



# Blue MedicareRx (PDP)<sup>SM</sup>

## Summary of Benefits



January 1, 2011 - December 31, 2011





# Introduction to the Summary of Benefits for Blue MedicareRx (PDP)<sup>SM</sup>

January 1, 2011 - December 31, 2011

Thank you for your interest in Blue MedicareRx<sup>SM</sup>. Our plan is offered by HCSC INSURANCE SERVICES COMPANY/HISC - Blue Cross Blue Shield of New Mexico, a Medicare Prescription Drug Plan that contracts with the Federal government. 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 Blue MedicareRx and ask for the "Evidence of Coverage".

## **YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue MedicareRx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

## **HOW CAN I COMPARE MY OPTIONS?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Blue MedicareRx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## **WHERE IS BLUE MEDICARERX AVAILABLE?**

The service area for this plan includes: New Mexico. Our Blue MedicareRx product is available to employer groups headquartered in our states. Retirees of these groups can reside anywhere within the United States and access our plan.

## **WHO IS ELIGIBLE TO JOIN?**

Your Employer has offered this program to retirees who are entitled to Medicare Part A and/or enrolled in Medicare Part B. These retirees can reside anywhere within the United States. If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan. Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

## **WHERE CAN I GET MY PRESCRIPTIONS?**

Blue MedicareRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [www.yourpartd.com](http://www.yourpartd.com). Our customer service number is listed at the end of this introduction.



## DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Blue MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## WHAT IS A PRESCRIPTION DRUG FORMULARY?

Blue MedicareRx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <https://www.myprime.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

## HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Blue MedicareRx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a





non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue MedicareRx for more details.

## WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

**Please call HISC** - Blue Cross Blue Shield of New Mexico for more information about Blue MedicareRx.

**Visit us at [www.yourpartd.com](http://www.yourpartd.com) or, call us: 1-877-317-6078**

### **Customer Service Hours:**

November 15, 2010 - March 1, 2011 8 a.m. - 8 p.m., local time, 7 days a week

March 2, 2011 - October 14, 2011 8 a.m. - 8 p.m., local time, Monday - Friday

Voicemail is available on weekends and holidays during this time.

**TTY/TDD users should call: 1-800-693-3816**

**Current and Prospective Members should call: 1-877-317-6078**

**TTY/TDD users should call: 1-800-693-3816**

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](http://www.medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

Este material está disponible en otros formatos, incluida la traducción al Español. Para obtener información adicional, llame por favor a nuestros especialistas en productos al número detallado anteriormente.

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



# Summary of Benefits

Benefit	Original Medicare	Enhanced Plus Plan
<b>Prescription Drugs</b>	Most drugs are not covered under Original Medicare.	
<b>Drugs Covered under Medicare Part D</b>	<p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="https://myprime.com">https://myprime.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities,</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>You are receiving a subsidy from your current or former employer/union to pay for some or all of your plan premium. Please contact your employer or union's group benefit administrator for information about your plan premium.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue MedicareRx Plus (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Blue MedicareRx Plus (PDP) approves the exception, you will pay Tier 3: Brand Drugs cost sharing for that drug.</p>





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Benefit	Original Medicare	Enhanced Plus Plan
<b>In-Network</b>		\$0 deductible.
<b>Initial Coverage</b>		You pay the following until total yearly drug costs reach \$2,840:
<b>Retail Pharmacy</b>		<p><b>Tier 1: Generic Drugs</b></p> <ul style="list-style-type: none"> <li>–\$5.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–\$12.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–\$5.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>–\$15.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Tier 2: Preferred Brand Drugs</b></p> <ul style="list-style-type: none"> <li>–\$30.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–\$75.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–\$30.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>–\$90.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Tier 3: Brand Drugs</b></p> <ul style="list-style-type: none"> <li>–\$60.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–\$150.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–\$60.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>–\$180.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Tier 4: Specialty Tier Drugs</b></p> <ul style="list-style-type: none"> <li>– 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>–33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> </ul>



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Benefit	Original Medicare	Enhanced Plus Plan
<b>Retail Pharmacy (cont'd)</b>		-33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy -33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy
<b>Long Term Care Pharmacy</b>		<p><b>Tier 1: Generic Drugs</b> -\$5.00 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b> -\$30.00 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b> -\$60.00 copay for a one-month (31-day) supply of drugs in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b> -33% coinsurance for a one-month (31-day) supply of drugs in this tier</p>
<b>Mail Order</b>		<p><b>Tier 1: Generic Drugs</b> -\$12.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b> -\$75.00 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b> -\$150.00 copay for a three-month (90-day) supply of drugs in this tier</p>
<b>Coverage Gap</b>		After your total yearly drug costs reach \$2,840, you will pay:
<b>Retail</b>		<p><b>Tier 1: Generic Drugs</b> -\$5.00 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy -\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy -\$5.00 copay for a one-month (30-day) supply of all drugs covered in this tier at a non-preferred pharmacy -\$15.00 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy</p> <p><b>Tier 2: Preferred Brand Drugs</b> -\$30.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>



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Benefit	Original Medicare	Enhanced Plus Plan
<b>Retail (cont'd)</b>		<p>–\$75.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>–\$30.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>–\$90.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</p> <p><b>Tier 3: Brand Drugs</b></p> <p>–\$60.00 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>–\$150.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>–\$60.00 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>–\$180.00 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p><b>Tier 4: Specialty Tier Drugs</b></p> <p>–33% coinsurance for a one-month (30-day) supply of select drugs covered in this tier from a preferred pharmacy</p> <p>–33% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a preferred pharmacy</p> <p>–33% coinsurance for a one-month (30-day) supply of select drugs covered in this tier at a non-preferred pharmacy</p> <p>–33% coinsurance for a three-month (90-day) supply of select drugs covered in this tier from a non-preferred pharmacy</p>
<b>Long Term Care Pharmacy</b>		<p><b>Tier 1: Generic Drugs</b></p> <p>–\$5.00 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b></p> <p>–\$30.00 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p><b>Tier 3: Brand Drugs</b></p> <p>–\$60.00 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b></p> <p>–33% coinsurance for a one-month (31-day) supply of select drugs covered in this tier</p>



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Benefit	Original Medicare	Enhanced Plus Plan
<b>Mail Order</b>		<p>Please contact the plan for a complete list of drugs covered through the gap.</p> <p><b>Tier 1: Generic Drugs</b>                      –\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b>                      –\$75.00 copay for a three-month (90-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b>                      –\$150.00 copay for a three-month (90-day) supply of drugs in this tier</p>
<b>Catastrophic Coverage</b>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <p>–A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs,</p> <p>or</p> <p>– 5% coinsurance.</p>
<b>Out-of-Network</b>		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue MedicareRx Plus (PDP).</p>
<b>Out-of-Network Initial Coverage</b>		<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p><b>Tier 1: Generic Drugs</b>                      –\$5.00 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 2: Preferred Brand Drugs</b>                      –\$30.00 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 3: Brand Drugs</b>                      –\$60.00 copay for a one-month (30-day) supply of drugs in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b>                      –33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>



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Benefit	Original Medicare	Enhanced Plus Plan
<b>Out-of-Network Coverage Gap</b>		<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Tier 1: Generic Drugs</b> -\$5.00 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p><b>Tier 2: Preferred Brand Drug</b> -\$30.00 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p><b>Tier 3: Brand Drugs</b> -\$60.00 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p><b>Tier 4: Specialty Tier Drugs</b> -33% coinsurance for a one-month (30-day) supply of select drugs covered in this tier</p>
<b>Out-of-Network Catastrophic Coverage</b>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>-A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>-5% coinsurance.</li> </ul>





**BlueCross BlueShield  
of New Mexico**



<sup>SM</sup> Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

<sup>®</sup> Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of New Mexico refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide stand-alone prescription drug plans with a Medicare contract under contract number S5715 with the Centers for Medicare and Medicaid Services.

A stand-alone prescription drug plan with a Medicare contract.

