



## 2022 Summary of Benefits

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

MedicareRx  
Prescription Drug Coverage

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2022 – December 31, 2022**.

Plans:

Blue Medicare Rx Standard (PDP) S5540-002

Blue Medicare Rx Enhanced (PDP) S5540-004

Notes:

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit [Medicare.BlueCrossNC.com/medicare/forms-library](https://www.Medicare.BlueCrossNC.com/medicare/forms-library) and click on the Evidence of Coverage tab.
- 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.
- You must join a Medicare prescription drug plan to receive drug coverage unless you are eligible for both Medicare and Medicaid. Contact your state Medicaid or medical assistance office if you have questions about your eligibility.
- 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.
- 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.
- For more details, call **1-800-661-5518** (TTY: 711) or current members call **1-888-247-4142** (TTY: 711). You can also visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or contact your Blue Cross NC Authorized Agent.

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

S5540-002

**Monthly Premium:** \$94.40

## Part D, Prescription Drug Benefit Stages

### Annual Deductible:

This is the set amount that you pay before your plan begins to pay its share of the cost.

**Tier 1:** \$0

**Tiers 2, 3, 4 and 5:** \$400

### Initial Coverage Limit (ICL):

#### **Begins after you pay your yearly deductible.**

You remain in this stage until your total year-to-date costs on covered drugs reach **\$4,430**. (Total year-to-date drug costs include the total drug costs paid by you and any Part D plan from the beginning of the calendar year.)

### Coverage Gap:

#### **Begins when your total year-to-date costs on covered drugs exceed \$4,430.**

In this stage, you'll pay **25%** of the cost for generic drugs and **25%** of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach **\$7,050**.

### Catastrophic Coverage:

#### **Begins when your total year-to-date costs on covered drugs exceed \$7,050.**

During this stage, you pay the greater of **\$3.95** or **5%** of the cost for generic drugs, and the greater of **\$9.85** or **5%** of the cost for brand-name drugs.

# Summary of Benefits

## Prescription Drug Coverage

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

S5540-002

	Preferred Pharmacies		Preferred Mail Order	Non-Preferred Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
<b>Preferred Generic Drugs</b> (Tier 1)	\$4 copay	\$12 copay	\$12 copay	\$15 copay	\$45 copay
<b>Generic Drugs</b> (Tier 2)	\$8 copay	\$24 copay	\$24 copay	\$20 copay	\$60 copay
<b>Preferred Brand Drugs</b> (Tier 3)	\$37 copay	\$111 copay	\$111 copay	\$47 copay	\$141 copay
<b>Non-Preferred Drugs</b> (Tier 4)	48% of cost	48% of cost	48% of cost	50% of cost	50% of cost
<b>Specialty Tier Drugs</b> (Tier 5)	26% of cost	N/A	N/A	26% of cost	N/A

Summary of Benefits

\*Long-term care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Notes: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.

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

S5540-004

**Monthly Premium:** \$120.40

## Part D, Prescription Drug Benefit Stages

### Annual Deductible:

This is the set amount that you pay before your plan begins to pay its share of the cost.

**All Tiers: \$0**

### Initial Coverage Limit (ICL):

**Begins after you pay your yearly deductible.**

You remain in this stage until your total year-to-date costs on covered drugs reach **\$4,430**. (Total year-to-date drug costs include the total drug costs paid by you and any Part D plan from the beginning of the calendar year.)

### Coverage Gap:

**Begins when your total year-to-date costs on covered drugs exceed \$4,430.**

In this stage, you'll pay **25%** of the cost for generic drugs and **25%** of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach **\$7,050**. Tier 1 drugs are covered in the Coverage Gap; there's a **\$3** copayment at preferred pharmacies or a **\$15** copayment at non-preferred pharmacies for a 30-day supply.

### Catastrophic Coverage:

**Begins when your total year-to-date costs on covered drugs exceed \$7,050.**

During this stage, you pay the greater of **\$3.95** or **5%** of the cost for generic drugs, and the greater of **\$9.85** or **5%** of the cost for brand-name drugs.

# Summary of Benefits

## Prescription Drug Coverage

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

S5540-004

	Preferred Pharmacies		Preferred Mail Order	Non-Preferred Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
<b>Preferred Generic Drugs</b> (Tier 1)	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay
<b>Generic Drugs</b> (Tier 2)	\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay
<b>Preferred Brand Drugs</b> (Tier 3)	\$30 copay	\$90 copay	\$90 copay	\$45 copay	\$135 copay
<b>Non-Preferred Drugs</b> (Tier 4)	45% of cost	45% of cost	45% of cost	49% of cost	49% of cost
<b>Specialty Tier Drugs</b> (Tier 5)	33% of cost	N/A	N/A	33% of cost	N/A

Summary of Benefits

\*Long-term care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Notes: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.

## Which drugs are covered?

See the Common Drugs pages of the Blue Medicare Rx (PDP) book.

## Which pharmacies can I use?

- Our 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 Preferred Mail Order Pharmacy Network includes AllianceRx Walgreens Prime, Express Scripts and Kroger Postal Prescription Services.

## How do I find a preferred pharmacy?

- To find a pharmacy, go to [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com). Click on “Find a Doctor/Drug/Facility”.
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

For more information about Original Medicare, request the **Medicare & You** handbook from **Medicare**:



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



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



**Hours:** 7 days a week, 24 hours a day



**Visit:** [Medicare.gov](https://www.Medicare.gov)

Have Medicare questions? We've got answers. Contact **Blue Cross NC**:



**Phone:** **1-800-661-5518** (TTY: 711) or current members call **1-888-247-4142** (TTY: 711)



**Hours:** 7 days a week, 8 a.m. – 8 p.m.



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Or contact your Blue Cross NC **Authorized Agent**.