BlueCross BlueShield Minnesota

2016 SUMMARY of BENEFITS

Group MedicareBlue℠ Rx (PDP)
$10/$30/$50/$50

S5743

January 1, 2016 – December 31, 2016

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Summary of Benefits
January 1, 2016 – December 31, 2016
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 at the number on the back cover and ask for the *Evidence of Coverage*.

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

Things to Know About Group MedicareBlue Rx

Hours of operation
You can call us 7 days a week from 8 a.m. to 8 p.m. Central and Mountain times.

Group MedicareBlue Rx Phone Numbers and Website

- If you are a member of this plan call toll free at **1-877-838-3827**.
- You can also visit our website: **www.YourMedicareSolutions.com**

Who can 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.

Which drugs are covered?
You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.YourMedicareSolutions.com**. Or, call us at the number on the back cover 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 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 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, **www.YourMedicareSolutions.com**, or you can call us at the number on the back cover and we will send you a copy of the pharmacy directory.

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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	During this stage, you pay the following until your total drug costs reach $3,310. 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.			
Standard Retail Supply	**Tier**	**One-month supply**	**Two-month supply**	**Three-month supply**
	Tier 1 (Generic)	$10 copay	$20 copay	$20 copay
	Tier 2 (Preferred Brand)	$30 copay	$60 copay	$60 copay
	Tier 3 (Non-Preferred Brand)	$50 copay	$100 copay	$100 copay
	Tier 4 (Specialty)	$50 copay	$100 copay	$100 copay
Extended Day Supply and Mail Order Cost Sharing	**Tier**	**One-month supply**	**Two-month supply**	**Three-month supply**
	Tier 1 (Generic)	$10 copay	$20 copay	$20 copay
	Tier 2 (Preferred Brand)	$30 copay	$60 copay	$60 copay
	Tier 3 (Non-Preferred Brand)	$50 copay	$100 copay	$100 copay
	Tier 4 (Specialty)	$50 copay	$100 copay	$100 copay

Prescription Drug Benefits	
Extended Day Supply and Mail Order Cost Sharing (continued)	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. 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. You pay your copay or coinsurance.
Coverage Gap	For 2016 during the coverage gap stage, you will pay no more than your usual cost sharing for generic and brand-name drugs.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of: • 5% of the total cost, or • $2.95 copay for generic (including brand drugs treated as generic) and $7.40 copay 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 1-877-838-3827. 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 1-877-838-3827. 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 1-877-838-3827。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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。

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 1-877-838-3827. 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 1-877-838-3827. 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 quí vị cần thông dịch viên xin gọi 1-877-838-3827 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-838-3827. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-838-3827 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 1-877-838-3827. 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 بمساعدتك. هذه مترجم فوري، ليس عليك سوى الاتصال بنا على 1-778-838-7283. سيقوم شخص ما يتحدث العربية خدمة مجانية.

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 1-877-838-3827 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 1-877-838-3827. Un nostro incaricato che parla Italianovi 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 1-877-838-3827. 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 1-877-838-3827. 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 1-877-838-3827. Ta usługa jest bezpłatna.

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ございます。通訳をご用命になるには、1-877-838-3827 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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