2022 Summary of Benefits
Medicare Prescription Drug Plans

BlueMedicare Premier Rx (PDP) S5904-001
BlueMedicare Complete Rx (PDP) S5904-002

1/1/2022 – 12/31/2022

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 current 2022 "Medicare & You" 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.

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

<table>
<thead>
<tr>
<th></th>
<th>BlueMedicare Premier Rx (PDP) S5904-001</th>
<th>BlueMedicare Complete Rx (PDP) S5904-002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>$77.30 You must continue to pay your Medicare Part B premium.</td>
<td>$174.30 You must continue to pay your Medicare Part B premium.</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$480 per year Does not apply to Tier 1 (Preferred Generic) and Tier 2 (Generic).</td>
<td>$0 per year for Part D prescription drugs.</td>
</tr>
</tbody>
</table>

## Part D Prescription Drug Benefits

**Deductible Stage**

When applicable, 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. Deductible amounts and tiers that are excluded are listed above for both plans.

There is no deductible for BlueMedicare Complete Rx for Select Insulins. You pay $35 for Select Insulins.
Initial Coverage Stage

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 (total drug costs paid by you and any Part D plan) reach $4,430. You may get your drugs at network retail pharmacies and mail order pharmacies. Our BlueMedicare Complete Rx plan gives you preferred pharmacy options. You can fill your prescription drugs at one of our preferred pharmacies to save even more on most prescriptions.

<table>
<thead>
<tr>
<th></th>
<th>BlueMedicare Premier Rx (PDP) S5904-001</th>
<th>BlueMedicare Complete Rx (PDP) S5904-002</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Standard Retail/LTC (31-day supply)</td>
<td>Mail Order (90-day supply)</td>
</tr>
<tr>
<td>Tier 1 - Preferred Generic</td>
<td>$3 copay</td>
<td>$3 copay</td>
</tr>
<tr>
<td></td>
<td>$9 copay</td>
<td>$13 copay</td>
</tr>
<tr>
<td></td>
<td>$3 copay</td>
<td>$9 copay</td>
</tr>
<tr>
<td>Tier 2 - Generic</td>
<td>$13 copay</td>
<td>$39 copay</td>
</tr>
<tr>
<td></td>
<td>$10 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td>$30 copay</td>
<td>$3 copay</td>
</tr>
<tr>
<td>Tier 3 - Preferred Brand</td>
<td>$47 copay</td>
<td>$141 copay</td>
</tr>
<tr>
<td></td>
<td>$40 Copay</td>
<td>$47 Copay</td>
</tr>
<tr>
<td></td>
<td>$35 copay for Select Insulins</td>
<td>$35 copay for Select Insulins</td>
</tr>
<tr>
<td></td>
<td>$120 Copay</td>
<td>$105 copay for Select Insulins</td>
</tr>
<tr>
<td>Tier 4 - Non-Preferred Drug</td>
<td>50% of the cost</td>
<td>50% of the cost</td>
</tr>
<tr>
<td></td>
<td>$93 Copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td></td>
<td>$35 copay for Select Insulins</td>
<td>$35 copay for Select Insulins</td>
</tr>
<tr>
<td></td>
<td>$279 Copay</td>
<td>$105 copay for Select Insulins</td>
</tr>
<tr>
<td>Tier 5 - Specialty Tier</td>
<td>25% of the cost</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>33% of the cost</td>
<td>33% of the cost</td>
</tr>
</tbody>
</table>
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 the total yearly drug cost (total drug costs paid by you and any Part D plan) reaches $4,430. You stay in this stage until your year-to-date “out-of-pocket” costs reach a total of $7,050.

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.

<table>
<thead>
<tr>
<th>During the Coverage Gap Stage:</th>
<th>BlueMedicare Premier Rx (PDP) S5904-001</th>
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</tr>
</thead>
<tbody>
<tr>
<td>▪ For generic drugs in all tiers, you pay 25% of the cost</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>▪ For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee)</td>
<td>▪ For generic drugs in all other tiers, you pay 25% of the cost</td>
<td></td>
</tr>
<tr>
<td>▪ For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee)</td>
<td>▪ For brand-name drugs, you pay 25% of the cost</td>
<td></td>
</tr>
</tbody>
</table>

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach $7,050, you pay the greater of: $3.95 copay for generic drugs in all tiers (including brand drugs treated as generic) and a $9.85 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.
Disclaimers

Florida Blue is an Rx 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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Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

**Health and vision coverage (including FEP members):**
Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

**Dental, life, and disability coverage:**
Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator 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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20211
1-800-368-1019
1-800-537-7697 (TDD)