MASSACHUSETTS

Blue MedicareRx℠ (PDP)



2017 Summary of Benefits
Blue MedicareRx℠ (PDP)

Employer Group Medicare Prescription Drug Plan
with supplemental coverage
$5 / $10 / $25

S2893_1654_082016_GRP

Blue MedicareRx[SM] (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue MedicareRx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue MedicareRx:

- 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, contact Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

If you believe that Blue MedicareRx 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 with:

Blue MedicareRx (PDP)
Grievance Department Coordinator

P.O. Box 53991
Phoenix, AZ 85072-3991

Phone: 1-866-884-9478

Fax: 1-866-217-3353

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, Blue MedicareRx Grievance Department 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, or 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, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Blue MedicareRx (PDP)

(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO. & BCBSMA & BCBSRI & BCBSVT with a Medicare contract)

SUMMARY OF BENEFITS

January 1, 2017 - December 31, 2017

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred throughout this Summary of Benefits as "plan" or "this plan."

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the "Evidence of Coverage."

For More Information

Hours of Operation

You can call us 24 hours a day, 7 days a week.

Blue MedicareRx Phone Numbers and Website

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**)

Prospective Members, please contact your benefits administrator.

Visit us at **http://groups.rxmedicareplans.com**

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.

This document is available in other formats such as Braille and large print. For additional information, call us at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

Who can join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States and, live in the service area which includes the United States and its territories (excluding the Virgin Islands).

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Please contact your local benefits administrator for more information.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (http://groups.rxmedicareplans.com). 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 3 "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 in your Medicare prescription drug coverage that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan's formulary and the *Evidence of Coverage* on our website at http://groups.rxmedicareplans.com, or contact Customer Care at the number listed above.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's pharmacy directory at our website (http://groups.rxmedicareplans.com). Or, call us and we will send you a copy of the pharmacy directory.

Summary of Benefits

January 1, 2017 – December 31, 2017

Prescription Drug Benefits

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Initial Coverage		*You pay the following until your total yearly drug costs reach $3,700[1]:*	
Standard Retail Cost-Sharing		**One-month supply**	**Three-month supply[2]**
Tier 1	**Generic**	$5	$15
Tier 2	**Preferred Brand**	$10	$30
Tier 3	**Non-Preferred Brand**	$25	$75
		Specialty drugs are limited to a one-month supply per fill.	

Mail Order Cost-Sharing		**One-month supply**	**Three-month supply**
Tier 1	**Generic**	$5	$10
Tier 2	**Preferred Brand**	$10	$20
Tier 3	**Non-Preferred Brand**	$25	$50
		Specialty drugs are limited to a one-month supply per fill.	

Coverage Gap	**After your total yearly drug costs reach $3,700,** your former employer provides supplemental coverage that will keep your copayments and/or coinsurance as outlined above. Your copayments and/or coinsurance will not change until you qualify for Catastrophic Coverage.

Catastrophic Coverage	*After your yearly out-of-pocket drug costs reach $4,950, you pay:*
Generic (including brand drugs treated as generic)	$3.30
All other Drugs	$8.25

[1] All covered drugs are on the Blue MedicareRx group formulary/drug list.
[2] Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within the United States and its territories (excluding the Virgin Islands). For examples of what would qualify as special circumstances, refer to the Evidence of Coverage (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand, Specialty, or Non-Preferred drug. However, if you go to an out-of-network pharmacy, you are responsible for the difference between the amount charged at the out-of-network pharmacy and what your plan would have paid at a network pharmacy.

Medicare considers drugs which cost more than $670 for a one month supply to be Specialty drugs.

Medicare Coverage Gap Discount Program

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached year-to-date "total drug costs" of $3,700 and are not already receiving "Extra Help."

If you have reached year-to-date "total drug costs" of $3,700, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance in the Coverage Gap the same as what you pay in the Initial Coverage Level. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs and move you through the Coverage Gap. The amount discounted by the manufacturer will count toward your out-of-pocket costs as if you had paid this amount. Your Explanation of Benefits (EOB) will show any discounted amount provided.

Once your out-of-pocket costs reach $4,950, you will move to the Catastrophic phase and the Medicare Coverage Gap Discount Program will no longer be applicable.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Care.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-543-4917 (TTY: 711).

ALBANIAN

VËREJTJE: Nëse flisni shqip, shërbimet e asistencës gjuhësore, pa pagesë, janë në dispozicion për ju. Thirrni në 1-888-543-4917 (TTY: 711).

ARABIC

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بالرقم 1-888-543-4917 (للصم والبكم: 711).

CHINESE

小贴士：如果您说中文，欢迎使用免费语言协助服务。请致电1-888-543-4917（TTY：711）。

CUSHITE (OROMO)

HUBACHISA: Afaan Oromoo, dubbata yoo ta’e, gargaarsi tajaajilawwan afaanii kanfaltii malee ni jira. 1-888-543-4917 bilbili (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d’interprétation sont à votre disposition. Veuillez appeler le 1-888-543-4917 (TTY: 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-543-4917 (TTY: 711).

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-888-543-4917 (TTY: 711) kostenlos zur Verfügung.

GREEK

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχει διαθέσιμη υπηρεσία γλωσσικής υποστήριξης, οι οποία παρέχεται δωρεάν. Καλέστε στο 1-888-543-4917 (Αριθμός για άτομα με προβλήματα ακοής/ομιλίας: 711).

GUJARATI

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો, ભાષાકીય સહાય સેવા, વિનામુલ્યે, તમારા માટે ઉપલબ્ધ છે. કોલ કરો 1-888-543-4917 (TTY: 711)

HINDI
ध्यान दीजिए: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायक सेवाएं मुफ्त उपलब्ध हैं। 1-888-543-4917 (TTY: 711) पर कॉल करें।

IBO
Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Kpoo 1-888-543-4917 (TTY: 711).

ITALIAN
ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-888-543-4917 (TTY: 711).

JAPANESE
お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号1-888-543-4917 (TTY: 711)までお問い合わせ下さい。

KOREAN
알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-888-543-4917 (TTY: 711) 로 연락주시기 바랍니다.

KRU
YI LE: I balè u mpot Kru Basa'a, bot ba la hola wè i nyuu mahop, u saa bé to yom, ba yé ha i nyuu yon. Sebél i nsinga ini 1-888-543-4917 (TTY: 711).

LAOTIAN
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-543-4917 (TTY: 711).

MON-KHMER, CAMBODIAN
ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតឈ្នួល គឺអាចរកបានសំរាប់អ្នក។ ចូរទូរស័ព្ទទៅ 1-888-543-4917 (TTY: 711)។

NEPALI
ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने भाषा सहायता सेवाहरू तपाईंको लागि नि:शुल्कमा उपलब्ध छन्। 1-888-543-4917 (TTY: 711) मा फोन गर्नुहोस्।

POLISH
UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-888-543-4917 (TTY: 711).

PORTUGUESE
ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-888-543-4917 (TTY: 711).

RUSSIAN
ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-888-543-4917 (телетайп: 711).

SERBO-CROATIAN
UPOZORENJE: Ukoliko govorite srpsko-hrvatski jezik, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-543-4917 (TTY- *Telefon za osobe sa oštećenim govorom ili sluhom*: 711).

SPANISH
ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-543-4917 (TTY: 711).

TAGALOG
Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-888-543-4917 (TTY: 711).

THAI
หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้านทางภาษาให้คุณฟรี โทร 1-888-543-4917 (TTY: 711).

VIETNAMESE
LƯU Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-888-543-4917 (TTY: 711).

YORUBA
AKIYESI: Bi o ba nsọ èdè Yorùbá, ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-888-543-4917 (TTY: 711).

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premium, deductible and/or copayments/coinsurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Please call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**)

Prospective Members, please contact your benefits administrator.

Visit us at **http://groups.rxmedicareplans.com**

Customer Care Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

24 hours a day

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

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