



# EMPLOYER OVERVIEW

## GROUP MEDICAREBLUE<sup>SM</sup> RX (PDP)

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

**\$5/\$10/20%/45%/33% (\$142.80 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)
<b>Tier 1:</b> Preferred generic drugs	\$5 copay	\$10 copay
<b>Tier 2:</b> Generic drugs	\$10 copay	\$20 copay
<b>Tier 3:</b> Preferred brand drugs	20%	20%
<b>Tier 4:</b> Non-preferred drugs	45%	45%
<b>Tier 5:</b> Specialty drugs	33%	33%
<b>Catastrophic coverage</b> Amount a member pays for a 30-day supply after a member paid \$2,000 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.	
<b>Supplemental drugs</b>	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](http://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.

**Catastrophic coverage:** After your *total out-of-pocket costs* reach \$2,000, 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.

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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](http://www.medicare.gov)

Group MedicareBlue<sup>SM</sup> Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. 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