



**BlueCross BlueShield  
of New Mexico**

# **New Mexico State University Summary of Benefits**

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

**January 1, 2018 – December 31, 2018**

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

# INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

	<b>Blue Cross MedicareRx (PDP)<sup>SM</sup></b>
<b>You have choices about how to get your Medicare prescription drug benefits</b>	<ul style="list-style-type: none"> <li>• One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like <b>Blue Cross MedicareRx (PDP)<sup>SM</sup></b>.</li> <li>• Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.</li> </ul>
<b>Tips for comparing your Medicare choices</b>	<p>This Summary of Benefits booklet gives you a summary of what <b>Blue Cross MedicareRx (PDP)<sup>SM</sup></b> covers and what you pay.</p> <ul style="list-style-type: none"> <li>• If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <a href="http://www.medicare.gov">http://www.medicare.gov</a>.</li> <li>• If you want to know more about the coverage and costs of Original Medicare, look in your current <b>“Medicare &amp; You”</b> handbook. View it online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> 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.</li> </ul>
<b>Sections in this booklet</b>	<ul style="list-style-type: none"> <li>• Things to Know About <b>Blue Cross MedicareRx (PDP)</b></li> <li>• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</li> <li>• Prescription Drug Benefits</li> </ul>
	<p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language.</p> <p>For additional information, call us at 1-877-838-3833 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-838-3833 (los usuarios de TTY/TDD deben llamar al 711).</p>
<b>Hours of Operation</b>	<p>Things to Know About <b>Blue Cross MedicareRx (PDP)</b></p> <ul style="list-style-type: none"> <li>• From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.</li> <li>• From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.</li> </ul>
<b>Phone Numbers</b>	<p>Call toll-free 1-877-838-3833 (TTY/TDD users should call 711).</p>

<b>Blue Cross MedicareRx (PDP)<sup>SM</sup></b>	
<b>Who can join?</b>	To join <b>Blue Cross MedicareRx (PDP)</b> , you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be a retiree of New Mexico State University.
<b>Which drugs are covered?</b>	You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions. Call us and we will send you a copy of the formulary.
<b>How will I determine my drug costs?</b>	Our plan groups each medication into one of five “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 that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.
<b>Which pharmacies can I use?</b>	<p>We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.</p> <p>You can see our plan’s pharmacy directory. Call us and we will send you a copy of the pharmacy directory.</p>

# SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

Blue Cross MedicareRx (PDP)			
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>			
<b>How much is the monthly premium?</b>	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator.		
<b>How much is the deductible?</b>	This plan does not have a deductible.		
<b>PRESCRIPTION DRUG BENEFITS</b>			
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.		
	<b>Preferred Retail Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$0	\$0
	<b>Tier 2 (Generic)</b>	\$2	\$6
	<b>Tier 3 (Preferred Brand)</b>	\$25	\$75
	<b>Tier 4 (Non-Preferred Brand)</b>	\$55	\$165
<b>Tier 5 (Specialty Tier)</b>	33%	33%	

<b>Blue Cross MedicareRx (PDP)</b>				
<b>Initial Coverage (continued)</b>	<b>Standard Retail Cost-Sharing</b>			
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>	
	<b>Tier 1 (Preferred Generic)</b>	\$5	\$15	
	<b>Tier 2 (Generic)</b>	\$7	\$21	
	<b>Tier 3 (Preferred Brand)</b>	\$30	\$90	
	<b>Tier 4 (Non-Preferred Brand)</b>	\$60	\$180	
	<b>Tier 5 (Specialty Tier)</b>	33%	33%	
	<b>Preferred Mail Order Cost-Sharing</b>			
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>	
	<b>Tier 1 (Preferred Generic)</b>	\$0	\$0	
	<b>Tier 2 (Generic)</b>	\$2	\$5	
	<b>Tier 3 (Preferred Brand)</b>	\$25	\$62.50	
	<b>Tier 4 (Non-Preferred Brand)</b>	\$55	\$137.50	
	<b>Tier 5 (Specialty Tier)</b>	33%	33%	
	<b>Standard Mail Order Cost-Sharing</b>			
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>	
	<b>Tier 1 (Preferred Generic)</b>	\$5	\$12.50	
	<b>Tier 2 (Generic)</b>	\$7	\$17.50	
	<b>Tier 3 (Preferred Brand)</b>	\$30	\$75	
	<b>Tier 4 (Non-Preferred Brand)</b>	\$60	\$150	
	<b>Tier 5 (Specialty Tier)</b>	33%	33%	
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			

<b>Blue Cross MedicareRx (PDP)</b>			
<b>Coverage Gap</b>	<p>Your plan provides additional coverage through the gap. You continue to pay similar amounts as you did in the Initial Coverage stage. You stay in this stage until yearly out-of-pocket drug costs reach \$5,000.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.</p>		
	<b>Preferred Retail Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$0	\$0
	<b>Tier 2 (Generic)</b>	\$2	\$6
	<b>Tier 3 (Preferred Brand)</b>	\$25	\$75
	<b>Tier 4 (Non-Preferred Brand)</b>	\$55	\$165
	<b>Tier 5 (Specialty Tier)</b>	24%	24%
	<b>Standard Retail Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$5	\$15
	<b>Tier 2 (Generic)</b>	\$7	\$21
	<b>Tier 3 (Preferred Brand)</b>	\$30	\$90
	<b>Tier 4 (Non-Preferred Brand)</b>	\$60	\$180
<b>Tier 5 (Specialty Tier)</b>	24%	24%	

<b>Blue Cross MedicareRx (PDP)</b>			
<b>Coverage Gap (Continued)</b>	<b>Preferred Mail Order Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$0	\$0
	<b>Tier 2 (Generic)</b>	\$2	\$5
	<b>Tier 3 (Preferred Brand)</b>	\$25	\$62.50
	<b>Tier 4 (Non-Preferred Brand)</b>	\$55	\$137.50
	<b>Tier 5 (Specialty Tier)</b>	24%	24%
	<b>Standard Mail Order Cost-Sharing</b>		
	<b>Tier</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$5	\$12.50
	<b>Tier 2 (Generic)</b>	\$7	\$17.50
	<b>Tier 3 (Preferred Brand)</b>	\$30	\$75
	<b>Tier 4 (Non-Preferred Brand)</b>	\$60	\$150
	<b>Tier 5 (Specialty Tier)</b>	24%	24%
<b>Preferred Mail Order Cost-Sharing</b>			
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the total cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copayment for all other drugs.</li> </ul>		

ADDITIONAL INFORMATION ABOUT Blue Cross MedicareRx (PDP)





## BlueCross BlueShield of New Mexico

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- 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 Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico 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: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator 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>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-838-3833 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3833 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-877-838-3833 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-838-3833 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3833 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-838-3833 (TTY: 711)。

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-838-3833 (رقم هاتف الصم والبكم: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3833 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-838-3833 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-838-3833 (TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3833 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-838-3833 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-877-838-3833 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  
1-877-838-3833 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با  
1-877-838-3833 (TTY: 711) تماس بگیرید.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-838-3833  
(TTY: 711).



**BlueCross BlueShield  
of New Mexico**

ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call 1-877-838-3833 (TTY: 711) We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3833 (TTY: 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

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

Prescription drug plan provided by Blue Cross and Blue Shield of New Mexico, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.