

2023 Summary of Benefits

Medicare Prescription Drug Plans

BlueMedicare Premier Rx (PDP) S5904-001

BlueMedicare Complete Rx (PDP) S5904-002

1/1/2023 – 12/31/2023



The plans' service area includes:

State of Florida

The information provided is a summary of what we cover and what you pay. To get details about these Medicare prescription drug plans, call us and ask for the “Evidence of Coverage”. To get a complete list of the drugs we cover, call us and ask for the List of Covered Drugs (“Formulary”). You may also view the “Evidence of Coverage” and “Formulary” for these plans on our website, www.floridablue.com/medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You* 2023 handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Who Can Join?

To join, 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: the state of Florida

Which pharmacies can I use?

- In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs.
 - You can also use our mail-order pharmacy to have your prescription delivered to your home.
 - Want to see if your pharmacy is in our pharmacy network, or if these plans cover your prescription drugs? Just visit our website at www.floridablue.com/medicare.
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Have Questions? Call Us

- If you are a member of this plan, call us at 1-800-926-6565, TTY: 1-800-955-8770.
- If you are not a member of this plan, call us at 1-855-601-9465, TTY: 1-800-955-8770.
 - From October 1 through March 31, we are open seven days a week, from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
 - From April 1 through September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time, except for major holidays.
- Or visit our website at www.floridablue.com/medicare

Important Information

Our plans group each medication into a tier. The number of tiers may vary based on the plan you choose. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible (for BlueMedicare Premier Rx only), Initial Coverage, Coverage Gap and Catastrophic Coverage.

Monthly Premium, Deductible and Limits

	BlueMedicare Premier Rx (PDP) S5904-001	BlueMedicare Complete Rx (PDP) S5904-002
Monthly Plan Premium	\$80.40 You must continue to pay your Medicare Part B premium.	\$170.10 You must continue to pay your Medicare Part B premium.
Deductible	\$505 per year Applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier).	\$0 per year for Part D prescription drugs.

Part D Prescription Drug Benefits

Deductible Stage

You begin in this stage when you fill your first prescription of the year. You pay the full cost of prescription drugs up to the deductible amount before moving to the initial coverage stage. The deductible stage applies to BlueMedicare Premier Rx only. In the deductible stage, if your prescription drug cost exceeds the deductible amount and moves you into the initial stage, you may have to pay the deductible and applicable tier cost share.

There is no deductible for BlueMedicare Complete Rx for Select Insulins. You pay \$35 for Select Insulins for a one-month supply.

Initial Coverage Stage

You begin in this stage after you meet your deductible (if applicable). During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You remain in this stage until your total yearly drug costs (your payments plus any Part D plan's payments) reach **\$4,660**. You may get your drugs at network retail pharmacies and mail order pharmacies.

	BlueMedicare Premier Rx (PDP) S5904-001		BlueMedicare Complete Rx (PDP) S5904-002	
	Standard Retail/LTC (31-day supply)	Mail Order (90-day supply)	Standard Retail (31-day supply)	Mail Order (90-day supply)
Tier 1 - Preferred Generic	\$3 copay	\$9 copay	\$3 copay	\$9 copay
Tier 2 - Generic	\$14 copay	\$42 copay	\$10 copay	\$30 copay
Tier 3 - Preferred Brand	\$47 copay	\$141 copay	\$40 copay	\$120 copay
			\$35 copay for Select Insulins	\$105 copay for Select Insulins
Tier 4 - Non - Preferred Drug	50% of the cost	50% of the cost	\$93 copay	\$279 copay
			\$35 copay for Select Insulins	\$105 copay for Select Insulins
Tier 5 - Specialty Tier	25% of the cost	N/A	33% of the cost	N/A

Coverage Gap Stage

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The Coverage Gap Stage begins after your total year-to-date drug cost (your payments plus any Part D plan's payments) reaches **\$4,660**. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of **\$7,400**.

	BlueMedicare Premier Rx (PDP) S5904-001	BlueMedicare Complete Rx (PDP) S5904-002
During the Coverage Gap Stage:	<ul style="list-style-type: none"> • For generic drugs, you pay 25% of the cost • For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee) 	<ul style="list-style-type: none"> • You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) – or 25% of the cost, whichever is lower • For generic drugs, you pay 25% of the cost • For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee) • BlueMedicare Complete Rx offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35 for a one-month supply.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach **\$7,400**, you pay the *greater* of:

- **\$4.15** copay for generic drugs in all tiers (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs in all tiers; or **5%** of the cost.

Additional Drug Coverage

- Please call us or see the plan's "Evidence of Coverage" on our website (www.floridablue.com/medicare) for complete information about your costs for covered drugs. If you request and the plan approves a formulary exception, you will pay Tier 4 (Non-Preferred Drug) cost-sharing.

- Your cost-sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.

	BlueMedicare Premier Rx (PDP) S5904-001	BlueMedicare Complete Rx (PDP) S5904-002
Important Message About What You Pay for Vaccines	<ul style="list-style-type: none"> Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information. 	<ul style="list-style-type: none"> Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
Important Message About What You Pay for Insulin	<ul style="list-style-type: none"> You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. 	<ul style="list-style-type: none"> See information regarding insulin coverage in Rx charts above.

Disclaimers

Florida Blue is an Rx (PDP) plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

If you have any questions, please contact our Member Services number at 1-800-926-6565. (TTY users should call 1-800-955-8770.) Our hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays.

Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., dba Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Nosotros cumplimos con las leyes federales de derechos civiles aplicables y no discriminamos por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Para información sobre nuestros servicios gratuitos de asistencia lingüística, visite floridablue.com/es/ndnotice.

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 1-800-926-6565. (TTY users should call 1-800-955-8770). 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 1-800-962-6565 (TTY: 1-877-955-8773). 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 1-800-926-6565。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 1-800-926-6565。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 pagsaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-926-6565. 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 1-800-926-6565. 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 quý vị cần thông dịch viên xin gọi 1-800-926-6565. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-926-6565. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-926-6565. 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 1-800-926-6565. 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 خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-926-6565. سيقوم شخص ما يتحدث العربية مجاناً.

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 1-800-926-6565 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 1-800-926-6565. Un nostro incaricato che parla Italiano 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 1-800-926-6565. 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-926-6565. 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 1-800-926-6565. 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。通訳をご用命になるには、1-800-926-6565。