



2014 MEDICAREBLUESM RX (PDP)

Prescription drug coverage for today and the future.

THE COVERAGE YOU DESERVE

MedicareBlue Rx can provide coverage for drugs you take today and protect you if you have future prescription drug needs. Choose from two plan options with different cost sharing to meet your needs.

A LARGE NETWORK AND WAYS TO SAVE

- Fill your prescriptions in the MedicareBlue Rx network of more than 64,000 pharmacies nationwide, including many major retail and neighborhood pharmacies
- Keep your expenses down by selecting generic drugs.
- Order a 90-day supply for the cost of only two copays or coinsurance when using the mail order pharmacy service, or by visiting designated Preferred Extended Supply retail pharmacies.

ONE OF THE NATION'S TOP-PERFORMING DRUG PLANS

MedicareBlue Rx was named a 5-Star (Excellent) plan by the Centers for Medicare & Medicaid Services (CMS) in 2011, 2012 and 2013. It was one of only four plans in the nation to receive this top rating and the only plan to receive it three years in a row. Medicare evaluates plans on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

Two options
**ONE RIGHT
PLAN
FOR YOU**

MedicareBlue Rx Standard

- \$160 deductible
- Set copays and coinsurance

MedicareBlue Rx Premier

- No annual deductible so coverage starts right away
- Set copays and coinsurance
- Extra coverage in the gap

64,000

Number of pharmacies nationwide where you can fill prescriptions using MedicareBlue Rx

MEDICARE RX BENEFITS OVERVIEW

The following chart highlights the benefits offered by MedicareBlue Rx. For more details (including coverage limits that may apply) refer to the Summary of Benefits found in the 2014 enrollment kit and on our website at YourMedicareSolutions.com. You can also call us at the number on the back page to request a copy.

PRESCRIPTION DRUG COVERAGE	MEDICAREBLUE RX STANDARD	MEDICAREBLUE RX PREMIER
Monthly plan premium Amount you pay	\$41.90	\$106.30
Annual deductible Amount you pay before initial drug coverage begins	\$160	\$0
Initial coverage Amount you pay for a 31-day supply after paying the annual deductible Tier 1: Preferred generic Tier 2: Non-preferred generic Tier 3: Preferred brand Tier 4: Non-preferred brand	\$4 copay \$18 copay \$38 copay 48% coinsurance	\$3 copay \$8 copay \$35 copay 45% coinsurance
Coverage gap¹ Amount you pay for a 31-day supply after your total yearly drug costs reach \$2,850 Generic drugs Brand-name drugs²	72% of the plan's costs No more than 47.5% of the plan's costs	\$3 copay for Tier 1 and \$8 copay for Tier 2; 72% of the plan's costs for all other generic drugs No more than 47.5% of the plan's costs
Catastrophic coverage³ Amount you pay for a 31-day supply after you have paid \$4,550 in out-of-pocket prescription drug costs	The greater of \$2.55 copay for covered generic and \$6.35 copay for all other covered drugs, or 5% of the cost of covered drugs	

HELPFUL INFORMATION

Coverage gap

¹Your "total drug costs" represents 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.

²The brand-name drug coverage in the coverage gap is subject to agreements between CMS and drug manufacturers. Not all brand drugs may be discounted. Call us if you have any questions.

Catastrophic coverage

³Your "out-of-pocket costs" means 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 you pay.

CHOOSE THE PLAN THAT'S RIGHT FOR YOU.

MEDICAREBLUE RX FORMULARY

The MedicareBlue Rx Formulary lists drugs covered by MedicareBlue Rx. Both Standard and Premier options plans use the same extensive formulary.

- Check the printed formulary or the online drug cost calculator to see if your medications are covered
- Review the four different tiers of covered drugs. This will determine the amount you will pay for your drugs.
- The formulary can change throughout the year. For the most up-to-date formulary, call member services or use the online drug cost calculator at [YourMedicareSolutions.com](https://www.yourmedicare.com).



Enrollment and eligibility: You are eligible to enroll in MedicareBlue Rx if you have Medicare Part A and/or Medicare Part B and live in the plan's service area. You must continue to pay your Medicare Part B premium. You may enroll in only one Part D plan at a time. Beneficiaries may enroll in MedicareBlue Rx only during specific times of the year.

You may send your enrollment form directly to MedicareBlue Rx by mail: MedicareBlue Rx (PDP), P.O. Box 3178, Scranton, PA 18505-9984. You may also enroll online through our website or by working with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx through the CMS Medicare Online Enrollment Center, located at **medicare.gov**. For more information, contact a Medicare consultant at the number listed below.

Formulary, pharmacy network, mail order

service: Formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations.

Other materials available: For a pharmacy directory or information about PrimeMail* mail order pharmacy service, please call us at the number listed below or visit **YourMedicareSolutions.com**. You can also obtain this information by writing to MedicareBlue Rx Customer Service, P.O. Box 155845, Fort Worth, TX 76155-0845.

Federal contract: MedicareBlue Rx is a PDP with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal. Benefits, formulary, pharmacy network, premiums and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Special needs: If you have special needs, alternate formats may be available. Please call for more information.

*PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.



Contact a Blue Cross Medicare consultant or your local licensed agent.

1-877-662-2583 / TTY 711
8 a.m. to 8 p.m. Central Time, daily
bluecrossmn.com/medicare