



2019 PDP Summary of Benefits

Blue Medicare RxSM (PDP)

Contracts S5540-002, S5540-004

January 1, 2019 – December 31, 2019

This is a summary of drug services covered in Blue Medicare Rx (PDP) Standard and Blue Medicare Rx (PDP) Enhanced Plans **January 1, 2019 - December 31, 2019**.

Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

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, please request the "Evidence of Coverage." Call customer service at **1-800-661-5518**,

access online at **www.BlueCrossNC.com/Medicare** or call your Blue Cross NC Authorized Agent.

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MedicareRxSM

Prescription Drug Coverage

Please note:

To join Blue Medicare Rx (PDP) plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes all counties in North Carolina.

PDP Summary of Benefits

Standard S5540-002

What You Should Know

Monthly Premium:	You must continue to pay your Medicare Part B premium.	\$69.30
Deductible:	Tiers 1 & 2: Tiers 3, 4 & 5:	\$0 \$305

Standard S5540-002

Benefit	Preferred Retail or Mail-Order Pharmacies			Non-preferred Retail or Mail-Order Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1: Preferred Generic	\$4 copay	\$8 copay	\$12 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2: Generic	\$8 copay	\$16 copay	\$24 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3: Preferred Brand-name	\$37 copay	\$74 copay	\$111 copay	\$47 copay	\$94 copay	\$141 copay
Tier 4: Non-preferred drug	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5: Specialty	25% of cost	Tier 5 is limited to a one-month (30-day) supply		25% of cost	Tier 5 is limited to a one-month (30-day) supply	

†Long Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Note:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to www.BlueCrossNC.com/Medicare. Click on "Find Doctor/Drug/Facility" (center top of the page).
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

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PDP Summary of Benefits

Enhanced S5540-004

What You Should Know

Monthly Premium:	You must continue to pay your Medicare Part B premium.	\$96.80
Deductible:		\$0

Enhanced S5540-004

Benefit	Preferred Retail or Mail-Order Pharmacies			Non-preferred Retail or Mail-Order Pharmacies		
	1-month 30-day supply	2-months 60-day supply	3-months 90-day supply	1-month 30-day supply†	2-months 60-day supply	3-months 90-day supply
Tier 1: Preferred Generic	\$3 copay	\$6 copay	\$9 copay	\$15 copay	\$30 copay	\$45 copay
Tier 2: Generic	\$6 copay	\$12 copay	\$18 copay	\$20 copay	\$40 copay	\$60 copay
Tier 3: Preferred Brand-name	\$30 copay	\$60 copay	\$90 copay	\$45 copay	\$90 copay	\$135 copay
Tier 4: Non-preferred drug	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
Tier 5: Specialty	33% of cost	Tier 5 is limited to a one-month (30-day) supply		33% of cost	Tier 5 is limited to a one-month (30-day) supply	

† Long Term Care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Note:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to www.BlueCrossNC.com/Medicare. Click on "Find Doctor/Drug/Facility" (center top of the page).
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher. Our pharmacy network may change at any time. You will receive notice when necessary.
- Cost sharing may vary depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

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Compare Part D Plans (Prescription Drug Plans)

		Blue Medicare Rx™ (PDP)	
		Standard S5540-002	Enhanced S5540-004
Monthly Premium:		\$69.30	\$96.80
Deductible:	Tiers 1 & 2:	\$0	\$0 (all tiers)
	Tiers 3, 4 & 5:	\$305	
Initial Coverage Level (ICL): Tiers 1–5 are for a 30-day supply at a preferred retail or mail-order pharmacy	Limit	You + Plan = \$3,820	You + Plan = \$3,820
	Tier 1	\$4 copay	\$3 copay
	Tier 2	\$8 copay	\$6 copay
	Tier 3	\$37 copay	\$30 copay
	Tier 4	45% of cost	45% of cost
	Tier 5	25% of cost	33% of cost
Coverage Gap: After total drug costs reach \$3,820.	Generic	37% of cost	\$3 copay (Tier 1 generics, 30-day supply) and 37% of cost (all other generics)
	Brand-name	25% of cost	25% of cost
Catastrophic After your out-of-pocket drug costs reach \$5,100.	Generic	5% of cost or \$3.40 copay (whichever is greater)	5% of cost or \$3.40 copay (whichever is greater)
	Brand-name	5% of cost or \$8.50 copay (whichever is greater)	5% of cost or \$8.50 copay (whichever is greater)

Note:

- This chart shows your portion of the costs. Benefits shown are available at preferred pharmacies.
- Our preferred pharmacy and preferred mail-order pharmacy networks include: **EPIC, Walgreens, Walmart** and other local pharmacy networks. To find a pharmacy near you, go to www.BlueCrossNC.com/Medicare. Click on "Find Doctor/Drug/Facility" (center top of the page).
- The Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher.
- Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. You will receive notice when necessary.
- 60- and 90-day supplies of prescription drugs are also covered. Tier 5 drugs are limited to a 30-day supply.
- If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid, or by another third party.
- This information is not a complete description of benefits. Contact the plan for more information.

PDP Summary of Benefits

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. If you have questions or need to request a copy of the handbook, see the contact information below.

This Blue Medicare Rx (PDP) Enrollment Kit is available in other formats such as Braille and large print.

If you have questions about Blue Medicare Rx (PDP) from Blue Cross and Blue Shield of North Carolina (Blue Cross NC), contact an Authorized Agent near you, or call the number below to speak with us directly.

Note:

- This information is not a complete description of benefits. Contact the plan for more details.
- All other marks and trade names are the property of their respective owners.
- Limitations, copayments and restrictions may apply.
- Benefits, premiums and/or copayments and/or coinsurance may change on January 1 of each year.

Medicare & You handbook information:

Contact Medicare



Phone: 1-800-MEDICARE
(1-800-633-4227)

Hours: 7 days a wk., 24 hrs. a day

Online: www.medicare.gov



TTY/TTD: 1-877-486-2048

How to Find a Drug or Pharmacy:

Go to www.BlueCrossNC.com/Medicare



Click on “Find a **Doctor/Drug/Facility**” (center top of the page)

For more information about Blue Medicare Rx (PDP) plans:

Members Contact Blue Cross NC Customer Service



Phone: 1-888-247-4142

TTY: 1-888-247-4145

Hours: 7 days a wk., 8 a.m. – 8 p.m.



Non-members Contact the Blue Cross NC Direct Sales Team

Phone: 1-800-661-5518

TTY: 1-800-922-3140

Hours: 7 days a wk., 8 a.m. – 8 p.m.



OR Contact a Blue Cross NC **Authorized Agent** near you.



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-247-4142**.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.BlueCrossNC.com/Medicare or call **1-888-247-4142** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).