



EMPLOYER OVERVIEW GROUP MEDICAREBLUESM RX (PDP)

Review the Group MedicareBlue Rx plan option outlined below for your prescription drug coverage.

\$5/\$10/20%/45%/33% (\$105.50 per month)

Drug Level	30-Day Supply (network pharmacy or 31-day supply from a long-term care facility)	90-Day Supply (network pharmacy or mail order)
Tier 1: Preferred generic drugs	\$5 copay	\$10 copay
Tier 2: Generic drugs	\$10 copay	\$20 copay
Tier 3: Preferred brand drugs	20%	20%
Tier 4: Non-preferred drugs	45%	45%
Tier 5: Specialty drugs	33%	33%
Coverage gap Begins when members' total drug costs for the year reach \$5,030.	Tier 1: \$5 Tier 2: \$10 Tier 3–5: 25% of plan cost	Tier 1: \$10 Tier 2: \$20 Tier 3–5: 25% of plan cost
Catastrophic coverage Amount a member pays for a 30-day supply after a member paid \$8,000 in out-of-pocket prescription drug costs.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	
Supplemental drugs	None	

How to determine your drug cost

It can be a challenge to estimate your prescription drug cost, especially if your drugs are categorized in Tier 3, Tier 4 and Tier 5. Consider the questions below to help you determine how much you will pay for covered medicine.

- What is the name of your drug?
- What is the dosage amount you take of your drug?
- How do you take your drug? For example, is your drug in a pill form? Or is it injectable?
- What is the name of your doctor?

Once you know the answers, follow these steps to get an *estimate* of your drugs costs.

1. Access the Tier 5 group formulary on YourMedicareSolutions.com/GroupPlans to find out which tier your drug is on.
2. Call Group MedicareBlue Rx Customer Service at 877-838-3827 and refer to employer group, State of Iowa and Group number 38073.
3. Tell Group MedicareBlue Rx Customer Service to run a trial claim to find out your drug costs. Please note that this is **only an estimate** and the costs may change once you are enrolled.

IMPORTANT TERMS TO KNOW

It is important to understand what these terms mean, and how they impact your benefits.

Coinsurance: This is your share of the cost of a covered medicine, calculated as a percent of the medicine's full cost. For example, if a medicine costs \$100 and your plan requires 20% coinsurance, you would pay \$20 for the medicine.

Coverage gap: Medicare Part D drug plans have several phases of coverage: the initial coverage stage, the coverage gap stage and the catastrophic coverage stage. During the initial coverage stage, you will pay copays or coinsurance for your drugs based on the plan design and tier on which your drug resides. When your *total yearly drug costs* equal \$5,030; you will enter the coverage gap stage. In the coverage gap, you'll pay \$5 for Tier 1 drugs, \$10 for Tier 2 drugs, and no more than 25% of the plan's cost for drugs on Tier 3, Tier 4 and Tier 5. You will remain in the coverage gap stage until your *total out-of-pocket costs* reach \$8,000.

Catastrophic coverage: After your *total out-of-pocket costs* reach \$8,000, you pay nothing.

Specialty drug coverage: Medicare classifies certain unique and high-cost medications as specialty drugs. These include injectable antibiotics, transplant drugs, certain chemotherapy drugs and other self-injectable or administered drugs.

Total yearly drug costs: The amounts that you, the member **and** your prescription drug plan have paid for covered drugs in that calendar year. This does not include any premiums.

Total out-of-pocket costs: The amounts you, the member, have paid for covered drugs in a calendar year. This does **not** include the amount that your prescription drug plan has paid or premiums. If you should change prescription drug plans in the middle of the year, to another Medicare Part D plan, your total out-of-pocket costs "follow" you, and you will receive credit for amounts already paid under the prior plan.

This is a general description of coverage. Actual coverage is subject to the terms and conditions specified in the Evidence of Coverage and Chapter 4: What you pay for your Part D prescription drugs (Schedule of coverage and limitations). The document describes your prescription drug benefit for your benefit design. Together they provide a full description of your Group MedicareBlue Rx drug benefits. For complete details of Medicare benefits and exclusions, you may obtain a copy of *Medicare and You* from the Social Security Administration, or visit www.medicare.gov

Group MedicareBlueSM Rx (PDP) is a prescription drug plan with a Medicare contract-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's Medicare contract. This information is not a complete description of benefits. Contact 877-838-3827, 8 a.m. – 8 p.m., daily, Central Time (TTY 711) for more information.

Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*; Blue Cross and Blue Shield of Minnesota*; Blue Cross and Blue Shield of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue Cross and Blue Shield of South Dakota*; and Blue Cross Blue Shield of Wyoming*.

*Independent licensees of the Blue Cross and Blue Shield Association.

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