



BlueCross BlueShield
of North Carolina

Smart choices for Medicare

BlueMedicare RxSM (PDP)

2017 Summary of benefits for our Medicare prescription drug plans (Standard and Enhanced)

Contract S5540-002, S5540-004

January 1, 2017 – December 31, 2017

MedicareRx
Prescription Drug Coverage X

Y0079_7526 CMS Accepted 09032016

U5073b, 7/16

Summary of benefits

This is a summary of drug services covered in Blue Medicare Rx (PDP) Standard and PDP Enhanced Plans January 1, 2017 - December 31, 2017.

Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

To join Blue Medicare Rx (PDP) plans, 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 all counties in North Carolina.

Summary of benefits

Benefit	PDP Standard					
	(S5540-002)					
Monthly Plan Premium:	\$67					
Deductible:	\$290					
	Preferred Retail/ Mail Order Pharmacies			Nonpreferred Retail/ Mail Order Pharmacies		
	1 month 30-day supply	2 month 60-day supply	3 month 90-day supply	1 month 30-day supply	2 month 60-day supply	3 month 90-day supply
Tier 1 (Preferred Generic):	\$4	\$8	\$12	\$15	\$30	\$45
Tier 2 (Generic):	\$8	\$16	\$24	\$20	\$40	\$60
Tier 3 (Preferred Brand):	\$37	\$74	\$111	\$47	\$94	\$141
Tier 4 (Nonpreferred Brand):	50% of the cost			50% of the cost		
Tier 5 (Specialty Tier):	25% of the cost	Tier 5 is limited to a one month (30-day) supply.		25% of the cost	Tier 5 is limited to a one month (30-day) supply.	
Coverage Gap:	You pay 51% on all generic drugs. You will pay 40% for brand name drugs.					
Catastrophic Coverage:	After your yearly out-of-pocket drug costs reach \$4,950, you pay the greater of: 5% coinsurance, or \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copay for all other drugs.					

Summary of benefits (continued)

Benefit	PDP Enhanced					
	(S5540-004)					
Monthly Plan Premium:	\$124					
Deductible:	This plan does not have a deductible.					
	Preferred Retail/ Mail Order Pharmacies			Nonpreferred Retail/ Mail Order Pharmacies		
	1 month 30-day supply	2 month 60-day supply	3 month 90-day supply	1 month 30-day supply	2 month 60-day supply	3 month 90-day supply
Tier 1 (Preferred Generic):	\$3	\$6	\$9	\$15	\$30	\$45
Tier 2 (Generic):	\$6	\$12	\$18	\$20	\$40	\$60
Tier 3 (Preferred Brand):	\$30	\$60	\$90	\$45	\$90	\$135
Tier 4 (Nonpreferred Brand):	50% of the cost			50% of the cost		
Tier 5 (Specialty Tier):	33% of the cost	Tier 5 is limited to a one month (30-day) supply.		33% of the cost	Tier 5 is limited to a one month (30-day) supply.	
Coverage Gap:	You pay \$3/\$6/\$9 for Tier 1 generics; you pay 51% for all other generics and 40% for brand drugs.			You pay \$15/\$30/\$45 for Tier 1 generics; you pay 51% for all other generics and 40% for brand drugs.		
Catastrophic Coverage:	After your yearly out-of-pocket drug costs reach \$4,950, you pay the greater of: 5% coinsurance, or \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copay for all other drugs.					

Summary of benefits (continued)

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 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**.

For additional information about Blue Medicare Rx (PDP) plans:

- + Give us a call 7 days a week from 8:00 a.m. - 8:00 p.m. Eastern time.
 - If you are a member of this plan, call toll-free **1-888-247-4142** (TTY **1-888-247-4145**)
 - If you are not a member of this plan, call toll-free **1-800-661-5518** (TTY **1-800-922-3140**)
- + Visit our website at www.bcbsnc.com/medicare.
- + Visit www.myprime.com/v/BCBSNC/en/find-pharmacy.html to see our plan’s pharmacy directory.
- + Visit www.bcbsnc.com/content/medicare/formulary-home.htm to see our plan’s formulary (list of Part D prescription drugs) and any restrictions.

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

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, accessible electronic formats, etc.)
- 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 Customer Service at 1-800-661-5518. TTY call 1-800-922-3140, 8 a.m. to 8 p.m. daily.
- If you believe that BCBSNC 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:
 - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office, Telephone 919-765-1663, Fax 919-287-5613, TTY 1-888-291-1783 civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office 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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service at 1-800-661-5518.

Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renew.

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-661-5518 (TTY: 1-800-922-3140).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-661-5518 (TTY: 1-800-922-3140).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-800-661-5518 (TTY :1-800-922-3140)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-661-5518 (TTY: 1-800-922-3140).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-661-5518 (TTY: 1-800-922-3140) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-661-5518 (ATS : 1-800-922-3140)

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-661-5518. المبرقة الكاتبة: 1-800-922-3140.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-661-5518 (TTY: 1-800-922-3140).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-661-5518 (телетайп: 1-800-922-3140).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-661-5518 (TTY: 1-800-922-3140).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-661-5518 (TTY: 1-800-922-3140).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-800-661-5518 (TTY: 1-800-922-3140)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-661-5518 (TTY: 1-800-922-3140).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-661-5518 (TTY: 1-800-922-3140) पर कॉल करें।

Blue Medicare RxSM (PDP)

Multi-language Interpreter Services *(continued)*

ໂບດຊາບ: ຖ້າວ່າ ທີ່ນາວາພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.
ໂທ 1-800-661-5518 (TTY: 1-800-922-3140).

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。1-800-661-5518
(TTY: 1-800-922-3140) まで、お電話にてご連絡ください。

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