

2019 Summary of Benefits for Basic Blue[®] Rx (PDP)

This guide provides a summary of the prescription drug benefits and services offered by Basic Blue Rx. Contact our Medicare Solutions specialists or your licensed agent if you have questions or need assistance enrolling.

Get the most out of your plan

Explore our online resources to get the most out of your benefits. The drug list, also called the formulary, and the pharmacy search tool will help you look up your drugs and search the pharmacy network. These resources, and many more, are available online.

Drug tiers

It can be difficult to estimate what your prescription drug costs might be, but drug tiers, or drug levels, can help you make an educated guess. Our drug list has five drug tiers and, generally, drugs on tier one will be the least expensive while drugs on tier five will be the most expensive.



Search our drug list at
BasicBlueRx.com/drugs

Don't see your drug on the drug list?

Your doctor may be able to prescribe a different drug that is covered by Basic Blue Rx. Your doctor can also submit a request to have your drug covered if no other option is available.

Medication Therapy Management program

If you meet certain requirements, Basic Blue Rx provides a Medication Therapy Management (MTM) program at no cost. The program helps you and your doctor make sure your medications are appropriate for your needs. You may be eligible for this program if you:

- Take eight or more Part D covered maintenance drugs
- Have three or more long-term health conditions, such as asthma and diabetes
- Reach \$4,044 in annual drug costs paid by you and Basic Blue Rx

Pharmacy network

Basic Blue Rx has a nationwide network with more than **67,000** pharmacies with each one offering either preferred or standard cost sharing. You will usually pay less when you use a network pharmacy offering preferred cost sharing.

Get a 90-day supply

You may be able to get a 90-day supply for the medications you take daily. Not all pharmacies offer this service and not all medications are eligible for a 90-day supply. Use our online pharmacy search tool to see if a pharmacy near you offers a 90-day supply.

Travel in the United States

There are in-network pharmacies where you can fill prescriptions when you travel within the U.S. Our online pharmacy locator and customer service team can help you find a local, in-network pharmacy when you travel. If you travel outside of the U.S., you will need to pay the full cost of the prescription. Basic Blue Rx cannot make payments or reimbursements for any prescription drugs purchased outside of the U.S.



Search our pharmacy network at
BasicBlueRx.com/pharmacy

Plan overview

Basic Blue Rx is available in Louisiana, North Carolina, Pennsylvania and West Virginia. To look up your monthly premium and your share of prescription drug costs, refer to the chart that matches the state in which you live and the plan in which you want to enroll. Cost sharing may change as you enter another phase of the Part D benefit, for example, if you meet the annual deductible amount, you will then move into the initial coverage phase and your share of the cost will change. Refer to the glossary in the back to look up common health care terms or contact our Medicare Solutions specialists or your licensed sales agent with questions.

Louisiana

Value Plan		Monthly premium: \$24.60	Annual deductible: \$0 deductible on tiers 1 and 2; \$415 deductible on tiers 3-5
Initial Coverage			
Pharmacy type	Preferred retail	Standard retail	Preferred mail
Days' supply	30	30	90
Tier 1: Preferred generic	\$0 copay	\$10 copay	\$0 copay
Tier 2: Generic	\$1 copay	\$15 copay	\$3 copay
Tier 3: Preferred brand	15% coinsurance	24% coinsurance	15% coinsurance
Tier 4: Non-preferred drug	35% coinsurance	44% coinsurance	35% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available

Standard Plan		Monthly premium: \$29.20	Annual deductible: \$415
Initial Coverage			
Pharmacy type	Preferred retail	Standard retail	Preferred mail
Days' supply	30	30	90
Tier 1: Preferred generic	\$2 copay	\$6 copay	\$4 copay
Tier 2: Generic	\$6 copay	\$10 copay	\$12 copay
Tier 3: Preferred brand	15% coinsurance	20% coinsurance	15% coinsurance
Tier 4: Non-preferred drug	32% coinsurance	35% coinsurance	32% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available

Coverage gap	
Begins when your total drug costs for the year reach \$3,820 ¹	Generic drugs: 37% of plan cost Brand-name drugs: 25% of plan cost
Catastrophic coverage	
Amount you pay for a 30-day supply after you have paid \$5,100 in out-of-pocket prescription drug costs ²	You pay the greater of \$3.40 copay for generic drugs and \$8.50 copay for all other covered drugs, or 5% coinsurance



North Carolina

Value Plan		Monthly premium: \$24.40	Annual deductible: \$0 deductible on tiers 1 and 2; \$415 deductible on tiers 3-5
Initial Coverage			
Pharmacy type	Preferred retail	Standard retail	Preferred mail
Days' supply	30	30	90
Tier 1: Preferred generic	\$0 copay	\$10 copay	\$0 copay
Tier 2: Generic	\$1 copay	\$15 copay	\$3 copay
Tier 3: Preferred brand	15% coinsurance	24% coinsurance	15% coinsurance
Tier 4: Non-preferred drug	35% coinsurance	44% coinsurance	35% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available

Standard Plan		Monthly premium: \$29.00	Annual deductible: \$415
Initial Coverage			
Pharmacy type	Preferred retail	Standard retail	Preferred mail
Days' supply	30	30	90
Tier 1: Preferred generic	\$2 copay	\$6 copay	\$4 copay
Tier 2: Generic	\$6 copay	\$10 copay	\$12 copay
Tier 3: Preferred brand	15% coinsurance	20% coinsurance	15% coinsurance
Tier 4: Non-preferred drug	32% coinsurance	35% coinsurance	32% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available

Coverage gap	
Begins when your total drug costs for the year reach \$3,820 ¹	Generic drugs: 37% of plan cost Brand-name drugs: 25% of plan cost
Catastrophic coverage	
Amount you pay for a 30-day supply after you have paid \$5,100 in out-of-pocket prescription drug costs ²	You pay the greater of \$3.40 copay for generic drugs and \$8.50 copay for all other covered drugs, or 5% coinsurance

Pennsylvania/West Virginia

Value Plan	Monthly premium: \$21.80	Annual deductible: \$0 deductible on tiers 1 and 2; \$415 deductible on tiers 3-5	
Initial Coverage			
Pharmacy type	Preferred retail	Standard retail	Preferred mail
Days' supply	30	30	90
Tier 1: Preferred generic	\$0 copay	\$10 copay	\$0 copay
Tier 2: Generic	\$1 copay	\$15 copay	\$3 copay
Tier 3: Preferred brand	15% coinsurance	24% coinsurance	15% coinsurance
Tier 4: Non-preferred drug	35% coinsurance	44% coinsurance	35% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available

Standard Plan	Monthly premium:		Annual deductible:	
	\$27.40		\$415	
Initial Coverage				
Pharmacy type	Preferred retail	Standard retail	Preferred mail	
Days' supply	30	30	90	
Tier 1: Preferred generic	\$2 copay	\$6 copay	\$4 copay	
Tier 2: Generic	\$6 copay	\$10 copay	\$12 copay	
Tier 3: Preferred brand	15% coinsurance	20% coinsurance	15% coinsurance	
Tier 4: Non-preferred drug	32% coinsurance	35% coinsurance	32% coinsurance	
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available	

Coverage gap	
Begins when your total drug costs for the year reach \$3,820 ¹	Generic drugs: 37% of plan cost Brand-name drugs: 25% of plan cost
Catastrophic coverage	
Amount you pay for a 30-day supply after you have paid \$5,100 in out-of-pocket prescription drug costs ²	You pay the greater of \$3.40 copay for generic drugs and \$8.50 copay for all other covered drugs, or 5% coinsurance

¹ Your "total drug costs" include the total amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include the plan premium you pay.

² Your "out-of-pocket costs" include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premium.

Enrollment eligibility and timing




You can enroll in Basic Blue Rx regardless of your income or health if you meet the following basic eligibility requirements:

- Must have Medicare Part A and/or Part B
- Live in the service area (Louisiana, North Carolina, Pennsylvania or West Virginia)
- You are a U.S. citizen or lawfully present in the U.S.

Contact our Medicare Solutions specialists or your licensed sales agent if you have questions about enrollment eligibility.

When to enroll

Knowing when you can enroll, disenroll and make changes to your prescription drug plan is important so that you can avoid enrollment penalties and lapses in coverage. Review the summary of Medicare enrollment dates below to determine when you can enroll.

<div>Time period</div> <div></div>	<div>What you can do</div> <div></div>	<div>When you can do it</div> <div></div>
Initial enrollment period (IEP)	Enroll in a prescription drug plan, Medicare Advantage (MA) plan or MA plan with prescription drug coverage	Three months prior to, the month of, or three months after you turn 65. Or, after month 24 of receiving disability benefits
Annual enrollment period (AEP)	Existing Medicare beneficiaries can enroll in or change to a prescription drug plan, Medicare Advantage (MA) plan or MA plan with prescription drug coverage	Each year from October 15 to December 7 (coverage effective January 1 of the following year)
Open enrollment period (OEP)	Disenroll from a Medicare Advantage (MA) and enroll in another MA plan, with or without Part D coverage, or Original Medicare and, if needed, a stand-alone Part D plan	Each year from January 1 to March 31 (change effective the first of the month after you submit the request)
Special enrollment period (SEP)	Enroll in a prescription drug plan or Medicare Advantage plan	If you qualify for an SEP, you can enroll after your IEP or the AEP has ended

Speak the lingo

Annual deductible: Amount you pay before coverage begins.

Catastrophic coverage: Amount you pay for a 30-day supply after you have paid \$5,100 in out-of-pocket prescription drug costs. "Out-of-pocket costs" include the amount you have paid for covered drugs for the calendar year, not including the amount the plan has paid or the plan premium.

Coinsurance: A percentage of the cost you pay toward prescription drugs after your deductible has been met.

Copay: The dollar amount you pay each time you receive a prescription.

Coverage gap: Amount you pay for a 30-day supply after your yearly covered prescription drug costs reach \$3,820. "Total drug costs" include the total amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include the plan premium. You may also hear the coverage gap referred to as the donut hole.

Drug tier: All covered drugs are put on one of five tiers, or levels, in the Basic Blue Rx formulary. Knowing what tier your drug is on will help you figure out your share of the drug cost. Generally, drugs on tier one will be the least expensive while drugs on tier five will be the most expensive.

Formulary: A list of drugs that is approved by the federal government and covered by Basic Blue Rx. You may also hear the formulary referred to as a drug list.

Initial coverage: Amount you pay for a 30-day supply after paying the annual deductible.

Part D late enrollment penalty: If you don't enroll in a Part D plan when you first become eligible, Medicare may require you to pay the Part D late enrollment penalty (LEP) in addition to your monthly premium. If you have creditable coverage (for example, coverage from an employer or union group plan), you may be exempt from the Part D LEP.

Extra help for those who need it

You may be able to get financial assistance with your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **Medicare**

1-800-633-4227 (TTY: **1-877-486-2048**)

24 hours a day, seven days a week

- **Social Security Administration**

1-800-772-1213 (TTY: **1-800-325-0778**)

7 a.m. to 7 p.m., Monday through Friday

- **Your State Medicaid office**



Notice of rights nondiscrimination and accessibility

Basic Blue® 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. Basic Blue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Basic Blue 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 our pre-enrollment call center at **1-888-575-7519**, daily, 8:00 a.m. to 8:00 p.m. local time (TTY: **711**).

If you believe that Basic Blue 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:

Basic Blue Rx Privacy

1750 Yankee Doodle Road, S120
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, Basic Blue Rx Privacy 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	https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
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 1-888-575-7519 (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 1-888-575-7519 (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 1-888-575-7519 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-575-7519 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-575-7519 (TTY: 711)번으로 전화해 주십시오.

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-575-7519 (رقم هاتف الصم والبكم: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-575-7519 (телетайп: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-575-7519 (TTY (հեռատիպ)՝ 711):

Persian:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-575-7519 (TTY: 711) تماس بگیرید.

Japanese: 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。1-888-575-7519 (TTY:711) まで、お電話にてご連絡ください。

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-575-7519 (TTY: 711).

Mon-Khmer, Cambodian: របប័តន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បឿន គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-575-7519 (TTY: 711)។

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਰਤਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-575-7519 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-575-7519 (TTY: 711).

Hindi: ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-575-7519 (TTY: 711) पर कॉल करें।

Basic Blue Rx is a prescription drug plan that works with your Medicare benefits. Not all covered services are listed in this booklet. To see a complete list of covered services, call Basic Blue Rx and ask for the *Evidence of Coverage*. The phone numbers are listed on the inside front cover. You can also visit **BasicBlueRx.com** and select the 'Documents' tab to view the electronic version.

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 (1-800-MEDICARE)** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week.

This information is not a complete description of benefits. Call **1-888-575-7519** (TTY: **711**) for more information.

MII Life Insurance, Inc. is the underwriter for Basic Blue Rx, a prescription drug plan with a Medicare contract. Enrollment in Basic Blue Rx depends on contract renewal. MII Life Insurance, Inc. and each Blue Cross® and/or Blue Shield® plan are independent licensees of the Blue Cross® and Blue Shield® Association.