



## 2020 Summary of Benefits Medicare Prescription Drug Plans

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

1/1/2020 – 12/31/2020



The plans' service area includes:  
**State of Florida**

Y0011\_34949\_M 0819 CMS Accepted

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](http://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 <http://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.

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### **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

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### **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](http://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).
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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.
    - We are available October 1 to March 31, 7 days a week, from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
    - From April 1 to September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time.
  - Or visit our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare)
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### **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.

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## Monthly Premium, Deductible and Limits



	<b>BlueMedicare Premier Rx (PDP)</b> S5904-001	<b>BlueMedicare Complete Rx (PDP)</b> S5904-002
<b>Monthly Plan Premium</b>	<b>\$72.20</b> You must continue to pay your Medicare Part B premium.	<b>\$167.30</b> You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	<b>\$355</b> 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 **\$4,020**. 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.

	<b>BlueMedicare Premier Rx (PDP)</b> S5904-001		<b>BlueMedicare Complete Rx (PDP)</b> S5904-002		
	<b>Standard Retail</b>	<b>Mail Order</b>	<b>Preferred Retail</b>	<b>Standard Retail</b>	<b>Mail Order</b>
Tier 1 - Preferred Generic	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$3</b> copay	<b>\$13</b> copay	<b>\$3</b> copay
Tier 2 - Generic	<b>\$9</b> copay	<b>\$9</b> copay	<b>\$10</b> copay	<b>\$20</b> copay	<b>\$10</b> copay
Tier 3 - Preferred Brand	<b>\$47</b> copay	<b>\$47</b> copay	<b>\$40</b> copay	<b>\$47</b> copay	<b>\$40</b> copay
Tier 4 - Non-Preferred Brand/Drug	<b>50%</b> of the cost	<b>50%</b> of the cost	<b>\$93</b> copay	<b>\$100</b> copay	<b>\$93</b> copay
Tier 5 - Specialty Tier	<b>26%</b> of the cost	<b>26%</b> of the cost	<b>33%</b> of the cost	<b>33%</b> of the cost	<b>33%</b> 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 **\$4,020**. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of **\$6,350**.

	<b>BlueMedicare Premier Rx (PDP)</b> S5904-001	<b>BlueMedicare Complete Rx (PDP)</b> S5904-002
<b>During the Coverage Gap Stage:</b>	<ul style="list-style-type: none"> <li>▪ For generic drugs in all tiers, you pay <b>25%</b> of the cost</li> <li>▪ For brand-name drugs, you pay <b>25%</b> of the cost (plus a portion of the dispensing fee)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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 <b>25%</b> of the cost, whichever is lower</li> <li>▪ For generic drugs in all other tiers, you pay <b>25%</b> of the cost</li> <li>▪ For brand-name drugs, you pay <b>25%</b> of the cost (plus a portion of the dispensing fee)</li> </ul>

## Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach **\$6,350**, you pay the greater of:

- **\$3.60** copay for generic drugs in all tiers (including brand drugs treated as generic) and a **\$8.95** 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](http://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 Brand/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.

This information is not a complete description of benefits. Call 1-855-601-9465 (TTY: 1-800-955-8770) for more information.

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

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-926-6565 (TTY: 1-800-955-8770). **ATENCIÓN:** Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-926-6565 (TTY: 1-877-955-8773).

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.

## **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 <https://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. 20201  
1-800-368-1019  
1-800-537-7697 (TDD)

Complaint forms are available at <http://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 1-800-333-008-1.

**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. Kojí' hodíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojí' hodíłnih 1-800-333-2227.