Introduction:

This guide is a summary of the prescription drug services offered by Blue MedicareRx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read comparison chart of plan coverage options and contact information for customer service representatives who are able to answer your questions.

Our experience in providing quality and affordable prescription drug coverage supports you through coverage that meets your needs. For more details about our service offerings, please refer to the contact information below.

What’s Included in this Summary of Benefits?

Frequently Asked Questions .......................................................................................... 1
Comparing Blue MedicareRx Plans ............................................................................. 2-3
Prescription Drug Benefits .......................................................................................... 4
Understanding the Pharmacy Network ......................................................................... 5
Get Help in Your Language: Multi-Language Interpreter Services .............................. 6-7

Here’s how to learn more about the coverage and costs of this program:

- Visit YourAZMedicareSolutions.com
- Call toll-free from 8 am to 8 pm, daily, local time.
What is Blue MedicareRx (PDP)?

Blue MedicareRx (PDP) is a Prescription Drug Plan that works with your Medicare benefits. This booklet explains what Blue MedicareRx covers and costs you will pay as a member of this plan. Not all covered services are listed. To see a complete list of covered services, call and ask for the Evidence of Coverage. Or, visit YourAZMedicareSolutions.com, then select the ‘Documents’ tab to view the PDF version.

Can I join?

You must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area to join Blue MedicareRx. Our service area includes Arizona.

Are my drugs covered?

Check the drug list, also called a formulary, at YourAZMedicareSolutions.com. Or call us and we will send you a copy.

How much will I need to pay for drugs?

Drugs fall into one of five “tiers.” The amount you pay depends on which tier your drug is on and whether or not you have reached your deductible. Check each plan formulary to see which tier your drug falls in and the cost you may need to pay. Your costs for each drug tier and benefit stage are shown in the benefit charts on pages two and three.

If you must use an out-of-network pharmacy, you will generally have to pay the full cost at the time you fill your prescription. You can ask us to reimburse you for our share of the cost (see Chapter 5, Section 2.1 of the Evidence of Coverage).

Which pharmacies can I use?

In general, you will need to use the pharmacies in the plan’s network to fill your prescriptions. Some pharmacies offer preferred cost sharing and you may pay less when you use them. Preferred cost sharing will vary by plan option. Refer to page 5 of this document for further details. You can search pharmacies at YourAZMedicareSolutions.com. Or call us and we will send you a Pharmacy Directory.

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 or call 1-800-MEDICARE (1-800-633-4227) to get a copy. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Explanation of Cost-Sharing Tiers

Cost-Sharing Tier 1: Preferred Generic
This Tier is the lowest tier and generally contains the lowest cost generics.

Cost-Sharing Tier 2: Generic
This Tier contains generics.

Cost-Sharing Tier 3: Preferred Brand
This Tier contains preferred brand drugs and non-preferred generic drugs.

Cost-Sharing Tier 4: Non-Preferred drug
This Tier contains non-preferred brand drugs and non-preferred generic drugs.

Cost-Sharing Tier 5: Specialty Tier
This Tier contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.
Comparing Blue MedicareRx Plans

Your benefits will be different depending on the plan you choose: Blue MedicareRx Essential (PDP), Blue MedicareRx Value (PDP) or Blue MedicareRx Enhanced (PDP). This chart shows how much you will pay each month (your premium), your deductible and how much you will pay for covered drugs.

<table>
<thead>
<tr>
<th>Premiums &amp; Benefits</th>
<th>Blue MedicareRx Essential (PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Plan Premium</td>
<td>$27.90</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0 on Tier 1 and Tier 2 drugs; $435 on Tier 3, Tier 4 and Tier 5 drugs</td>
</tr>
<tr>
<td>Initial Coverage:</td>
<td>Preferred cost sharing</td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$1 copay</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred drug</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>Tier 5: Specialty Tier</td>
<td>25% coinsurance</td>
</tr>
</tbody>
</table>

30-Day Supply from a Network Pharmacy

90-Day Supply from a Network Pharmacy or Mail-Order

Coverage Gap: begins once your total yearly drug costs reach $4,020

Catastrophic Coverage: begins once yearly out-of-pocket costs reach $6,350

For both plans, you pay the greater of:
- 5% of the cost,
- or a $3.60 copay for generic drugs (including brand drugs treated as generic) and a $8.95 copay for all other drugs

Generic Drugs: 25% of the plan’s costs
Brand-name Drugs: 25% of the plan’s costs
Comparing Blue MedicareRx Plans (continued)

<table>
<thead>
<tr>
<th>Blue MedicareRx Value (PDP)</th>
<th>Blue MedicareRx Enhanced (PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30.80</td>
<td>$98.80</td>
</tr>
<tr>
<td>$435</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred cost sharing</th>
<th>Standard cost sharing</th>
<th>Preferred cost sharing</th>
<th>Standard cost sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1 copay</td>
<td>$5 copay</td>
<td>$0 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>$4 copay</td>
<td>$10 copay</td>
<td>$4 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>$34 copay</td>
<td>$39 copay</td>
<td>18% coinsurance</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>29% coinsurance</td>
<td>33% coinsurance</td>
<td>40% coinsurance</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
</tr>
<tr>
<td>$3 copay</td>
<td>$15 copay</td>
<td>$0 copay</td>
<td>$37.50 copay</td>
</tr>
<tr>
<td>$12 copay</td>
<td>$30 copay</td>
<td>$10 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>$102 copay</td>
<td>$117 copay</td>
<td>18% coinsurance</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>29% coinsurance</td>
<td>33% coinsurance</td>
<td>40% coinsurance</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Generic Drugs: 25% of the plan’s costs
Brand-name Drugs: 25% of the plan’s costs

For both plans, you pay the greater of:
- 5% of the cost,
- or a $3.60 copay for generic drugs (including brand drugs treated as generic) and a $8.95 copay for all other drugs
### Prescription Drug Benefits

The Part D prescription drug benefit has four stages of coverage as shown below. In each stage, you and the plan pay a different share of your prescription drug costs.

The cost sharing may change when entering another stage of the Part D prescription drug coverage benefit. For more information, you may contact Blue MedicareRx at the phone numbers listed on the back cover of this booklet.

<table>
<thead>
<tr>
<th>STAGE</th>
<th>Yearly Deductible</th>
<th>Initial Coverage Level</th>
<th>Coverage Gap</th>
<th>Catastrophic Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Some plans may include a yearly deductible.</td>
<td>The Initial Coverage Level is the total shared cost between the member and the plan. Once the member and the plan’s total costs reach the applicable plan Initial Coverage Level limit below, the member will then enter the Coverage Gap Stage.</td>
<td>In the Coverage Gap, the member pays a percentage of the plan’s contracted rates for covered brand-name and generic prescription drugs. The member will leave the Coverage Gap once the True Out-of-Pocket (TrOOP) costs reach $6,350.</td>
<td>Once the member’s True Out-of-Pocket (TrOOP) costs reach $6,350, the Catastrophic Coverage stage begins. The member will now pay the coinsurance or copay amounts listed below for the remainder of the year.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TrOOP costs are the out-of-pocket costs (copays, coinsurance and deductibles) paid by the member or others on the member’s behalf during Stages 1, 2 and 3. These costs count toward the member’s Medicare drug plan annual out-of-pocket threshold of $6,350. The TrOOP does not include premiums paid by member or the plan.

- **Blue MedicareRx Essential**: $0 deductible on Tiers 1 and 2 drugs; $435 on Tiers 3-5 drugs
- **Blue MedicareRx Value**: $435 on all Tiers
- **Blue MedicareRx Enhanced**: $0 deductible on all Tiers

<table>
<thead>
<tr>
<th>All plans: $4,020</th>
<th>Of the plan’s contracted rates, you pay for Blue MedicareRx Essential, Blue MedicareRx Value and Blue MedicareRx Enhanced:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Generic: 25% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Brand-name: 25% coinsurance</td>
</tr>
<tr>
<td></td>
<td>You pay the greater of: 5% coinsurance</td>
</tr>
<tr>
<td></td>
<td>-OR-</td>
</tr>
<tr>
<td></td>
<td>Generic: $3.60 copay</td>
</tr>
<tr>
<td></td>
<td>Brand-name: $8.95 copay</td>
</tr>
</tbody>
</table>
Understanding the pharmacy network

Using the formulary, also known as the drug list, and the pharmacy directory will help you get the most out of the plan you choose.

Reading the drug list

- All prescription drugs are placed on tiers – or different levels.
- The drug list will tell you which tier your medication is on.
- Whichever tier your drug is on will determine your share of the cost.

Find the drug list at YourAZMedicareSolutions.com.

Using the pharmacy directory

- Pharmacies in the network offer either standard or preferred cost sharing.
- You will usually pay the least amount if you use a pharmacy offering preferred cost sharing.
- Pharmacies that offer preferred cost sharing are marked with a “P” in our pharmacy directory, a list of all of the pharmacies in your network.

Access the most current directory at YourAZMedicareSolutions.com.

Nationwide pharmacy network

With thousands of in-network pharmacies throughout the United States, it’s convenient and easy to fill your prescriptions. The Blue MedicareRx Essential preferred pharmacy network includes CVS and Medicine Shoppe pharmacies and some independents with locations nationwide. The Blue MedicareRx Value and Enhanced preferred pharmacy network has even more pharmacies nationwide, including, Albertsons, Fry’s, Walmart and many more.

Tip: Use preferred pharmacies

Using a pharmacy with preferred cost sharing can reduce the amount you pay for copays or coinsurance.
Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-877-853-7693 (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 1-877-853-7693 (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 1-877-853-7693 (TTY: 711)


Japanese: 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。1-877-853-7693（TTY: 711）まで、お電話にてご連絡ください。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می گردد. با (711) 853-7693 مذاکره کنید (TTY).

Assyrian: لكي تيمان نن دعامو بئنسو ده دوستن شاربا دوستن لیتکو لیتکو دوستن دوستن دوستن خاوی بئنسو دوستن (TTY: 711)


Thai: เรื่อง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-853-7693 (TTY: 711)
Blue Cross Blue Shield of Arizona (BCBSAZ) does not discriminate on the basis 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 interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call 1-877-853-7693 (TTY 711). If you believe that BCBSAZ 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 with the BCBSAZ Civil Rights Coordinator at Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 1-602-864-2288, TTY/TDD 1-602-864-4823, crc@azblue.com. You can file a grievance by phone or by mail, fax, or email. 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-264-1568. TTY users call 711. Este documento está disponible en otros formatos como Braille y letra grande. Este documento puede estar disponible en un idioma que no sea inglés. Si desea información adicional, comuníquese al Servicio al Cliente al 1-888-264-1568. Los usuarios de TTY deben llamar al 711.
Blue MedicareRx
Not a member yet? Contact our Licensed Medicare Consultants.

1-888-264-1568, TTY 711
Or contact your broker

Existing Members call:
1-877-853-7693, TTY 711

October 1 – March 31:
7 days a week, 8 a.m. to 8 p.m.

April 1 – September 30:
Monday – Friday, 8 a.m. to 8 p.m.

YourAZMedicareSolutions.com

Blue MedicareRx℠ is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Blue MedicareRx depends on contract renewal. Call 1-877-853-7693, TTY 711 for more information. You will receive notice when necessary. Coverage is available to residents of Arizona. ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-877-853-7693 (TTY: 711).