

Summary of Benefits

\$10/\$30/\$50/\$50

For plan years beginning in 2017



2017

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Introduction

This guide is a summary of the prescription drug services covered by Group MedicareBlue Rx (PDP). In this booklet, you will find useful tools including an overview of our plan and pharmacy network, an easy-to-read chart of plan coverage options, and contact information for customer service representatives who are available to answer all of your questions.

Our experience in providing quality and affordable prescription drug coverage benefits you through manageable coverage plans that fit your needs. For more details about our service offerings, please refer to the contact information below.

Here's how to learn more about the plan's benefits and costs of this program:



Visit **YourMedicareSolutions.com**



Call **1-877-838-3827** toll-free, daily, 8 a.m. to 8 p.m., Central and Mountain times. TTY users should call **711**.

Group MedicareBlueSM Rx (PDP)

\$10/\$30/\$50/\$50

Summary of Benefits

January 1, 2017 – December 31, 2017

Nationwide

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*.

Can I join?

To join Group MedicareBlue Rx, you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B. You must also be identified as an eligible participant by your employer.

Are my drugs covered?

You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, **YourMedicareSolutions.com**. Select the 'Documents' tab to find out if the drugs you take are covered. Or, call us and we will send you a copy of the *Formulary*.

How much will I need to pay for drugs?

Our plan categorizes each medication into one of four "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 will discuss the benefit stages: 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, **YourMedicareSolutions.com**, by selecting the 'Documents' tab at the top of the web page, or you can call us and we will send you a copy of the *Pharmacy Directory*.

Want to learn more about Original Medicare?

The *Medicare & You* handbook explains what Original Medicare covers and the costs you may pay. You can view the handbook online at **medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week.

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Group MedicareBlue Rx \$10/\$30/\$50/\$50

If you have any questions about the plan's benefits or costs, please contact Group MedicareBlue Rx Customer Service for details.

Prescription Drug Benefits											
Initial Coverage	<p>During this stage, you pay the following until your total yearly drug costs reach \$3,700. 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>										
30-day Supply from a Network Pharmacy or 31-day Supply from a Long-Term Care Facility	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ccc;"> <th style="text-align: left;">Tier</th> <th style="text-align: left;">30-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Generic)</td> <td>\$10 copay</td> </tr> <tr> <td>Tier 2 (Preferred Brand)</td> <td>\$30 copay</td> </tr> <tr> <td>Tier 3 (Non-Preferred Brand)</td> <td>\$50 copay</td> </tr> <tr> <td>Tier 4 (Specialty)</td> <td>\$50 copay</td> </tr> </tbody> </table>	Tier	30-day supply	Tier 1 (Generic)	\$10 copay	Tier 2 (Preferred Brand)	\$30 copay	Tier 3 (Non-Preferred Brand)	\$50 copay	Tier 4 (Specialty)	\$50 copay
Tier	30-day supply										
Tier 1 (Generic)	\$10 copay										
Tier 2 (Preferred Brand)	\$30 copay										
Tier 3 (Non-Preferred Brand)	\$50 copay										
Tier 4 (Specialty)	\$50 copay										
90-day Supply from a Network Pharmacy or Mail Order	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #ccc;"> <th style="text-align: left;">Tier</th> <th style="text-align: left;">90-day supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Generic)</td> <td>\$20 copay</td> </tr> <tr> <td>Tier 2 (Preferred Brand)</td> <td>\$60 copay</td> </tr> <tr> <td>Tier 3 (Non-Preferred Brand)</td> <td>\$100 copay</td> </tr> <tr> <td>Tier 4 (Specialty)</td> <td>\$100 copay</td> </tr> </tbody> </table> <p>You may get 90-day supplies of drugs from retail pharmacies for the same cost as mail order. These pharmacies are called extended day supply pharmacies and are identified in the pharmacy directory.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You pay your copay or coinsurance.</p>	Tier	90-day supply	Tier 1 (Generic)	\$20 copay	Tier 2 (Preferred Brand)	\$60 copay	Tier 3 (Non-Preferred Brand)	\$100 copay	Tier 4 (Specialty)	\$100 copay
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Coverage Gap Begins once your total drug costs for the year reach \$3,700	<p>For 2017, during the coverage gap stage, you will pay no more than your usual cost sharing for generic and brand-name drugs.</p>										
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs you purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the total cost, or • \$3.30 copay for generic drugs (including brand drugs treated as generic) and \$8.25 copay for all other drugs. 										

What's the difference between a copay and coinsurance?

A copay is a *fixed amount* that you pay for prescription drugs. Coinsurance is a *percentage amount* you pay for prescription drugs.

Explanation of Cost Sharing Tiers

Cost-Sharing Tier 1: Generic is the lowest tier and includes preferred generic drugs. Some low-cost preferred brands are also included.

Cost-Sharing Tier 2: Preferred Brand includes preferred brand drugs and some non-preferred generic drugs.

Cost-Sharing Tier 3: Non-Preferred Brand includes non-preferred brand drugs and some non-preferred generic drugs.

Cost-Sharing Tier 4: Specialty Tier is the highest tier on our *Formulary*. It contains very high cost brand and generic drugs, which may require special handling and/or close monitoring.



**Group
MedicareBlueSM Rx (PDP)**
A Medicare Prescription Drug Plan

NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

Group MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Group MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Group MedicareBlue Rx:

- 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, call customer service at 1-877-838-3827, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that Group MedicareBlue Rx 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 in writing to:

Group MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R337
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the Group MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-868-1019

800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3827 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-838-3827 (TTY: 711).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-838-3827 (መስማት ለተሳናቸው: 711)።

Arabic: في وقتنا هذا، نوفر خدمات مساعدة لغوية مجانية لجميع اللغات المدعومة. إذا كنت تتحدث تنك اذ: 7283-838-778-1 مقرر: مقرب لصلصا (117). مقرب لصلصا. نامل اب كل رفاوتت:

Chinese: 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1-877-838-3827 (TTY : 711) 。

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1-877-838-3827。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。

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1-877-838-3827。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-838-3827 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3827 (ATS : 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-838-3827 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3827 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-838-3827 (TTY: 711) पर कॉल करें।

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-838-3827 (TTY: 711).

Japanese: 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。1-877-838-3827 (TTY: 711) まで、お電話にてご連絡ください。

Karen:

ဟ်သုဂ်ဟ်သး- နမုာ်ကတိာ် ကညိ ကျိာ်အယိ, နမုာ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နီတမံၤဘျုးသုဂ်လီၤ. ကိး 1-877-838-3827 (TTY 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3827 (TTY: 711)번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-838-3827 (TTY: 711).

Mon-Khmer, Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-838-3827 (TTY: 711)។

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-838-3827 (TTY: 711).

Portugués: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-838-3827 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-838-3827 (телетайп: 711).

Serbo-Croatian (Serbian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-838-3827 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-838-3827 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-838-3827 (TTY: 711).



Visit YourMedicareSolutions.com



Call **1-877-838-3827** toll-free, daily, 8 a.m. to 8 p.m., Central and Mountain times. TTY users call **711**.

This document may be available in a non-English language. For additional information call us at the number above.

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

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 copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

Group MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare.

Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

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