Group MedicareBlue℠ Rx (PDP)
S5743

# Summary of Benefits

NDPERS

For plan years beginning in 2015

2015

S5743_091814_GB01_RE Internal Approval 09/18/2014

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

## Plan years beginning in 2015 Nationwide

Thank you for your interest in Group MedicareBlue Rx. 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 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 and live in the service area. 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 drug coverage, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a PFFS plan 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.

### Where can I get my prescriptions?

Group MedicareBlue Rx 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. You can ask for a Pharmacy Directory or visit **www.YourMedicareSolutions.com** or call Group MedicareBlue Rx at the number listed at the end of this introduction.

### What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

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

Group MedicareBlue Rx 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.

### 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 CVS Caremark† Mail Order Pharmacy. CVS Caremark Mail Order Pharmacy offers convenient, discreet and secure delivery of prescription medications to your home. To find out more about CVS Caremark Mail Order Pharmacy, visit **www.YourMedicareSolutions.com** or call Group MedicareBlue Rx at the number listed at the end of this introduction.

† CVS/caremark is 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 the extended day supply (EDS) network. For more information on 90-day supplies, please contact Group MedicareBlue Rx at the number listed at the end of this introduction.

### What is a prescription drug formulary?

Group MedicareBlue Rx 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** or call Group MedicareBlue Rx 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 to request an exception or switch to an alternative drug listed on the formulary with your physician's help. Call Group MedicareBlue Rx 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 or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, seven days a week; and see **www.medicare.gov** "Programs for People with Limited Income and Resources" in the publication Medicare & You.
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m. Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office.

### 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 coverage. If a plan decides not to continue, it must send you a letter at least 90 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, 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. Please refer to the Evidence of Coverage for the QIO contact information or call Group MedicareBlue Rx Customer Service.

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

A Medication Therapy Management (MTM) program is a free service the plan offers. 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 are selected. Contact Group MedicareBlue Rx 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 directory and information on how to use the mail service pharmacy.

Visit **www.YourMedicareSolutions.com** or, call:

Current members call: **1-877-838-3827**
TTY hearing impaired users call: **711**

Customer Service Hours:
8 a.m. to 8 p.m., daily, Central and Mountain Times

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

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

# Summary of Benefits

## NDPERS

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

| Benefit Category | Group MedicareBlue Rx |
|---|---|
| **Deductible** | No deductible. |
| **Retail Pharmacy (30-day supply)** | You pay the following for prescription drugs:<br>**Tier 1: Generic Drugs**<br>– $5 copay plus 15% coinsurance for a one-month (30-day) supply of drugs in this tier<br>**Tier 2: Preferred Brand Drugs**<br>– $15 copay plus 25% coinsurance for a one-month (30-day) supply of drugs in this tier<br>**Tier 3: Non-Preferred Brand Drugs**<br>– $25 copay plus 50% coinsurance for a one-month (30-day) supply of drugs in this tier<br>**Tier 4: Specialty Tier Drugs**<br>– $15 copay plus 25% coinsurance for a one-month (30-day) supply of drugs in this tier |
| **Retail Pharmacy (60-day or two-month supply)** | **Tier 1: Generic Drugs**<br>– $5 copay plus 15% coinsurance for a two-month (60-day) supply of drugs in this tier<br>**Tier 2: Preferred Brand Drugs**<br>– $15 copay plus 25% coinsurance for a two-month (60-day) supply of drugs in this tier<br>**Tier 3: Non-Preferred Brand Drugs**<br>– $25 copay plus 50% coinsurance for a two-month (60-day) supply of drugs in this tier<br>**Tier 4: Specialty Tier Drugs**<br>– $15 copay plus 25% coinsurance for a two-month (60-day) supply of drugs in this tier |
| **Retail Pharmacy (90-day or three-month supply)** | **Tier 1: Generic Drugs**<br>– $5 copay plus 15% coinsurance for a three-month (90-day) supply of drugs in this tier<br>**Tier 2: Preferred Brand Drugs**<br>– $15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs in this tier<br>**Tier 3: Non-Preferred Brand Drugs**<br>– $25 copay plus 50% coinsurance for a three-month (90-day) supply of drugs in this tier<br>**Tier 4: Specialty Tier Drugs**<br>– $15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs in this tier<br>Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. |

| Benefit Category | Group MedicareBlue Rx |
|---|---|
| **Mail Order/ Extended Day Supply Network** | **Tier 1: Generic Drugs**<br>– $5 copay plus 15% coinsurance for a three-month (90-day) supply of drugs in this tier<br>**Tier 2: Preferred Brand Drugs**<br>– $15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs in this tier<br>**Tier 3: Non-Preferred Brand Drugs**<br>– $25 copay plus 50% coinsurance for a three-month (90-day) supply of drugs in this tier<br>**Tier 4: Specialty Tier Drugs**<br>– $15 copay plus 25% coinsurance for a three-month (90-day) supply of drugs in this tier |
| **Long-Term Care Pharmacy** | **Tier 1: Generic Drugs**<br>– $5 copay plus 15% coinsurance for a one-month (31-day) supply of drugs in this tier<br>**Tier 2: Preferred Brand Drugs**<br>– $15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs in this tier<br>**Tier 3: Non-Preferred Brand Drugs**<br>– $25 copay plus 50% coinsurance for a one-month (31-day) supply of drugs in this tier<br>**Tier 4: Specialty Tier Drugs**<br>– $15 copay plus 25% coinsurance for a one-month (31-day) supply of drugs in this tier<br>Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14 days supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed. |
| **Coverage Gap** | For 2015 during the coverage gap stage, you will pay no more than your usual cost-sharing for generic and brand-name drugs. |
| **Catastrophic Coverage** | After your yearly out-of-pocket drug costs reach $4,700, you pay the greater of:<br>– 5% coinsurance, or<br>– $2.65 copay for generic (including brand drugs treated as generic) and $6.60 copay for all other drugs. |

| Benefit Category | Group MedicareBlue Rx |
| --- | --- |
| **Out-of-Network** | 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. Please contact Group MedicareBlue Rx for details. |
| **Supplemental Drugs** | Group MedicareBlue Rx 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 for details. |

**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-838-3827. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-838-3827. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-838-3827。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-838-3827。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-838-3827. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-838-3827. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-838-3827 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-838-3827. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-838-3827 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-838-3827. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه مترجم فوري، ليس عليك سوى الاتصال بنا على 1-778-838-7283. سيقوم شخص ما يتحدث العربية خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-838-3827 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-838-3827. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-838-3827. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-838-3827. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-838-3827. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-838-3827 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Group
# MedicareBlue℠ Rx (PDP)
A Medicare Prescription Drug Plan

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

Please call Customer Service:

Group MedicareBlue Rx: **1-877-838-3827**
TTY hearing impaired users call: **711**

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

Or, visit our website at **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

RAS1171R07 (09/14)