



# 2010 Summary of Benefits

**NDPERS**

*For plan years beginning in 2010*



# Introduction to the Summary of Benefits for Group MedicareBlue Rx (PDP) NDPERS

## Plan years beginning in 2010 Nationwide

Thank you for your interest in Group MedicareBlue Rx (PDP). This plan is offered by Blue Cross and Blue Shield, a Medicare Prescription Drug Plan that contracts with the federal government. This Summary of Benefits tells you some features of this plan. It doesn't list every drug covered, every limitation, or exclusion. For a complete list of benefits, please call Group MedicareBlue Rx (PDP) at the number listed at the end of this introduction and ask for the Evidence of Coverage.

### Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B. You must also be identified as an eligible participant by your employer.

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

Enrollees in a PFFS that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost Plan may enroll in a PDP.

### Does this plan cover Medicare Part B or Part D drugs?

Group MedicareBlue Rx (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, the plan will only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the plan's formulary.

### Where can I get my prescriptions?

Group MedicareBlue Rx (PDP) has formed a contracted network of pharmacies. You must use a network pharmacy to receive plan benefits. The plan will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in the network can change at any time. For an up-to-date list, or to find a pharmacy in the network, visit [www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com) or call Group MedicareBlue Rx (PDP) at the number listed at the end of this introduction.

### Can I get 90-day supplies?

You can get 90-day supplies through the plan's mail order pharmacy or at certain retail pharmacies in the network. Mail order pharmacy services are through PrimeMail offered by Prime Therapeutics.\* PrimeMail Pharmacy offers convenient, discreet and secure delivery of prescription medications to your home. To find out more about PrimeMail, visit [www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com) or call Group MedicareBlue Rx (PDP) at the number listed at the end of this introduction.

\*PrimeMail Pharmacy is from Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

Some network retail pharmacies offer 90-day supplies at the mail order reimbursement rate of the same coinsurance or two times the regular copayment. This is called Preferred Extended Supply. For more information on 90-day supplies, please contact Group MedicareBlue Rx (PDP) at the number listed at the end of this introduction.

### **What is a prescription drug formulary?**

Group MedicareBlue Rx (PDP) uses a formulary. A formulary is a list of drugs covered by the plan to meet patient needs. Blue Cross and Blue Shield may periodically add, remove, or make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If a formulary change limits your ability to fill prescriptions, you will be notified before the change is made. You can also view the complete formulary online at [www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com) or call Group MedicareBlue Rx (PDP) to see if the drugs you take are on the formulary.

If you are currently taking a drug that is not on the formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact Group MedicareBlue Rx (PDP) to request an exception or switch to an alternative drug listed on the formulary with your physician's help. Call Group MedicareBlue Rx (PDP) to see if you can get a temporary supply of the drug or for more details about the plan's drug transition policy.

### **How can I get extra help with my prescription drug plan costs?**

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and costs at the pharmacy will be lower. When you join Group MedicareBlue Rx (PDP), Medicare will tell the plan how much extra help you are getting and the plan will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling **1-800-MEDICARE (1-800-633-4227)**. You can call this number 24 hours a day, 7 days a week. TTY/TDD users should call **1-877-486-2048**.

### **What are my protections in this plan?**

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. Also, your previous employer, benefits administrator or union may determine that you no longer meet the eligibility requirements or they are no longer going to offer this coverage. If your previous employer, benefits administrator or union determines they will no longer offer this coverage to you for any reason, they must provide you with a notice at least 21 days prior to ending your coverage.

As a member of Group MedicareBlue Rx (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. QIOs in the upper Midwest region are:

***Iowa:***

Iowa Foundation for Medical Care  
Toll-free: **1-800-752-7014**

***Minnesota:***

Stratis Health  
Metro Twin Cities phone: **(952) 854-3306**  
Toll-free: **1-877-787-2847**

***Montana:***

Mountain-Pacific Quality Health Foundation  
Local Helena phone: **(406) 443-4020**  
Toll-free: **1-800-497-8232**

***Nebraska:***

CIMRO of Nebraska  
Local Lincoln phone: **(402) 476-1399**  
Toll-free: **1-800-458-4262**  
Beneficiary Helpline: **1-800-247-3004**

***North Dakota:***

North Dakota Health Care Review, Inc.  
Local Minot phone: **(701) 852-4231**  
Medicare Beneficiary Hotline:  
In-state: **1-800-472-2902**  
Out-of-state: **1-888-472-2902**

***South Dakota:***

South Dakota Foundation for Medical Care  
Local Sioux Falls phone: **(605) 336-3505**  
Medicare Information Line: **1-800-658-2285**

***Wyoming:***

Mountain-Pacific Quality Health Foundation  
Toll-free: **1-877-810-6248**  
Help Line: **1-800-497-8232**

For the names and phone numbers of QIOs in other states, please contact Group MedicareBlue Rx (PDP) Customer Service.

## **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) program is a free service the plan may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you qualify. Contact Group MedicareBlue Rx (PDP) for more details.

## **What information will I receive once I enroll?**

After you enroll, you will receive a member ID card and welcome kit. The welcome kit contains an Evidence of Coverage, a Schedule of Copayments and Limitations, a formulary, a pharmacy listing and information on how to use the mail service pharmacy.

## **Plan Ratings**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on **www.medicare.gov** and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at **1-877-838-3827** to obtain a copy of the plan ratings for this plan. TTY users call **1-866-213-9262**.

Visit **[www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com)** or, call:

Current members should call: **1-877-838-3827**

TTY/TDD users should call: **1-866-213-9262**

Customer Service Hours:

8 a.m. to 8 p.m., daily, Central and Mountain Time

For more information about Medicare, please call Medicare at:

**1-800-MEDICARE (1-800-633-4227).**

TTY/TDD users should call: **1-877-486-2048.**

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

Or, visit **[www.medicare.gov](http://www.medicare.gov)** on the Web.

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

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If you have any questions about the plan's benefits or costs, please contact Group MedicareBlue Rx (PDP) for details.

Benefit category	Original Medicare	Group MedicareBlue Rx (PDP)
<p><b>General information</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>This plan uses a formulary. We will send a formulary to you, or you can view a formulary on the plan's website at <a href="http://www.YourMedicareSolutions.com">www.YourMedicareSolutions.com</a>.</p> <p>People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact Group MedicareBlue Rx (PDP) for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Group MedicareBlue Rx (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary and printed materials.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Group MedicareBlue Rx (PDP) approves the exception, you will pay Level 3: Covered Brand cost-sharing for that drug.</p>
<p><b>Deductible</b></p>		<p>No deductible.</p>

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Benefit category	Original Medicare	Group MedicareBlue Rx (PDP)
Retail pharmacy		<p>You pay the following for prescription drugs:</p> <p><b>Level 1: Covered Generic</b> – \$5 copay plus 15% coinsurance for a one-month (31-day) supply of drugs in this level</p> <p><b>Level 2: Covered Preferred Brand</b> – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs in this level</p> <p><b>Level 3: Covered Brand</b> – \$25 copay plus 50% coinsurance for a one-month (31-day) supply of drugs in this level</p> <p><b>Covered Specialty</b> – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs in this level</p>
Mail order/Preferred Extended Supply		<p><b>Level 1: Covered Generic</b> – \$5 copay plus 15% coinsurance for a three-month (90-day) supply of drugs in this level</p> <p><b>Level 2: Covered Preferred Brand</b> – \$15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs in this level</p> <p><b>Level 3: Covered Brand</b> – \$25 copay plus 50% coinsurance for a three-month (90-day) supply of drugs in this level</p> <p><b>Covered Specialty</b> – \$15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs in this level</p>
Long-term care pharmacy		<p><b>Level 1: Covered Generic</b> – \$5 copay plus 15% coinsurance for a one-month (31-day) supply of drugs in this level</p> <p><b>Level 2: Covered Preferred Brand</b> – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs in this level</p> <p><b>Level 3: Covered Brand</b> – \$25 copay plus 50% coinsurance for a one-month (31-day) supply of drugs in this level</p> <p><b>Covered Specialty</b> – \$15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs in this level</p>

Benefit category	Original Medicare	Group MedicareBlue Rx (PDP)
<b>Catastrophic coverage</b>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>– \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or</li> <li>– 5% coinsurance.</li> </ul>
<b>Out-of-network</b>		<p>No coverage.</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Group MedicareBlue Rx (PDP). Please contact Group MedicareBlue Rx (PDP) for details.</p>
<b>Supplemental drugs</b>		<p>Group MedicareBlue Rx (PDP) provides coverage for a number of drugs that are excluded from the Medicare Part D program. You will pay a 25% coinsurance for these drugs. Because they are excluded from the Part D program, they will not count toward your annual out-of-pocket maximum. Please contact Group MedicareBlue Rx (PDP) for details.</p>





**Do you have a question or need more information?**

Please call Customer Service:

Group MedicareBlue Rx (PDP): **1-877-838-3827** TTY/TDD: **1-866-213-9262**

Assistance is available 8 a.m. to 8 p.m., daily, Central and Mountain Time

Or, visit our website at **[www.YourMedicareSolutions.com](http://www.YourMedicareSolutions.com)**

Coverage is available to members of an employer or union group 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,\* 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 licensees of the Blue Cross and Blue Shield Association