



**2019 Summary of Benefits**  
**Medicare Prescription Drug Plans**  
**BlueMedicare Value Rx (PDP) S5904-006**

January 1, 2019 – December 31, 2019

The plan's service area includes:  
**State of Florida**

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may also view the "Evidence of Coverage" for these plans on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare). The Evidence of Coverage includes a complete list of services we cover.

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **BlueMedicare Value Rx** covers and what you pay.

- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About **BlueMedicare Value Rx**
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Drugs
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document is available for free in other languages. Please call our Member Services number at 1-800-926-6565. (TTY users should call 1-800-955-8770.) Hours are 8:00 a.m. – 8:00 p.m. local time, seven days a week from October 1 to March 31, except for Thanksgiving and Christmas. From April 1 to September 30, we are open Monday-Friday, 8:00 a.m.- 8:00 p.m., local time.

### Things to Know About BlueMedicare Value Rx

#### Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. local time.

#### BlueMedicare Value Rx Phone Numbers and Website

- If you are a member of this plan, call us at 1-800-926-6565 (TTY: 1-800-955-8770).
- If you are not a member of this plan, call us at 1-855-601-9465 (TTY: 1-800-955-8770).
- Our website: [www.floridablue.com/medicare](http://www.floridablue.com/medicare)

#### Who can join?

To join **BlueMedicare Value Rx**, you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, and you must live in our service area. Our service area includes the entire state of **Florida**.

## SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

### Which pharmacies can I use?

In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs.

You can also use our mail-order pharmacy to have your prescription delivered to your home.

Want to see if your pharmacy is in our provider network, or if these plans cover your prescription drugs? Just visit our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare). Or see how we cover any medication you may be taking in our comprehensive formulary (list of covered Part D drugs).

You can see our plans' pharmacy directory and formulary on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare).

### What do we cover?

We cover Part D drugs.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare).
- Or, call us and we will send you a copy of the formulary.

### How will I determine my drug costs?

Our plan groups each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

**SECTION II - SUMMARY OF BENEFITS**

**BlueMedicare Value Rx (PDP)**

**MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

<b>How much is the monthly premium?</b>	\$40.60 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	\$415.00 deductible applies to Tiers 2, 3, 4 and 5.

**PRESCRIPTION DRUG BENEFITS**

**Initial Coverage Stage**  
 You begin in this stage when you fill your first prescription of the year.

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

You remain in this stage until your total yearly drug costs (total drug costs paid by you *and* any Part D plan) reach \$3,820.

You may get your drugs at network retail pharmacies and mail order pharmacies.

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

**Standard Retail Cost-Sharing**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$13 Copay	\$39 Copay
Tier 3 (Preferred Brand)	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	50% Coinsurance	50% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	Not Applicable
Tier 6 (Select Care Drugs)	\$0 Copay	\$0 Copay

**Mail Order**

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$13 Copay	\$39 Copay
Tier 3 (Preferred Brand)	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	50% Coinsurance	50% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	Not Applicable
Tier 6 (Select Care Drugs)	\$0 Copay	\$0 Copay

## SECTION II - SUMMARY OF BENEFITS

### BlueMedicare Value Rx (PDP)

	<p>The cost-sharing information shown above is for a one-month or three-month supply of a covered Part D prescription drug purchased at a standard retail pharmacy and through our mail order pharmacy. Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug. Please call us or see the plan's "Evidence of Coverage" on our website (<a href="http://www.floridablue.com/medicare">www.floridablue.com/medicare</a>) for complete information about your costs for covered drugs.</p>
<b>Coverage Gap Stage</b>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage Stage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"><li>• \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs, or</li><li>• 5% of the cost.</li></ul>

Florida Blue is an Rx (PDP) plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

This information is not a complete description of benefits. Call 1-855-601-9465 for more information. TTY users should call 1-800-955-8770.

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-926-6565 (TTY: 1-800-955-8770).

**ATENCIÓN:** Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-926-6565 (TTY: 1-877-955-8773).

Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-601-9465 (TTY: 1-800-955-8770).

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for services you routinely receive from a doctor. Visit [www.blumedicarefl.com](http://www.blumedicarefl.com) or call 1-855-601-9465 (TTY: 1-800-955-8770) to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.

## **Section 1557 Notification: Discrimination is Against the Law**

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, “Florida Blue”), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide 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)
- Provide 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, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have 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:

**Florida Blue (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Florida Combined Life:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019  
1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**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1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-3852-253-008 (رقم هاتف الصم والبكم: 1-0778-559-008). اتصل برقم 1-008-333-7222.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

**주의:** 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทรศัพท์ **1-800-333-2227**

**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。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

**توجه:** اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

**Baa ákonínzin:** Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojí' hodíílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí' éí kojí' hodíílnih 1-800-333-2227.