



2021  
SUMMARY  
of BENEFITS  
\$5/\$10/20%/45%/33%

Group MedicareBlue<sup>SM</sup> Rx (PDP)

January 1, 2021 – December 31, 2021

# INTRODUCTION

This guide is a summary of the prescription drug services covered by Group MedicareBlue Rx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read chart on the plan's benefits and costs and contact information for customer service.

## WHAT'S INCLUDED IN THIS SUMMARY OF BENEFITS?

Benefit chart . . . . .	1-2
Frequently asked questions . . . . .	3
Notice of rights nondiscrimination and accessibility . . . . .	4-5

Here's how to learn more about the plan's benefits and costs:



Visit **[YourMedicareSolutions.com/GroupPlans](https://YourMedicareSolutions.com/GroupPlans)**



Enrolled members, call **1-877-838-3827** toll-free, daily, 8 a.m. to 8 p.m., Central and Mountain times.

TTY users should call **711**.

# SUMMARY OF BENEFITS

## Group MedicareBlue Rx \$5/\$10/20%/45%/33%

If you have any questions about the plan's benefits or costs, contact your employer group.

<b>Prescription Drug Benefits</b>													
<b>Initial coverage</b>	<p>During this stage, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>												
<b>30-day supply from a network pharmacy or 31-day supply from a long-term care facility</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><b>Tier</b></th> <th style="text-align: left;"><b>30-day supply</b></th> </tr> </thead> <tbody> <tr> <td><b>Tier 1 (Preferred generic)</b></td> <td>\$5 copay</td> </tr> <tr> <td><b>Tier 2 (Generic)</b></td> <td>\$10 copay</td> </tr> <tr> <td><b>Tier 3 (Preferred brand)</b></td> <td>20% coinsurance</td> </tr> <tr> <td><b>Tier 4 (Non-preferred drug)</b></td> <td>45% coinsurance</td> </tr> <tr> <td><b>Tier 5 (Specialty)</b></td> <td>33% coinsurance</td> </tr> </tbody> </table>	<b>Tier</b>	<b>30-day supply</b>	<b>Tier 1 (Preferred generic)</b>	\$5 copay	<b>Tier 2 (Generic)</b>	\$10 copay	<b>Tier 3 (Preferred brand)</b>	20% coinsurance	<b>Tier 4 (Non-preferred drug)</b>	45% coinsurance	<b>Tier 5 (Specialty)</b>	33% coinsurance
<b>Tier</b>	<b>30-day supply</b>												
<b>Tier 1 (Preferred generic)</b>	\$5 copay												
<b>Tier 2 (Generic)</b>	\$10 copay												
<b>Tier 3 (Preferred brand)</b>	20% coinsurance												
<b>Tier 4 (Non-preferred drug)</b>	45% coinsurance												
<b>Tier 5 (Specialty)</b>	33% coinsurance												
<b>90-day supply from a network pharmacy or mail order</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><b>Tier</b></th> <th style="text-align: left;"><b>90-day supply</b></th> </tr> </thead> <tbody> <tr> <td><b>Tier 1 (Preferred generic)</b></td> <td>\$10 copay</td> </tr> <tr> <td><b>Tier 2 (Generic)</b></td> <td>\$20 copay</td> </tr> <tr> <td><b>Tier 3 (Preferred brand)</b></td> <td>20% coinsurance</td> </tr> <tr> <td><b>Tier 4 (Non-preferred drug)</b></td> <td>45% coinsurance</td> </tr> <tr> <td><b>Tier 5 (Specialty)</b></td> <td>33% coinsurance</td> </tr> </tbody> </table> <p>You may get 90-day supplies of drugs from retail pharmacies for the same cost as mail order. These pharmacies are called extended day supply pharmacies and are identified in the pharmacy directory.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>If you must use an out-of-network pharmacy, you will generally have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. (Please refer to Chapter 5, Section 2.1 of the Evidence of Coverage for details.)</p>	<b>Tier</b>	<b>90-day supply</b>	<b>Tier 1 (Preferred generic)</b>	\$10 copay	<b>Tier 2 (Generic)</b>	\$20 copay	<b>Tier 3 (Preferred brand)</b>	20% coinsurance	<b>Tier 4 (Non-preferred drug)</b>	45% coinsurance	<b>Tier 5 (Specialty)</b>	33% coinsurance
<b>Tier</b>	<b>90-day supply</b>												
<b>Tier 1 (Preferred generic)</b>	\$10 copay												
<b>Tier 2 (Generic)</b>	\$20 copay												
<b>Tier 3 (Preferred brand)</b>	20% coinsurance												
<b>Tier 4 (Non-preferred drug)</b>	45% coinsurance												
<b>Tier 5 (Specialty)</b>	33% coinsurance												

## Prescription Drug Benefits

### Coverage gap

Begins once your total drug costs for the year reach \$4,130

Most Medicare drug plans have a coverage gap, which means there is a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reaches \$4,130.

After you enter the coverage gap, you pay 25% of the negotiated price and a portion of the dispensing fee for brand-name drugs.

You also receive coverage for generic drugs. You pay either a \$5 copayment for tier 1 drugs, a \$10 copayment for tier 2 drugs, or no more than 25% of the cost for generic drugs and the plan pays the rest.

You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much you will pay for these drugs in the coverage gap.

### 30-day supply from a network pharmacy or 31-day supply from a long-term care facility

Tier	30-day supply
Tier 1	\$5 copay
Tier 2	\$10 copay

### 90-day supply from a network pharmacy or mail order

Tier	90-day supply
Tier 1	\$10 copay
Tier 2	\$20 copay

### Catastrophic coverage

After your yearly out-of-pocket drug costs (including drugs you purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:

- 5% of the total cost, or
- \$3.70 copay for generic drugs (including brand drugs treated as generic) and \$9.20 copay for all other drugs.

# FREQUENTLY ASKED QUESTIONS

Read below to find more information about the plan benefits, eligibility requirements and who to contact for additional questions.

## WHAT IS GROUP MEDICAREBLUE RX (PDP)?

Group MedicareBlue Rx (PDP) is a prescription drug plan that works with your Medicare benefits. This booklet explains what the plan covers and explains what costs you will pay as a member. Not all covered services are listed. For a complete list of covered services, contact your employer group for the Evidence of Coverage (EOC) and Chapter 4: What you pay for your Part D prescriptions drugs (Schedule of Coverage and Limitations (SCAL)).

## CAN I JOIN?

You must be entitled to Medicare Part A and/or enrolled in Part B, live in the plan's service area and be identified as an eligible participant by your employer.

## ARE MY DRUGS COVERED?

Check the formulary, also called a drug list, at **[YourMedicareSolutions.com/GroupDocuments](https://YourMedicareSolutions.com/GroupDocuments)** and look for "5-tier Formulary" or call customer service.

## HOW MUCH WILL I NEED TO PAY FOR PRESCRIPTION DRUGS?

The amount you pay depends on the tier the drug is on and the benefit stage you have reached. Your costs for each drug tier and benefit stage are shown in the benefit chart in this document.

## WHICH PHARMACIES CAN I USE?

In general, you will need to use the pharmacies in the plan's network to fill your prescriptions. You can find the list of pharmacies for this plan at **[YourMedicareSolutions.com/GroupPharmacy](https://YourMedicareSolutions.com/GroupPharmacy)**. Or call us and we will send you a pharmacy directory.

## WHAT ARE THE DRUG TIERS?

Our plan places a drug into one of five tiers. Check the 2021 formulary to find out which tier your drug is on.

### **Tier 1: Preferred generic**

This tier is the lowest tier and generally contains the lowest cost generics.

### **Tier 2: Generic**

Contains generics.

### **Tier 3: Preferred brand**

Contains preferred brand drugs and non-preferred generic drugs.

### **Tier 4: Non-preferred drug**

Contains non-preferred brand drugs and nonpreferred generic drugs.

### **Tier 5: Specialty**

Contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.

## WANT TO LEARN MORE ABOUT ORIGINAL MEDICARE?

The Medicare & You handbook explains what Original Medicare covers and the costs you may pay. You can view the handbook online at **[medicare.gov](https://www.medicare.gov)** or call **1-800-633-4227** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week.

# NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

Group MedicareBlue<sup>SM</sup> Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Group MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Group MedicareBlue Rx:

- Provides 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)
- Provides 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, call customer service at 1-877-838-3827, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that Group MedicareBlue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing to:

Group MedicareBlue Rx Compliance Officer  
3400 Yankee Drive, R337  
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the Group MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	<a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3827 (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rai koj. Hu rau 1-877-838-3827 (TTY: 711).

**Cushite:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-838-3827 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-838-3827 (TTY: 711).

**Chinese:** 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 1-877-838-3827 (TTY: 711)。

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-838-3827 (телетайп: 711).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-838-3827 (TTY: 711).

**Amharic:** ማሰታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 1-877-838-3827 (መስማት ለተሳናቸው: 711)።

**Karen:** ဟ်သုဉ်ဟ်သး- နမ့ၢ်ကတိၤ/ကညိံ /ကျိၣ်အသိံ,/နမၤန့ၢ်/ကျိၣ်အတၢ်မၤစၢၤလၢ/တလၢဂ်ဘျုးလၢဂ်စ့ၤ/နီတံၤဘျုးသ့န့ၣ် လီၤ./ကိး 1-877-838-3827 (TTY: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3827 (TTY: 711).

**Mon-Khmer, Cambodian:** របស់តន៖ បើសិនជាអនកនិយាយ ភាសាខែមរ, សេវាជំនួយវេជ្ជនកភាសា ដោយមិនគិតលទ្ធផល គឺអាចមានសំរាប់បំរើអនក។ ចូរ ទូរស័ព្ទ 1-877-838-3827 (TTY: 711)។

**Arabic:** لحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-838-3827 رقم هاتف الصم والبكم: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3827 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3827 (TTY: 711)번으로 전화해 주십시오.

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-838-3827 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

A complete list of services is available in the Evidence of Coverage and Chapter 4: What you pay for your Part D prescription drugs (Schedule of Coverage and Limitations (SCAL)). Contact your employer group for the Evidence of Coverage (EOC) and Chapter 4: What you pay for your Part D prescriptions drugs (Schedule of Coverage and Limitations (SCAL)).

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

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,\* 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.

