



**2019 Summary of Benefits**  
**Medicare Prescription Drug Plans**  
**BlueMedicare Premier Rx (PDP) S5904-001**  
**BlueMedicare Complete Rx (PDP) S5904-002**

January 1, 2019 – December 31, 2019

The plan's service area includes:  
**State of Florida**

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may also view the "Evidence of Coverage" for these plans on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare). The Evidence of Coverage includes a complete list of services we cover.

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **BlueMedicare Premier Rx** and **BlueMedicare Complete Rx** covers and what you pay.

- 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.

### Sections in this booklet

- Things to Know About **BlueMedicare Premier Rx** and **BlueMedicare Complete Rx**
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Drugs
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document 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 March 31, except for Thanksgiving and Christmas. From April 1 to September 30, we are open Monday-Friday, 8:00 a.m.-8:00 p.m., local time.

### Things to Know About BlueMedicare Premier Rx and BlueMedicare Complete Rx

#### Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. local time.

### BlueMedicare Premier Rx and BlueMedicare Complete Rx Phone Numbers and Website

- If you are a member of this plan, call us at 1-800-926-6565 (TTY: 1-800-955-8770).
- If you are not a member of this plan, call us at 1-855-601-9465 (TTY: 1-800-955-8770).
- Our website: [www.floridablue.com/medicare](http://www.floridablue.com/medicare)

### Who can join?

To join **BlueMedicare Premier Rx** and **BlueMedicare Complete Rx**, you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, and you must live in our service area. Our service area includes the entire state of **Florida**.

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

### Which pharmacies can I use?

In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs.

If you enroll in BlueMedicare Complete Rx, you may save money by using a preferred retail pharmacy instead of a standard one. You can also use our mail-order pharmacy to have your prescription delivered to your home.

Want to see if your pharmacy is in our provider network, or if these plans cover your prescription drugs? Just visit our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). Or see how we cover any medication you may be taking in our comprehensive formulary (list of covered Part D drugs).

You can see our plan's pharmacy directory and formulary on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare).

### What do we cover?

We cover Part D drugs.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare).
- 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 five 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 and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

**SECTION II - SUMMARY OF BENEFITS**

BlueMedicare Premier Rx (PDP)

BlueMedicare Complete Rx (PDP)

**MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

<b>How much is the monthly premium?</b>	\$66.20 per month. In addition, you must keep paying your Medicare Part B premium.	\$155.90 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	\$360 per year for Part D prescription drugs not applicable on Tiers 1 and 2.	This plan does not have a deductible.

**PRESCRIPTION DRUG BENEFITS**

<p><b>Deductible Stage</b> The deductible stage applies to BlueMedicare Premier Rx only. This plan has a \$360 deductible for drugs in Tiers 3, 4 and 5.</p> <p><b>Initial Coverage Stage</b> For BlueMedicare Complete Rx, you begin in this stage when you fill your first prescription of the year. For BlueMedicare Premier Rx, you begin in this stage when you fill your first prescription for a drug in Tiers 1 and 2. For drugs in Tiers 3, 4 and 5, you must first meet your Part D deductible.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p><b>Preferred Retail Cost-Sharing</b></p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>Not Applicable</td> <td>Not Applicable</td> </tr> </tbody> </table>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	Not Applicable	Not Applicable	Tier 2 (Generic)	Not Applicable	Not Applicable	Tier 3 (Preferred Brand)	Not Applicable	Not Applicable	Tier 4 (Non-Preferred Drug)	Not Applicable	Not Applicable	Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	<p>You pay the following until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p><b>Preferred Retail Cost-Sharing</b></p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$3 Copay</td> <td>\$9 Copay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$10 Copay</td> <td>\$30 Copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$40 Copay</td> <td>\$120 Copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>\$93 Copay</td> <td>\$279 Copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>33% Coinsurance</td> <td>Not Applicable</td> </tr> </tbody> </table>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$3 Copay	\$9 Copay	Tier 2 (Generic)	\$10 Copay	\$30 Copay	Tier 3 (Preferred Brand)	\$40 Copay	\$120 Copay	Tier 4 (Non-Preferred Brand)	\$93 Copay	\$279 Copay	Tier 5 (Specialty Tier)	33% Coinsurance	Not Applicable
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**SECTION II - SUMMARY OF BENEFITS**

**BlueMedicare Premier Rx (PDP)**

**BlueMedicare Complete Rx (PDP)**

your share of the cost.  
 You remain in this stage until your total yearly drug costs (total drug costs paid by you *and* any Part D plan) reach \$3,820.  
 You may get your drugs at network retail pharmacies and mail order pharmacies.

**Standard Retail Cost-Sharing**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$6 Copay	\$18 Copay
Tier 3 (Preferred Brand)	\$47 Copay	\$141 Copay
Tier 4 (Non-Preferred Drug)	50% Coinsurance	50% Coinsurance
Tier 5 (Specialty Tier)	26% Coinsurance	Not Applicable

**Mail Order**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$6 Copay	\$18 Copay
Tier 3 (Preferred Brand)	\$47.00 Copay	\$141 Copay
Tier 4 (Non-Preferred Drug)	50% Coinsurance	50% Coinsurance
Tier 5 (Specialty Tier)	26% Coinsurance	Not Applicable

**Standard Retail Cost-Sharing**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$13 Copay	\$39 Copay
Tier 2 (Generic)	\$20 Copay	\$60 Copay
Tier 3 (Preferred Brand)	\$47 Copay	\$141 Copay
Tier 4 (Non-Preferred Brand)	\$100 Copay	\$300 Copay
Tier 5 (Specialty Tier)	33% Coinsurance	Not Applicable

**Mail Order**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$3 Copay	\$9 Copay
Tier 2 (Generic)	\$10 Copay	\$30 Copay
Tier 3 (Preferred Brand)	\$40 Copay	\$120 Copay
Tier 4 (Non-Preferred Brand)	\$93 Copay	\$279 Copay
Tier 5 (Specialty Tier)	33% Coinsurance	Not Applicable

## SECTION II - SUMMARY OF BENEFITS

	BlueMedicare Premier Rx (PDP)	BlueMedicare Complete Rx (PDP)
	The cost-sharing information shown above is for a one-month supply of a covered Part D prescription drug purchased at a retail pharmacy 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 ( <a href="http://www.floridablue.com/medicare">www.floridablue.com/medicare</a> ) 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 ( <a href="http://www.floridablue.com/medicare">www.floridablue.com/medicare</a> ) for complete information about your costs for covered drugs.
<b>Coverage Gap Stage</b>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage Stage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs, or</li> <li>• 5% of the cost.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs, or</li> <li>• 5% of the cost.</li> </ul>

Florida Blue is an Rx (PDP) plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal. Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association. This information is not a complete description of benefits. Call 1-855-601-9465 for more information. TTY users should call 1-800-955-8770.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-926-6565 (TTY: 1-800-955-8770). ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-926-6565 (TTY: 1-877-955-8773).