



2024 Summary of Benefits

BlueMedicare Premier Rx (PDP) S5795-002

BlueMedicare Value Rx (PDP) S5795-003

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Premier Rx (PDP)
- BlueMedicare Value Rx (PDP)

The benefit information in this document is a summary of what we cover and your cost share. It does not list every service, limitation, or exclusion. To get a complete list of covered services, call us and ask for an “Evidence of Coverage” or “EOC.” You can also find all of our EOCs on our website at www.arkbluemedicare.com.

If you’d like to learn more about the coverage and costs of Original Medicare, review the current “Medicare & You” handbook. You can find 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**.

Plan Eligibility

To join, you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan’s service area

Service Area

The service area is the same for BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) and includes all counties in Arkansas.

BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) Are PDPs

A PDP is a prescription drug plan offered by a private insurance company. Our PDPs are an option for your consideration when you’re looking for standalone Part D prescription drug coverage because you have medical coverage through another source (e.g., Medicare Supplement).

Our BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) have a network of contracted pharmacies where you can get your covered prescription drugs.

How to Contact Us

If you’re a current member of one of these plans, call us at **1-844-463-1088 (TTY: 711)**. If you’re not a member of one of these plans, call us at **1-855-591-9794 (TTY: 711)**.

October 1 to March 31: We’re available seven days a week from 8:00 a.m. to 8:00 p.m. Central, except for Thanksgiving and Christmas.

April 1 to September 30: We’re available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

You can also visit our website at www.arkbluemedicare.com.

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
Monthly Premium and Deductible		
Monthly Plan Premium If you have Medicare Part B, you must continue to pay your Part B premium.	\$123.90	\$40.30
Part D Deductible	This plan does not have a deductible	\$495

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
Prescription Drug Benefits		
Deductible Stage If your plan has a deductible, you'll begin in this stage when you fill your first prescription of the year if it's on a tier to which the deductible applies. You'll pay the full cost of these drugs until you reach the deductible amount. After that, you'll only pay your cost share. If your plan doesn't have a deductible, you'll start in the Initial Coverage Stage.		
Deductible	This plan does not have a deductible	\$495
Deductible applies to these tiers	Not applicable	Tiers 3–5

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
Prescription Drug Benefits		
<p>Initial Coverage Stage During this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You'll stay in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach \$5,030. Once you reach this amount, you will enter the Coverage Gap Stage.</p>		
Standard Retail Pharmacy Cost Shares	30-Day / 100-Day Supply	30-Day / 100-Day Supply
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$6 copay / \$18 copay
Tier 2 (Generic)	\$5 copay / \$15 copay	\$10 copay / \$30 copay
Tier 3 (Preferred Brand)	\$47 copay / \$141 copay	\$45 copay / \$135 copay
Tier 4 (Non-Preferred Drug)	\$100 copay / \$300 copay	45% coinsurance / 45% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance / Not covered	25% coinsurance / Not covered
Mail-Order Pharmacy Cost Shares	30-Day / 100-Day Supply	30-Day / 100-Day Supply
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$6 copay / \$18 copay
Tier 2 (Generic)	\$5 copay / \$15 copay	\$10 copay / \$30 copay
Tier 3 (Preferred Brand)	\$47 copay / \$141 copay	\$45 copay / \$135 copay
Tier 4 (Non-Preferred Drug)	\$100 copay / \$300 copay	45% coinsurance / 45% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance / Not covered	25% coinsurance / Not covered

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
Prescription Drug Benefits		
<p>Coverage Gap Stage Most Medicare Advantage drug plans have a Coverage Gap (also called the "donut hole"). In the Coverage Gap, there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after your total yearly drug costs (including what you have paid and what our plan has paid) reach \$5,030. You stay in this stage until your total yearly drug costs reach \$8,000. During the Coverage Gap, you pay 25% coinsurance for generic and brand drugs on all tiers, unless your plan offers additional gap coverage.</p> <p>Additional gap coverage (30-Day Supply / 100-Day Supply)</p>	<p>Tier 1 – \$0 copay / \$0 copay Tier 2 – \$5 copay / \$15 copay</p>	<p>Not covered</p>
<p>Catastrophic Coverage Stage After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacies and mail order) reach \$8,000, you will enter the Catastrophic Coverage Stage.</p>	<p>You will have no cost sharing for the rest of the plan year</p>	<p>You will have no cost sharing for the rest of the plan year</p>

**BlueMedicare
Premier Rx (PDP)
S5795-002**

**BlueMedicare
Value Rx (PDP)
S5795-003**

Prescription Drug Benefits

Prescription Drug Coverage – More Information

- Cost shares for covered insulin products will not be more than a \$35 copayment for a 30-day supply regardless of the tier. Additionally, the Part D deductible will not apply to any covered insulin products.
- Cost shares for covered ACIP-approved vaccines will be a \$0 copayment regardless of the tier. Additionally, the Part D deductible will not apply to any covered ACIP-approved vaccine.
- Cost sharing may differ based on the pharmacy type (e.g., retail, mail order, long-term care (LTC)) or by fill amount (i.e., 30-day or 100-day supply).
- If you receive Extra Help, you may pay less for your Part D covered drugs depending on your level of Extra Help.
 - Deductible: \$0
 - Generic drugs (on all tiers) – 30-day or 100-day supply: \$0, \$1.55, or \$4.50 copayment
 - Brand drugs (on all tiers) – 30-day or 100-day supply: \$0, \$4.60, or \$11.20 copayment
 - To see if you qualify for Extra Help, please call the Social Security Office at **1-800-772-1213** Monday–Friday, 8 a.m.–7 p.m. TTY users should call **1-800-325-0778**.

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

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 **1-855-591-9794** (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.arkbluemedicare.com or call **1-855-591-9794** (TTY: 711) to view a copy of the EOC.
- Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary to make sure your drugs are covered.

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/coinsurance may change on January 1, 2025.
- Reviewing/Completing this Pre-Enrollment Checklist will not affect your current or future coverage.