MASSACHUSETTS



Blue MedicareRx℠ (PDP)

# 2027 SUMMARY OF BENEFITS

## 2027 Summary of Benefits

## Blue MedicareRx (PDP)

## Employer Group Medicare Prescription Drug Plan: $10 / $20 / $35

## Option 26

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

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# BLUE MEDICARERX (PDP)

**(a Medicare Prescription Drug Plan (PDP) offered by ANTHEM INSURANCE CO., BCBSMA, BCBSRI, & BCBSVT with a Medicare contract)**

## SUMMARY OF BENEFITS

### January 1, 2027 - December 31, 2027

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred to throughout this Summary of Benefits as “plan” or “this plan.”

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 us and ask for the *Evidence of Coverage*.

## For More Information

### Hours of Operation

You can call us 24 hours a day, 7 days a week.

### Blue MedicareRx Phone Numbers and Website

Call Blue MedicareRx for more information about our plan.

Current members should call toll-free **1-888-543-4917**. (TTY/TDD **711**).

Prospective Members, contact your benefits administrator.

Access plan documents by creating an account at: **caremark.com.**

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 **medicare.gov/publications/10050-medicare-and-you.pdf** 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**.

This document is available in other formats such as Braille and large print. For additional information, call us at **1-888-543-4917**, 24 hours a day, 7 days a week. TTY/TDD users should call **711**.

## Who can join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, are a US citizen or are lawfully present in the United States and live in the service area which includes the United States and its territories.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP. Contact your local benefits administrator for more information.

## Which drugs are covered?

You can see the complete plan formulary (list of Part D covered drugs) and any restrictions at: **caremark.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 3 “tiers”. You'll 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, your out-of-pocket prescription costs to date and what stage of the benefit you have reached. Later in this document we discuss the benefit stages in your Medicare prescription drug coverage that occur: Initial Coverage and Catastrophic Coverage. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and the *Evidence of Coverage* at: **caremark.com**, or contact Customer Care at the number listed on the previous page.

## 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: **caremark.com**. Or call us and we will send you a copy of the pharmacy directory.

## Additional benefit information for Blue MedicareRx

### Important message about what you pay for vaccines

Our plan covers most Part D vaccines at no cost to you.
Call Customer Care for more information.

### Important message about what you pay for insulin

You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

# SUMMARY OF BENEFITS

**January 1, 2027 – December 31, 2027**

## Prescription Drug Benefits

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

| Initial Coverage | | You pay the following until your total yearly out-of-pocket drug costs reach $2,400[1], thereafter, you will pay nothing for covered Part D drugs: | |
|---|---|---|---|
| **Standard Retail Cost Sharing** | | **One-month supply** | **Three-month supply[2]** |
| Tier 1 | Generic | $10 | $30 |
| Tier 2 | Preferred Brand | $20 | $60 |
| Tier 3 | Non-Preferred Drug | $35 | $105 |
| | | Specialty drugs are limited to a one-month supply per fill. | |
| **Mail Order Cost Sharing** | | **One-month supply** | **Three-month supply** |
| Tier 1 | Generic | $10 | $20 |
| Tier 2 | Preferred Brand | $20 | $40 |
| Tier 3 | Non-Preferred Drug | $35 | $70 |
| | | Specialty drugs are limited to a one-month supply per fill. | |

| Catastrophic Coverage |
|---|
| During this payment stage, you pay nothing for your Part D covered drugs. |

1. All covered drugs are on the Blue MedicareRx group formulary/drug list.
2. Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

# GENERAL INFORMATION

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances as long as the pharmacy is located within the United States and its territories. For examples of what would qualify as special circumstances, refer to the *Evidence of Coverage* (EOC). Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand, or Non-Preferred drug. You may be required to pay the difference between what you pay for the drug at an out-of-network pharmacy and the cost that we would cover at an in-network pharmacy.

Medicare considers drugs which cost more than $1,080 for a one-month supply to be specialty drugs.

## Blue MedicareRx:

- 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 (Braille, large print, audio CD, data CD, accessible electronic formats, and 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 the number on the back of your Member ID Card. TTY/TDD users should call 711.**

## If you believe that Blue MedicareRx 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:

### Blue MedicareRx (PDP)

Grievance Department Coordinator
P.O. Box 30016
Pittsburgh, PA 15222-0330
Phone: 1-866-884-9478
Fax: 1-866-217-3353

You can file a grievance by phone, by mail, or fax.
If you need help filing a grievance, the Blue MedicareRx Grievance Department 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 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, TTY: 1-800-537-7697

Complaint forms are available at
hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Please call Customer Care at the number listed on the back page of this booklet (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

# NOTES

## WE'RE HERE TO HELP:

**This information is not a complete description of benefits. Please refer to the contact list below for more information.**

Please call Blue MedicareRx for more information about our plan.
Current members should call toll-free 1-888-543-4917. (TTY/TDD 711)
Prospective Members, please contact your benefits administrator.
Visit us at caremark.com

### Customer Care Hours:

24 hours a day, 7 days a week

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 medicare.gov.

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

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Blue Cross and Blue Shield of Massachusetts, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc.,

Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans.

The joint enterprise is a Medicare-approved Part D Sponsor.

Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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