 1144"><i>Preferred cost-sharing:</i> You pay \$95 per prescription.</p> <p data-bbox="641 1207 1015 1239"><b>Tier 5 – Specialty Drugs</b></p> <p data-bbox="641 1260 1015 1333"><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p data-bbox="641 1354 1015 1428"><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <hr data-bbox="641 1449 1015 1459"/> <p data-bbox="641 1480 1015 1617">Once your total drug costs have reached \$3,310 you will move to the next stage (the Coverage Gap Stage).</p>	<p data-bbox="1047 304 1421 336"><b>Tier 2 – Generics</b></p> <p data-bbox="1047 378 1421 451"><i>Standard cost-sharing:</i> You pay \$17 per prescription.</p> <p data-bbox="1047 472 1421 546"><i>Preferred cost-sharing:</i> You pay \$10 per prescription.</p> <p data-bbox="1047 609 1421 640"><b>Tier 3 –Preferred Brand</b></p> <p data-bbox="1047 661 1421 735"><i>Standard cost-sharing:</i> You pay \$47 per prescription.</p> <p data-bbox="1047 756 1421 829"><i>Preferred cost-sharing:</i> You pay \$40 per prescription.</p> <p data-bbox="1047 892 1421 955"><b>Tier 4 – Non-Preferred Brand</b></p> <p data-bbox="1047 976 1421 1050"><i>Standard cost-sharing:</i> You pay \$100 per prescription.</p> <p data-bbox="1047 1071 1421 1144"><i>Preferred cost-sharing:</i> You pay \$93 per prescription.</p> <p data-bbox="1047 1207 1421 1239"><b>Tier 5 – Specialty Drugs</b></p> <p data-bbox="1047 1260 1421 1333"><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p data-bbox="1047 1354 1421 1428"><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <hr data-bbox="1047 1449 1421 1459"/> <p data-bbox="1047 1480 1421 1617">Once your total drug costs have reached \$3,700 you will move to the next stage (the Coverage Gap Stage).</p>

### 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 BlueMedicare Rx-Option 2**

**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 stay enrolled as a member of our plan for 2017.

### **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 2017 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 2017*, 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 <http://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Florida Blue 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 BlueMedicare Rx-Option 2.
- 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 BlueMedicare Rx-Option 2.

- You will automatically be disenrolled from BlueMedicare Rx-Option 2 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 BlueMedicare Rx-Option 2 for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from BlueMedicare Rx-Option 2. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from BlueMedicare Rx-Option 2. 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, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services 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, 7 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, 2017.

#### **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 are 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. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance

counseling to people with Medicare. SHINE 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 SHINE at 1-800-963-5337. You can learn more about SHINE by visiting their website ([www.FLORIDASHINE.org](http://www.FLORIDASHINE.org)).

## **SECTION 5 Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs.

- **“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% 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/7 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).
- **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 Florida’s Aids Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program please call Florida’s Aids Drug Assistance Program, at 1-850-245-4335, or mail them at: HIV/AIDS Section, 4052 Bald Cypress Way, Tallahassee, FL 32399.

## **SECTION 6 Questions?**

### **Section 6.1 – Getting Help from BlueMedicare Rx-Option 2**

Questions? We’re here to help. Please call Member Services at 1-800-926-6565. (TTY only, call 1-800-955-8770.) We are available for phone calls 8:00 a.m.- 8:00 p.m. local time, seven days a week from October 1-February 14, except for Thanksgiving Day and Christmas Day. However, from February 15 through September 30, you will have to leave a message on Saturdays,

Sundays and Federal holidays. We will return your call within one business day. Calls to these numbers are free.

### **Read your 2017 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 2017. For details, look in the 2017 *Evidence of Coverage* for BlueMedicare Rx-Option 2. 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 included in this envelope.

### **Visit our Website**

You can also visit our website at **www.BlueMedicareFL.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).

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## **Section 6.2 – Getting Help from Medicare**

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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, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (**<http://www.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 **<http://www.medicare.gov>** and click on “Review and Compare Your Coverage Options.”)

### **Read Medicare & You 2017**

You can read *Medicare & You 2017* 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 (**<http://www.medicare.gov>**) or 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.