

2020 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.

Drug tiers

Drug tiers, or levels, can help you make an educated guess about what your prescription drug costs will be. Our drug list has five drug tiers. Generally, drugs on tier one are the least expensive and drugs on tier five are 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, you may be eligible for our 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 \$4,255 in annual drug costs paid by you and Basic Blue Rx

Pharmacy network

Basic Blue Rx has a nationwide network with thousands of pharmacies. Each one offers either preferred or standard cost sharing. You will usually pay less when you use a network pharmacy offering preferred cost sharing. We call these locations preferred pharmacies.

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

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 drug costs, refer to the chart that matches the state in which you live. Your share of the cost may change as you enter another stage of the Part D benefit. For example, if you meet the annual deductible, you move into the initial coverage stage and your share of the cost changes.

Louisiana

Standard plan	Monthly premium: \$31.00	Annual deductible: \$0 deductible on tiers 1 and 2; \$435 deductible on tiers 3-5	
Initial coverage stage			
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	\$2 copay
Tier 3: Preferred brand	\$30 copay	\$47 copay	\$90 copay
Tier 4: Non-preferred drug	30% coinsurance	36% coinsurance	30% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available
Coverage gap stage			
Begins when your total drug costs for the year reach \$4,020 ¹		Generic drugs: 25% of plan cost Brand-name drugs: 25% of plan cost	
Catastrophic coverage stage			
Amount you pay for a 30-day supply after you reach \$6,350 in out-of-pocket prescription drug costs ²		The greater of \$3.60 copay for generic drugs and \$8.95 copay for all other covered drugs, or 5% coinsurance	

North Carolina

Standard plan	Monthly premium: \$26.40	Annual deductible: \$0 deductible on tiers 1 and 2; \$435 deductible on tiers 3-5	
Initial coverage stage			
Pharmacy type	Preferred retail	Standard retail	Preferred mail
Days' supply	30	30	90
Tier 1: Preferred generic	\$3 copay	\$10 copay	\$6 copay
Tier 2: Generic	\$7 copay	\$15 copay	\$14 copay
Tier 3: Preferred brand	\$25 copay	\$44 copay	\$75 copay
Tier 4: Non-preferred drug	29% coinsurance	33% coinsurance	29% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available
Coverage gap stage			
Begins when your total drug costs for the year reach \$4,020 ¹		Generic drugs: 25% of plan cost Brand-name drugs: 25% of plan cost	
Catastrophic coverage stage			
Amount you pay for a 30-day supply after you reach \$6,350 in out-of-pocket prescription drug costs ²		The greater of \$3.60 copay for generic drugs and \$8.95 copay for all other covered drugs, or 5% coinsurance	

Pennsylvania/West Virginia

Value Plan	Monthly premium: \$25.00	Annual deductible: \$0 deductible on tiers 1 and 2; \$435 deductible on tiers 3-5	
Initial coverage stage			
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	\$35 copay	\$47 copay	\$105 copay
Tier 4: Non-preferred drug	33% coinsurance	45% coinsurance	33% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available

Standard Plan	Monthly premium: \$31.50	Annual deductible: \$435	
Initial coverage stage			
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	\$25 copay	\$47 copay	\$75 copay
Tier 4: Non-preferred drug	29% coinsurance	34% coinsurance	29% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance	Not available
Coverage gap stage			
Begins when your total drug costs for the year reach \$4,020 ¹		Generic drugs: 25% of plan cost Brand-name drugs: 25% of plan cost	
Catastrophic coverage stage			
Amount you pay for a 30-day supply after you reach \$6,350 in out-of-pocket prescription drug costs ²		The greater of \$3.60 copay for generic drugs and \$8.95 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:

- Have Medicare Part A and/or Part B
- Live in the service area (Louisiana, North Carolina, Pennsylvania or West Virginia)
- 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.

Time period 	What you can do 	When you can do it 
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 \$6,350 in out-of-pocket prescription drug costs. “Out-of-pocket costs” include what you have paid for covered drugs for the calendar year (does not include what the plan has paid or the plan premium).

Coinsurance: A percentage of the cost you pay toward prescription drugs.

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 \$4,020. “Total drug costs” include what you have paid for covered drugs plus what the plan has paid for the calendar year (does not include the plan premium). You may also hear the coverage gap called 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 are the least expensive while drugs on tier five are the most expensive.

Formulary: A list of drugs that is approved by the federal government and covered by Basic Blue Rx. You may hear the formulary called 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.

Preferred pharmacy: Locations that offer preferred cost sharing to Basic Blue Rx plan members. You will usually pay less when you use a preferred pharmacy.

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, call:

- **Your State Medicaid office**
- **Social Security Administration**
1-800-772-1213 (TTY: **1-800-325-0778**)
7 a.m. to 7 p.m., Monday through Friday
- **Medicare**
1-800-633-4227 (TTY: **1-877-486-2048**)
24 hours a day, seven days a week



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** (TTY: **711**), daily, 8 a.m. to 8 p.m. local time.

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：如果您使用普通话，您可以免费获得语言援助服务。请致电 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.

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

Arabic:

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

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-575-7519 (TTY: 711).

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

Haitian-Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou w. Rele nan 1-888-575-7519 (ATS: 711).

Yiddish:

אויפֿמערקזאַם: אויב איר רעדט ייִדיש, עס זײַנען פֿאַראַן פֿאַר אײַך שפּראַך הילף באַדינען פֿרײַ פֿון אָפּצאַל. אַנקלינגט 1-888-575-7519 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-575-7519 (TTY: 711).

Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 1-888-575-7519 (TTY: 711)。

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա կարող եք օգտվել անվճար թազմանչական ծառայություններից: Չանգահարեք 1-888-575-7519 (TTY (հեռատիպ)՝ 711) հեռախոսահամարով:

Mandarin: 注意：如果您使用普通话，您可以免费获得语言援助服务。请致电 1-888-575-7519 (TTY: 711)。

Contact us



Online

Visit **BasicBlueRx.com**



Phone

Louisiana, Pennsylvania, West Virginia

Call **1-888-575-7519** (TTY: **711**) between 8 a.m. and 8 p.m., daily, local time

North Carolina

Call **1-800-661-5518** (TTY: **1-800-922-3140**) between 8 a.m. and 8 p.m., daily, local time

A complete list of services is available in the Evidence of Coverage. You can access the Evidence of Coverage online at [BasicBlueRx.com/Documents](https://www.basicbluerx.com/Documents), or by calling customer service at 1-877-376-2185 (TTY: 711) to request a copy.

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.

MII Life Insurance, Inc. is the underwriter for Basic Blue® Rx (PDP), 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.