

Arkansas Blue
MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association



2021 Summary of Benefits

BlueMedicare Premier Rx (PDP) S5795-002

The service area for **BlueMedicare Premier Rx (PDP)** includes every county in the state of Arkansas.

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 **1-866-390-3369 (TTY: 711)**.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **www.arkbluemedicare.com** or call **1-866-390-3369 (TTY: 711)** 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.
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Understanding important rules

- In addition to your monthly plan premium, you must have Medicare Part A or continue to pay your Medicare Part B premiums. 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, 2022.
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The benefit information provided is a summary of what we cover and what you pay. 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 this plan on our website, www.arkbluemedicare.com.

If you want to know more about the coverage and costs of Original Medicare, look in the 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, 7 days a week. TTY users should call 1-877-486-2048.

Who can join?

To join, you must:

- be entitled to Medicare Part A; or
- be enrolled in Medicare Part B; and
- live in **our service area**.

Our service area includes every county in the state of Arkansas.

Which pharmacies can I use?

We have a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for these services.

- You can see our plan's pharmacy directory at our website (www.arkbluemedicare.com), or you can call us and we will send you a copy of the pharmacy directory.

Have questions? Call us.

- If you are not a member of this plan, call us at **1-855-591-9794** (TTY: 711).
- If you are a member of this plan, call us at **1-866-390-3369** (TTY: 711).
 - We are available October 1 to March 31, 7 days a week from 8:00 a.m. to 8:00 p.m. Central time, except for Thanksgiving and Christmas.
 - From April 1 to September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. Central time.

Or visit our website at www.arkbluemedicare.com



Prescription Drug Benefits

BLUEMEDICARE PREMIER RX (PDP)

Pharmacy (Part D) Premium **\$140.10**

Pharmacy (Part D) Deductible BlueMedicare Premier Rx (PDP) has no Part D deductible.

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 our plan) reach **\$4,130**. Once you reach this amount, you will enter the Coverage Gap.

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

	BlueMedicare Premier (Rx)			
	Retail			
	30-day supply (Preferred Pharmacies)	30-day supply (Standard Pharmacies)	Up to 100-day supply (Preferred Pharmacies)	Up to 100-day supply (Standard Pharmacies)
Tier 1: Preferred Generic	\$2	\$10	\$5	\$25
Tier 2: Generic	\$8	\$20	\$20	\$50
Tier 3: Preferred Brand	\$40	\$47	\$100	\$117.50
Tier 4: Non-Preferred Drug	\$90	\$100	\$225	\$250
Tier 5: Specialty Tier	33%	33%	33%	33%

	Mail Order	
	30-day supply	Up to 100-day supply
Tier 1: Preferred Generic	\$2	\$5
Tier 2: Generic	\$8	\$20
Tier 3: Preferred Brand	\$40	\$100
Tier 4: Non-Preferred Drug	\$90	\$225
Tier 5: Specialty Tier	33%	33%



Prescription Drug Benefits

Coverage gap stage

Most Medicare drug plans have a coverage gap (also called the "donut hole"). In the coverage gap, 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 you have paid and our plan has paid) reaches **\$4,130**. You stay in this stage until your total out-of-pocket costs for the year reach **\$6,550**.

During the coverage gap:

- You pay the same copays that you paid in the initial coverage stage for drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) – or 25% of the cost, whichever is lower.
- For drugs in all other tiers, you pay 25% of the cost

Catastrophic coverage stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacies and mail order) reach **\$6,550**, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Disclaimers

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

This information is not a complete description of benefits. Call 1-866-390-3369 (TTY: 711) for more information.

If you have any questions please contact our Customer Services at 1-866-390-3369. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m. Central time, seven days a week, from October 1 – 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. Central time.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-662-2276 (TTY: 711).
