

2020 Medi-Pak® Rx (PDP) Basic and Premier



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Summary of Benefits

January 1, 2020 — December 31, 2020

To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join **Medi-Pak Rx (PDP) Basic** or **Medi-Pak Rx (PDP) Premier**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes the state of Arkansas.

Payment amounts are based on the Arkansas Blue Cross and Blue Shield approved amount, less any applicable deductible and/or copayment amounts required by the plan.

Arkansas Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Arkansas Blue Cross and Blue Shield depends on contract renewal.



arkansasbluecross.com/Medicare

Medi-Pak Rx (PDP) Basic

Premium and Benefits					What You Should Know
Monthly Plan Premium	You pay \$49.90				You must continue to pay your Medicare Part B premium.
Phase 1: Deductible Stage	\$435 which applies to tiers 2 through 5 only				
Maximum-Out-Of-Pocket	You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.				
Phase 2: Initial Coverage Stage	Standard Retail Rx 30-day supply	Preferred Retail and Mail Order Rx 30-day supply and Long Term Care Rx 31-day supply	Standard Retail Rx 90-day supply	Preferred Retail and Mail Order Rx 90-day supply	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us 1-866-230-7264 (TTY users please call 1-877-486-2048) or access our Evidence of Coverage online at arkansasbluecross.com/Medicare .
Tier 1: Preferred Generic	You pay \$11	You pay \$3	You pay \$27.50	You pay \$7.50	
Tier 2: Generic	You pay \$20	You pay \$6	You pay \$50	You pay \$15	
Tier 3: Preferred Brand	You pay \$47	You pay \$40	You pay \$117.50	You pay \$100	
Tier 4: Non-Preferred	You pay 50%	You pay 48%	You pay 50%	You pay 48%	
Tier 5: Specialty	You pay 25%	You pay 25%	You pay 25%	You pay 25%	
Gap Coverage	You pay 25% for generic and brand drugs				
Catastrophic	Greater of \$3.60 generic/\$8.95 brand or 5%				

Medi-Pak Rx (PDP) Premier

Premium and Benefits					What You Should Know
Monthly Plan Premium	You pay \$137.90				You must continue to pay your Medicare Part B premium.
Phase 1: Deductible Stage	You pay \$0				
Maximum-Out-Of-Pocket	You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.				
Phase 2: Initial Coverage Stage	Standard Retail Rx 30-day supply	Preferred Retail and Mail Order Rx 30-day supply and Long Term Care Rx 31-day supply	Standard Retail Rx 90-day supply	Preferred Retail and Mail Order Rx 90-day supply	Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us 1-866-230-7264 (TTY users please call 1-877-486-2048) or access our Evidence of Coverage online at arkansasbluecross.com/Medicare .
Tier 1: Preferred Generic	You pay \$10	You pay \$2	You pay \$25	You pay \$5	
Tier 2: Generic	You pay \$20	You pay \$8	You pay \$50	You pay \$20	
Tier 3: Preferred Brand	You pay \$47	You pay \$40	You pay \$117.50	You pay \$100	
Tier 4: Non-Preferred	You pay \$100	You pay \$90	You pay \$250	You pay \$225	
Tier 5: Specialty	You pay 33%	You pay 33%	You pay 33%	You pay 33%	
Gap Coverage	You pay copay for preferred & non-preferred generics (tiers 1 & 2); 25% all other generics; 25% brand				
Catastrophic	Greater of \$3.60 generic/\$8.95 brand or 5%				

For certain drugs, you or your provider need to get approval from the plan before we will agree to cover the drug for you. You can see our plan's pharmacy directory at our website at arkansasbluecross.com/Medicare. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at arkansasbluecross.com/Medicare.

For more information, please call us at the phone number below or visit us at **arkansasbluecross.com/Medicare**.

If you are a member of this plan, call toll-free 1-866-390-3369.
TTY users should call 711.

If you are *not* a member of this plan, call toll-free 1-844-298-2444.
TTY users should call 711.

From 8 a.m. to 8 p.m., Central time, seven days a week, October 1 through March 31.

From 8 a.m. to 8 p.m. Central time, Monday through Friday, April 1 through September 30.

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 **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

This document is available in other formats, such as large print by calling the customer service phone number.



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