

2018 Summary of Benefits

BlueMedicare Premier Rx (PDP) S5904-001
BlueMedicare Complete Rx (PDP) S5904-002

State of Florida



Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.

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BlueMedicare Premier Rx (PDP) and BlueMedicare Complete Rx (PDP)

Summary of Benefits

January 1, 2018 - December 31, 2018

This booklet gives a summary of what BlueMedicare Premier Rx (PDP) and BlueMedicare Complete Rx (PDP) cover. It also explains what you pay for covered drugs under these plans. You may also view the “Evidence of Coverage” for these plans on our website, www.BlueMedicareFL.com. The Evidence of Coverage includes a complete list of services we cover.

Things to Know About BlueMedicare Premier Rx (PDP) and BlueMedicare Complete Rx (PDP)

Eligibility requirements

To join, you must:

- be entitled to Medicare Part A; and
- be enrolled in Medicare Part B; and
- live in our service area.

Our service area is the entire state of Florida.

Which drugs are covered?

You can see the complete formulary (the list of Part D prescription drugs covered under these plans) and any limits on our website, BlueMedicareFL.com.

How will I determine my drug costs?

The amount you pay for your medication depends on:

- the tier for your drug;
- the coverage stage you have reached;
- the type of pharmacy you use.

Our plans group each medication into one of five categories, called **tiers**. You will need to use your drug list to locate the tier for your drug to determine how much it will cost you.

The cost of your drug also depends on the pharmacy you use. You may save money by using a **preferred** pharmacy instead of a **standard** one. You can also use **mail order** to have your prescription delivered to your home.

Later in this document we discuss the benefit stages that occur under these plans that affect what you have to pay.

Which pharmacies can I use?

In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies offer preferred cost sharing. You may pay less if you use these pharmacies. You can see our plans’ pharmacy directory on our website, www.BlueMedicareFL.com.

Hours of Operation

From October 1 to February 14 we’re open from 8 a.m. – 8 p.m. local time, 7 days a week.

From February 15 to September 30 we’re open from 8 a.m. – 8 p.m. local time, Monday through Friday.

Phone Numbers and Website

If you are a current member of one of these plans, call 1-800-926-6565.

If you are not currently a member of one of these plans, call 1-855-601-9465.

TTY users: Call 1-800-955-8770

Our website: **BlueMedicareFL.com**

Comparing your Medicare choices

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 **www.medicare.gov**, or request 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.

This information is available for free in other languages. Please call our Member Services number at 1-800-926-6565. (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 to February 14, except for Thanksgiving and Christmas. From February 15 to September 30, we are open Monday - Friday, 8:00 a.m. – 8:00 p.m., local time.

Esta información está disponible de manera gratuita en otros idiomas. Comuníquese con Atención al cliente al 1-800-926-6565. (Usuarios de equipo telescritor TTY llamen al 1-877-955-8773.) Estamos abiertos de 8:00 a.m. a 8:00 p.m. hora local los siete días de la semana, desde el 1 de octubre hasta el 14 de febrero, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Desde el 15 de febrero al 30 de septiembre, estamos abiertos de lunes a viernes de 8:00 a.m. a 8:00 p.m. hora local.

Florida Blue is an Rx (PDP) plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Premiums and Benefits	BlueMedicare Premier Rx (PDP)				BlueMedicare Complete Rx (PDP)			
Monthly Plan Premium	You pay \$76.30				You pay \$169.40			
Deductible Stage	\$360 per year for drugs in Tiers 3, 4, and 5. There is no deductible for drugs in Tiers 1 and 2.				This plan does not have a deductible.			
Initial Coverage Stage After you pay your yearly deductible (if applicable), you reach the Initial Coverage Stage. You remain in this stage until your total yearly drug costs (total drug costs paid by you and any Part D plan) reach \$3,750. The cost sharing amounts shown here are for a one-month supply (up to 31 days) of a covered Part D prescription drug.	Tier	Standard Retail	Preferred Retail	Mail Order	Tier	Standard Retail	Preferred Retail	Mail Order
	Tier 1 (Preferred Generic)	\$12 Copay	\$2 Copay	\$2 Copay	Tier 1 (Preferred Generic)	\$13 Copay	\$3 Copay	\$3 Copay
	Tier 2 (Generic)	\$20 Copay	\$13 Copay	\$13 Copay	Tier 2 (Generic)	\$20 Copay	\$10 Copay	\$10 Copay
	Tier 3 (Preferred Brand)	\$47 Copay	\$47 Copay	\$47 Copay	Tier 3 (Preferred Brand)	\$47 Copay	\$40 Copay	\$40 Copay
	Tier 4 (Non-Preferred Brand)	40% of the cost	40% of the cost	40% of the cost	Tier 4 (Non-Preferred Brand)	\$100 Copay	\$93 Copay	\$93 Copay
	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	25% of the cost	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost	33% of the cost
	The cost-sharing information shown above is for a one-month supply of a covered Part D prescription drug purchased at a retail pharmacy (standard and preferred) and through our mail order pharmacy. Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90) days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (www.BlueMedicareFL.com) for complete information about your costs for covered drugs.				The cost-sharing information shown above is for a one-month supply of a covered Part D prescription drug purchased at a retail pharmacy (standard and preferred) and through our mail order pharmacy. Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90) days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (www.BlueMedicareFL.com) for complete information about your costs for covered drugs.			

Premiums and Benefits	BlueMedicare Premier Rx (PDP)	BlueMedicare Complete Rx (PDP)
Coverage Gap Stage	<p>The Coverage Gap Stage begins after total yearly drug costs (what any Part D plan has paid and what you have paid) reach \$3,750.</p> <p>During the Coverage Gap Stage, you pay 35% of the cost for covered brand name drugs (plus a portion of the dispensing fee) and 44% of the plan's cost for covered generic drugs.</p> <p>You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,000.</p>	<p>The Coverage Gap Stage begins after total yearly drug costs (what any Part D plan has paid and what you have paid) reach \$3,750.</p> <p>During the Coverage Gap Stage:</p> <ul style="list-style-type: none"> • you pay the same copays you paid during the Initial Coverage Stage for generic drugs in Tiers 1 and 2. • For generic drugs in all other tiers, you pay 44% of the cost. • For brand drugs, you pay 35% of the cost (plus a portion of the dispensing fee). <p>You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,000.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • a \$3.35 copay for generic drugs (including brand drugs treated as generic) and an \$8.35 copay for all other drugs. 	<p>After your yearly out-of-pocket drug costs reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • a \$3.35 copay for generic drugs (including brand drugs treated as generic) and an \$8.35 copay for all other drugs.