

2021 Summary of Benefits
Medicare Prescription Drug Plans

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

1/1/2021 – 12/31/2021



The plans' service area includes:
State of Florida

The benefit information provided is a summary of what we cover and what you pay. To get a complete list of services we cover, call us and ask for the “**Evidence of Coverage**.” You may also view the “Evidence of Coverage” for this plan 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 "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. Or see how we cover any medication you may be taking in our comprehensive formulary (list of covered Part D drugs).
-

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	\$73.70 You must continue to pay your Medicare Part B premium.	\$172.00 You must continue to pay your Medicare Part B premium.
Deductible	\$405 per year Does not apply to Tier 1 (Preferred Generic) and Tier 2 (Generic).	This plan does not have a deductible.

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.

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 **\$4,130**. 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. Cost sharing below applies to a one-month (31-day) supply.

	BlueMedicare Premier Rx (PDP) S5904-001		BlueMedicare Complete Rx (PDP) S5904-002		
	Standard Retail	Mail Order	Preferred Retail	Standard Retail	Mail Order
Tier 1 - Preferred Generic	\$0 copay	\$0 copay	\$3 copay	\$13 copay	\$3 copay
Tier 2 - Generic	\$11 copay	\$11 copay	\$10 copay	\$20 copay	\$10 copay
Tier 3 - Preferred Brand	\$47 copay	\$47 copay	\$40 copay	\$47 copay	\$40 copay
Tier 4 - Non-Preferred Drug	50% of the cost	50% of the cost	\$93 copay	\$100 copay	\$93 copay
Tier 5 - Specialty Tier	25% of the cost	25% of the cost	33% of the cost	33% of the cost	33% of the cost

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 (including what our plan has paid and what you have paid) reaches **\$4,130**. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of **\$6,550**.

	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 in all tiers, 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 in all other tiers, you pay 25% of the cost ▪ For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee)

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach **\$6,550**, you pay the *greater* of:

- **\$3.70** copay for generic drugs in all tiers (including brand drugs treated as generic) and a **\$9.20** 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 pharmacy, a home infusion pharmacy, or 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.

© 2020 Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. All rights reserved.

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)
civilrightscordinator@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, 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)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

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1-800-352-2583（TTY: 1-800-955-8770）。FEP：請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-253-008 (رقم هاتف الصم والبكم: 1-0778-559-008). اتصل برقم 1-0778-559-008.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ 1-800-352-2583 (TTY: 1-800-955-8770) หรือ FEP โทร 1-800-333-2227

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。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojji' hodíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojji' hodíłnih 1-800-333-2227.