

Summary of Benefits

January 1, 2018 – December 31, 2018

2018

Regions include: Michigan, North Carolina,
Pennsylvania and West Virginia

Here's how to learn more about the coverage and costs of
this plan:



Visit **BasicBlueRx.com**



Call toll-free from 8 a.m. to 8 p.m., daily, local time

- Current Members: **1-877-376-2185**. TTY users call **711**.
- Nonmembers: **1-888-575-7519**. TTY users call **711**.

Introduction

This guide is a summary of the prescription drug services offered by Basic Blue® Rx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read plan coverage overview and contact information for customer service representatives who are able to answer all of your questions.

What's Included in this *Summary of Benefits*?

Basic Blue Rx Plan Overview	1
Frequently Asked Questions	2
Health Care Terms	3
Using the Plan	4-5
Get Help in Your Language: Multi-Language Interpreter Services	6-8

Basic Blue Rx Plan Overview

These charts show how much you will pay for your monthly **premium** and your **cost share**. Cost sharing may change when you enter another phase of the Part D benefit.

Premium by state	Monthly cost
Michigan	\$24.90
North Carolina	\$27.00
Pennsylvania/West Virginia	\$27.20

Stage 1: Meet your deductible (for all regions)			
Yearly deductible	\$0 on Tiers 1 and 2 \$405 on Tiers 3, 4 and 5		
Stage 2: Initial coverage (for all regions)			
Pharmacy Type	Preferred Retail	Standard Retail	Preferred Mail
Days Supplies	30	30	90
Tier 1: Preferred Generic	\$4 copay	\$16 copay	\$10 copay
Tier 2: Generic	\$9 copay	\$20 copay	\$23 copay
Tier 3: Preferred Brand	15% coinsurance	21% coinsurance	15% coinsurance
Tier 4: Non-Preferred drug	30% coinsurance	46% coinsurance	30% coinsurance
Tier 5: Specialty Tier	25% coinsurance	25% coinsurance	Not available
Stage 3: Coverage gap (for all regions)			
Begins once your total drug costs for the year reach \$3,750 <ul style="list-style-type: none"> • Generic Drugs: 44% of the plan cost • Brand-name Drugs: 35% of the plan cost 			
Stage 4: Catastrophic coverage (for all regions)			
Begins once your total out- of-pocket costs for the year reach \$5,000			
You pay the greater of: 5% of the cost, or a \$3.35 copay for generic drugs (including brand drugs treated as generic) and a \$8.35 copay for all other drugs			

Frequently Asked Questions

Read below to find more information about the plan benefits, eligibility requirements and who to contact for additional questions.

What is Basic Blue Rx (PDP)?

Basic Blue Rx (PDP) is a Prescription Drug Plan that works with your Medicare benefits. This booklet explains what Basic Blue Rx covers and explains what costs you will pay as a member. Not all covered services are listed. To see a complete list of covered services, call and ask for the *Evidence of Coverage*. Or, visit **BasicBlueRx.com**, then select the 'Documents' tab to view the PDF version.

Can I join?

You must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area to join Basic Blue Rx. Our service areas include Michigan, North Carolina, Pennsylvania and West Virginia.

Are my drugs covered?

Check the formulary, also called a drug list, at **BasicBlueRx.com/drugs**. Or call us and we will send you a copy.

How much will I need to pay for drugs?

The amount you pay depends on what tier the drug is on and what benefit stage you have reached. Your costs for each drug tier and benefit stage are shown in the benefit chart in this document.

Which pharmacies can I use?

In general, you will need to use the pharmacies in the plan's network to fill your prescriptions. Some pharmacies offer preferred cost sharing, and you may pay less when you use them. You can find the list of pharmacies for this plan at **BasicBlueRx.com/pharmacy**. Or call us and we will send you a *Pharmacy Directory*.

Want to learn more about Original Medicare?

The *Medicare & You* handbook explains what Original Medicare covers and the costs you may pay. You can view the handbook online at **medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week.

What are the drug tiers?

Our plan places a drug into one of five tiers. Check the 2018 drug list to find out which tier your drug is on.

Cost-Sharing Tier 1: Preferred Generic

This tier is the lowest tier and generally contains the lowest cost generics.

Cost-Sharing Tier 2: Generic

This tier contains generics.

Cost-Sharing Tier 3: Preferred Brand

This tier contains preferred brand drugs and non-preferred generic drugs.

Cost-Sharing Tier 4: Non-Preferred drug

This tier contains non-preferred brand drugs and non-preferred generic drugs.

Cost-Sharing Tier 5: Specialty Tier

This tier contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.

What are the benefit stages?

As you spend up to certain dollar amounts on your covered prescription drugs, you will move into different benefit stages.

Stage 1: Meet your deductible

The amount you must pay for prescriptions before your plan begins to pay.

Stage 2: Initial coverage

The stage before your total drug costs for the year have reached \$3,750. During this stage you will pay a copayment or coinsurance for your prescriptions.

Stage 3: Coverage gap

This stage begins after your total drug costs for the year have reached \$3,750. It is sometimes referred to as the "donut hole." During this stage, you receive a discount on brand-name drugs and pay no more than 44% of the costs for generic drugs.

Stage 4: Catastrophic coverage

This stage begins after your out-of-pocket costs for the year have reached the \$5,000 limit for the calendar year. You will stay in this payment stage until the end of the calendar year. During this stage the plan will pay most of the cost for your drugs.

Health Care Terms and What They Mean

Copay — A set dollar amount you pay for prescriptions.

Coinsurance — A percent of the cost you pay for prescriptions.

Deductible — A set amount of money you must pay before your plan begins to pay.

In-network — Pharmacies that are included in your plan. Using an in-network pharmacy usually means you pay less for your prescriptions.

Preferred cost sharing — Lower cost sharing for certain covered Part D drugs at certain network pharmacies.

Premium — The amount you pay each month to be a member of the plan.

Using the plan

Understanding your pharmacy network and drug tiers

Using the formulary, also known as a drug list, and the pharmacy directory will help you get the most out of the plan's benefits.

Price drugs

- All prescription drugs are placed on tiers – or different levels.
- The formulary will tell you which tier your medication is on.
- Whichever tier your drug is on will determine your share of the cost.



Locate a pharmacy

- Pharmacies in the network offer either standard or preferred cost sharing.
- You will usually pay the least amount if you use a pharmacy offering preferred cost sharing.

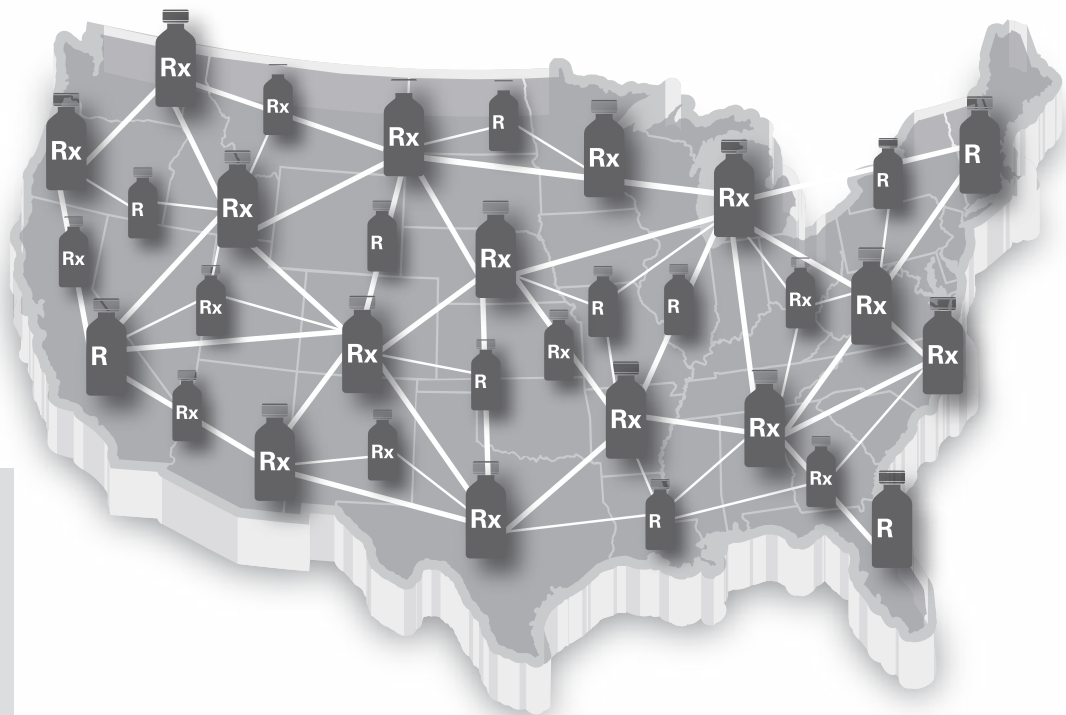


Access the most current formulary at [BasicBlueRx.com/drugs](https://www.basicblue.com/BasicBlueRx.com/drugs).

Access the most current directory at [BasicBlueRx.com/pharmacy](https://www.basicblue.com/BasicBlueRx.com/pharmacy).

Nationwide pharmacy network

With more than 67,000 in-network pharmacies throughout the United States, it's convenient and easy to fill your prescriptions. There are more than 23,000 pharmacies offering preferred cost sharing nationwide, including CVS/Target pharmacies, Kroger, Costco and many more.



Tip: How to find a preferred pharmacy

Look for pharmacies marked with a "P" in the pharmacy directory. These pharmacies offer preferred cost sharing.

Basic Blue[®] RX (PDP)

A Medicare Prescription Drug Plan

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-575-7519 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-575-7519 (TTY : 711)。

Arabic:

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-575-9157 (رقم هاتف الصم والبكم: 117).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-575-7519 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-575-7519 (TTY: 711)번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-575-7519 (телетайп: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-575-7519 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-575-7519 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-575-7519 (ATS : 711).

Pennsylvanian Dutch: Wann du Deutsch schwetscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-888-575-7519 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-575-7519 (TTY: 711).

**Syriac
(Assyrian):**

ܠܢܘܨܬܘܢܝܐ ܘܠܘܨܬܘܢܝܐ ܝܚܘܪܕܝܢܝܐ ܘܠܘܨܬܘܢܝܐ ܠܥܝܠܝܐ ܘܠܘܨܬܘܢܝܐ ܠܥܝܠܝܐ ܘܠܘܨܬܘܢܝܐ ܠܥܝܠܝܐ ܘܠܘܨܬܘܢܝܐ ܠܥܝܠܝܐ ܘܠܘܨܬܘܢܝܐ ܠܥܝܠܝܐ ܘܠܘܨܬܘܢܝܐ ܠܥܝܠܝܐ
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Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-575-7519 (TTY: 711).

Mon-Khmer, Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បម្រើអ្នក។ ចុះ ចូរស័ព្ទ 1-888-575-7519 (TTY: 711)។

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-575-7519 (TTY: 711).

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৪৪৪-৫৭৫-৭৫১৯ (TTY: 711)।

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 pharmacy network may change at any time. You will receive notice when necessary.

MII Life, Inc., a Medicare contractor, is an independent licensee of the Blue Cross[®] and Blue Shield[®] Association and the underwriter for Basic Blue[®] Rx, a prescription drug plan. Enrollment in Basic Blue Rx depends on contract renewal. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association.

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