

Blue Rx PDP

# 2015 Summary of Benefits

Pennsylvania and West Virginia



## SECTION ONE: INTRODUCTION TO SUMMARY OF BENEFITS

### ***Blue Rx Plus (PDP) and Blue Rx Complete (PDP)***

***January 1, 2015 – December 31, 2015***

***PENNSYLVANIA AND WEST VIRGINIA***



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."

#### ***YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE PRESCRIPTION DRUG BENEFITS***

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue Rx Plus (PDP) or Blue Rx Complete (PDP)**.
- 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.

#### ***TIPS FOR COMPARING YOUR MEDICARE CHOICES***

This Summary of Benefits booklet gives you a summary of what **Blue Rx Plus (PDP) and Blue Rx Complete (PDP)** covers and what you pay.

- 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 <http://www.medicare.gov>.
- 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.

#### ***SECTIONS IN THIS BOOKLET***

- Things to Know About **Blue Rx Plus (PDP) and Blue Rx Complete (PDP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at (800)-290-3914. (TTY/TDD 711)

## ***THINGS TO KNOW ABOUT BLUE RX PLUS (PDP) AND BLUE RX COMPLETE (PDP)***

### ***HOURS OF OPERATION***

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

#### **Blue Rx Plus (PDP) and Blue Rx Complete (PDP) Phone Numbers and Website**

- If you are a member of this plan, call toll-free (800)-290-3914. (TTY/TDD 711)
- If you are not a member of this plan, call toll-free (866)-682-7975 (TTY/TDD (800)-227-8210)
- Our website: [www.hmhealthinsurance.com](http://www.hmhealthinsurance.com)

### ***WHO CAN JOIN?***

To join **Blue Rx Plus (PDP) or Blue Rx Complete (PDP)**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following: Pennsylvania, West Virginia.

### ***WHICH DRUGS ARE COVERED?***

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website ([www.hmhealthinsurance.com](http://www.hmhealthinsurance.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 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.

### ***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 ([www.hmhealthinsurance.com](http://www.hmhealthinsurance.com)). Or, call us and we will send you a copy of the pharmacy directory.

SECTION TWO: SUMMARY OF BENEFITS: JANUARY 1, 2015 - DECEMBER 31, 2015

BENEFIT CATEGORY	BLUE RX PLUS (PDP)	Blue Rx Complete (PDP)																																				
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<b>How much is the monthly premium?</b>	\$80.40 per month.	\$151.80 per month.																																				
<b>How much is the deductible?</b>	\$320 per year for Part D prescription drugs.	This plan does not have a deductible.																																				
<b>PRESCRIPTION DRUG BENEFITS</b>																																						
<p><b>Initial Coverage</b></p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p><b>Standard Retail Cost-Sharing</b></p> <table border="1" data-bbox="604 860 1205 1503"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$2 copay</td> <td>\$6 copay</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>\$12 copay</td> <td>\$36 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>25% of the cost</td> <td>25% of the cost</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>50% of the cost</td> <td>50% of the cost</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25% of the cost</td> <td>25% of the cost</td> </tr> </tbody> </table>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$2 copay	\$6 copay	Tier 2 (Non-Preferred Generic)	\$12 copay	\$36 copay	Tier 3 (Preferred Brand)	25% of the cost	25% of the cost	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	<p>You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p><b>Standard Retail Cost-Sharing</b></p> <table border="1" data-bbox="1316 860 1917 1503"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$4 copay</td> <td>\$12 copay</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>\$12 copay</td> <td>\$36 copay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$40 copay</td> <td>\$120 copay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>\$70 copay</td> <td>\$210 copay</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>33% of the cost</td> <td>33% of the cost</td> </tr> </tbody> </table>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$4 copay	\$12 copay	Tier 2 (Non-Preferred Generic)	\$12 copay	\$36 copay	Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	Tier 4 (Non-Preferred Brand)	\$70 copay	\$210 copay	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost
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**Initial Coverage  
(continued)**

**Standard Mail Order Cost-Sharing**

<b>Tier</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$5 copay
Tier 2 (Non-Preferred Generic)	\$30 copay
Tier 3 (Preferred Brand)	25% of the cost
Tier 4 (Non-Preferred Brand)	50% of the cost
Tier 5 (Specialty Tier)	25% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

**Standard Mail Order Cost-Sharing**

<b>Tier</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$10 copay
Tier 2 (Non-Preferred Generic)	\$30 copay
Tier 3 (Preferred Brand)	\$100 copay
Tier 4 (Non-Preferred Brand)	\$175 copay
Tier 5 (Specialty Tier)	33% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that 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 our plan has paid and what you have paid) reaches \$2,960.

After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.

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<p><b>Coverage Gap (continued)</b></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> <p><b>Standard Retail Cost-Sharing</b></p> <table border="1" data-bbox="1312 587 1934 992"> <thead> <tr> <th>Tier</th> <th>Drugs Covered</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>All</td> <td>45% of the cost</td> <td>45% of the cost</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>All</td> <td>45% of the cost</td> <td>45% of the cost</td> </tr> </tbody> </table> <p><b>Standard Mail Order Cost-Sharing</b></p> <table border="1" data-bbox="1312 1084 1780 1489"> <thead> <tr> <th>Tier</th> <th>Drugs Covered</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>All</td> <td>45% of the cost</td> </tr> <tr> <td>Tier 2 (Non-Preferred Generic)</td> <td>All</td> <td>45% of the cost</td> </tr> </tbody> </table>	Tier	Drugs Covered	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	All	45% of the cost	45% of the cost	Tier 2 (Non-Preferred Generic)	All	45% of the cost	45% of the cost	Tier	Drugs Covered	Three-month supply	Tier 1 (Preferred Generic)	All	45% of the cost	Tier 2 (Non-Preferred Generic)	All	45% of the cost
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**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:

- 5% of the cost, or
- \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.

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- 5% of the cost, or
- \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-456-3738. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-456-3738. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-456-3738。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-456-3738。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-456-3738. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-456-3738. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-456-3738 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-456-3738. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-456-3738 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-456-3738. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا بمساعدتك. هذه خدمة مجانية على 1-866-456-3738 سيقوم شخص ما يتحدث العربية.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-456-3738. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-456-3738. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-456-3738. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-456-3738. Ta usługa jest bezpłatna.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-456-3738 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-456-3738 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Blue Rx is a service mark of the Blue Cross and Blue Shield Association.

Highmark is a registered mark of Highmark Inc.