

**Blue** Medicare Rx<sup>SM</sup> (PDP)

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## 2018 PDP Summary of Benefits

Contracts S5540-002, S5540-004

**January 1, 2018 – December 31, 2018**

**MedicareRx**  
Prescription Drug Coverage Rx

®, SM Marks of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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**Medicare** plans to fit your needs

# PDP Summary of Benefits

This is a summary of drug services covered in Blue Medicare Rx (PDP) Standard and PDP Enhanced Plans **January 1, 2018 - December 31, 2018.**

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."

**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

<b>Monthly Premium:</b>	You must continue to pay your Medicare Part B premium.	\$77.50
<b>Deductible:</b>	Tiers 1 & 2:	\$0
	Tiers 3, 4 & 5:	\$300

## Standard S5540-002

Benefit	Preferred Retail or Mail-Order Pharmacies			Non-preferred Retail or Mail-Order Pharmacies		
	1-month	2-months	3-months	1-month	2-months	3-months
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
<b>Tier 1: Preferred Generic</b>	\$4 copay	\$8 copay	\$12 copay	\$15 copay	\$30 copay	\$45 copay
<b>Tier 2: Generic</b>	\$8 copay	\$16 copay	\$24 copay	\$20 copay	\$40 copay	\$60 copay
<b>Tier 3: Preferred Brand-name</b>	\$37 copay	\$74 copay	\$111 copay	\$47 copay	\$94 copay	\$141 copay
<b>Tier 4: Non-preferred Brand-name</b>	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
<b>Tier 5: Specialty</b>	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	

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.bcbsnc.com/medicare](http://www.bcbsnc.com/medicare). Click on "Find a Doctor, Drug or Pharmacy" (top right corner).
- 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.

# PDP Summary of Benefits

**Enhanced S5540-004**

## What You Should Know

<b>Monthly Premium:</b>	You must continue to pay your Medicare Part B premium.	\$115.70
<b>Deductible:</b>		\$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
<b>Tier 1: Preferred Generic</b>	\$3 copay	\$6 copay	\$9 copay	\$15 copay	\$30 copay	\$45 copay
<b>Tier 2: Generic</b>	\$6 copay	\$12 copay	\$18 copay	\$20 copay	\$40 copay	\$60 copay
<b>Tier 3: Preferred Brand-name</b>	\$30 copay	\$60 copay	\$90 copay	\$45 copay	\$90 copay	\$135 copay
<b>Tier 4: Non-preferred Brand-name</b>	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost	50% of cost
<b>Tier 5: Specialty</b>	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	

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.bcbsnc.com/medicare](http://www.bcbsnc.com/medicare). Click on "Find a Doctor, Drug or Pharmacy" (top right corner).
- 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

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](http://www.medicare.gov)



**TTY/TTD:** 1-877-486-2048

## How to Find a Drug or Pharmacy:

Go to [www.bcbsnc.com/medicare](http://www.bcbsnc.com/medicare)



Click on “Find a Doctor, **Drug** or **Pharmacy**” (top right corner)

## 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.

## Blue Medicare Rx™ (PDP)

### Non-Discrimination and Accessibility Notice

#### Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

**Customer Service**

**Call: 1-800-661-5518, 1-800-922-3140 (TTY)**

**Hours: Daily, 8 a.m. to 8 p.m.**

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

**Blue Cross NC, P.O. Box 2291, Durham, NC 27702**

**Attention: Civil Rights Coordinator-Privacy,  
Ethics & Corporate Policy Office**

**Call: 919-765-1663, 1-888-291-1783 (TTY)**

**Fax: 919-287-5613**

**E-mail: [civilrightscordinator@bcbsnc.com](mailto:civilrightscordinator@bcbsnc.com)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

**Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

**Mail: U.S. Department of Health & Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building Washington, D.C. 20201**

**Call: 1-800-368-1019, 1-800-537-7697 (TDD)**

**Complaint forms are available online at:**

**<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Contact:

**Customer Service**

**Call: 1-800-661-5518, 1-800-922-3140 (TTY)**

**Hours: Daily, 8 a.m. to 8 p.m.**

#### Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Medicare Rx™ (PDP)

## Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-661-5518 (TTY: 1-800-922-3140).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-661-5518 (TTY: 1-800-922-3140).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-800-661-5518 (TTY: 1-800-922-3140)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-661-5518 (TTY: 1-800-922-3140).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-661-5518 (TTY: 1-800-922-3140) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-661-5518 (ATS: 1-800-922-3140).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالملجان. اتصل برقم 1-800-661-5518. المبرقة الكاتبة: 1-800-922-3140.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-661-5518 (TTY: 1-800-922-3140).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-661-5518 (телетайп: 1-800-922-3140).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-661-5518 (TTY: 1-800-922-3140).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-661-5518 (TTY: 1-800-922-3140).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-800-661-5518 (TTY: 1-800-922-3140)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-661-5518 (TTY: 1-800-922-3140).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-661-5518 (TTY: 1-800-922-3140) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-661-5518 (TTY: 1-800-922-3140).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-661-5518 (TTY: 1-800-922-3140)まで、お電話にてご連絡ください。

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