



2021 Summary of Benefits

Blue Medicare RxSM (PDP)

MedicareRx
Prescription Drug Coverage X

This is a summary of drug services covered under Blue Medicare Rx (PDP) plans for **January 1, 2021 – December 31, 2021**.

Plans:

Blue Medicare Rx (PDP) Standard S5540-002

Blue Medicare Rx (PDP) Enhanced S5540-004

Notes:

- If you have Medicare Part B, you must continue to pay your Medicare Part B premium, if it's not otherwise paid for under Medicaid or by another third-party.
- You must join a Medicare prescription drug plan to receive drug coverage unless you are eligible for both Medicare and Medicaid. Contact your state Medicaid or medical assistance office if you have questions about your eligibility.
- 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.
- 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. Call Customer Service at **1-888-247-4142** (TTY: 711), access online at [BlueCrossNC.com/Medicare](https://www.BlueCrossNC.com/Medicare) or call your Blue Cross NC Authorized Agent.

Summary of Benefits

Prescription Drug Coverage

Blue Medicare Rx StandardSM (PDP)

S5540-002

Part D, Prescription Drug Benefit Stages

Annual Deductible:

This is the set amount that you pay before your plan begins to pay its share of the cost.

Tiers 1 and 2: \$0

Tiers 3, 4 and 5: \$365

Initial Coverage Limit (ICL):

Begins after you pay your yearly deductible.

You remain in this stage until your total year-to-date costs on covered drugs reach **\$4,130**. (Total year-to-date drug costs include the total drug costs paid by you and any Part D plan from the beginning of the calendar year.)

Coverage Gap:

Begins when your total year-to-date costs on covered drugs exceed \$4,130.

In this stage, you'll pay **25%** of the cost for generic drugs and **25%** of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach **\$6,550**.

Catastrophic Coverage:

Begins when your total year-to-date costs on covered drugs exceed \$6,550.

During this stage, you pay the greater of **\$3.70** or **5%** of the cost for generic drugs, and the greater of **\$9.20** or **5%** of the cost for brand-name drugs.

To find more information on prescription drug coverage, [see pages 6–11](#).

Summary of Benefits

Prescription Drug Coverage

Blue Medicare Rx StandardSM (PDP)

S5540-002

Monthly Premium: \$82.90

	Preferred Pharmacies		Preferred Mail Order	Non-Preferred Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
Preferred Generic Drugs (Tier 1)	\$4 copay	\$12 copay	\$12 copay	\$15 copay	\$45 copay
Generic Drugs (Tier 2)	\$8 copay	\$24 copay	\$24 copay	\$20 copay	\$60 copay
Preferred Brand Drugs (Tier 3)	\$37 copay	\$111 copay	\$111 copay	\$47 copay	\$141 copay
Non-Preferred Drugs (Tier 4)	42% of cost	42% of cost	42% of cost	44% of cost	44% of cost
Specialty Tier Drugs (Tier 5)	26% of cost	N/A	N/A	26% of cost	N/A

Summary of Benefits

* Long-term care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Note: Two-month (60-day) supplies may also be available. For more information, contact Blue Cross NC or your Authorized Agent.

Summary of Benefits

Prescription Drug Coverage

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

Part D, Prescription Drug Benefit Stages

Annual Deductible:

This is the set amount that you pay before your plan begins to pay its share of the cost.

All Tiers: \$0

Initial Coverage Limit (ICL):

Begins after you pay your yearly deductible.

You remain in this stage until your total year-to-date costs on covered drugs reach **\$4,130**. (Total year-to-date drug costs include the total drug costs paid by you and any Part D plan from the beginning of the calendar year.)

Coverage Gap:

Begins when your total year-to-date costs on covered drugs exceed \$4,130.

In this stage, you'll pay **25%** of the cost for generic drugs and **25%** of the cost for brand-name drugs, excluding dispensing and administration fees, until your total year-to-date costs reach **\$6,550**. Tier 1 drugs are covered in the Coverage Gap; there's a **\$3** copayment at preferred pharmacies or a **\$15** copayment at non-preferred pharmacies.

Catastrophic Coverage:

Begins when your total year-to-date costs on covered drugs exceed \$6,550.

During this stage, you pay the greater of **\$3.70** or **5%** of the cost for generic drugs, and the greater of **\$9.20** or **5%** of the cost for brand-name drugs.

To find more information on prescription drug coverage, **see pages 6–11.**

Summary of Benefits

Prescription Drug Coverage

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

Monthly Premium: \$112.70

	Preferred Pharmacies		Preferred Mail Order	Non-Preferred Pharmacies	
	1-month 30-day supply	3-months 90-day supply	3-months 90-day supply	1-month 30-day supply*	3-months 90-day supply
Preferred Generic Drugs (Tier 1)	\$3 copay	\$9 copay	\$9 copay	\$15 copay	\$45 copay
Generic Drugs (Tier 2)	\$6 copay	\$18 copay	\$18 copay	\$20 copay	\$60 copay
Preferred Brand Drugs (Tier 3)	\$30 copay	\$90 copay	\$90 copay	\$45 copay	\$135 copay
Non-Preferred Drugs (Tier 4)	45% of cost	45% of cost	45% of cost	50% of cost	50% of cost
Specialty Tier Drugs (Tier 5)	33% of cost	N/A	N/A	33% of cost	N/A

Summary of Benefits

* Long-term care pharmacy benefit is covered the same as retail non-preferred for 31 days instead of 30 days.

Note: Two-month (60-day) supplies may also be available. For more information, contact Blue Cross NC or your Authorized Agent.

Summary of Benefits

Prescription Drug Coverage

Which drugs are covered?

See the Prescription Drug Coverage section of this book, pages 6–11.

Which pharmacies can I use?


- Our Preferred Pharmacy Network is a select network of national and local independent pharmacies designed to help save you money on your prescriptions. You may choose non-preferred pharmacies to fill prescriptions, but your costs may be higher.
- **Our preferred pharmacy and preferred mail order pharmacy networks include EPIC, Walmart, Walgreens, AllianceRx Walgreens Prime and others.**


How do I find a preferred pharmacy?

- To find a pharmacy near you, go to [BlueCrossNC.com/Medicare](https://www.bluecrossnc.com/medicare) (Click on “Find Doctor/Drug/Facility”)
- The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

For more information about Original Medicare, request the ***Medicare & You*** handbook from **Medicare**:


 **Phone:** 1-800-MEDICARE (1-800-633-4227)

 **TTY:** 1-877-486-2048


 **Hours:** 7 days a week, 24 hours a day

 **Visit:** [Medicare.gov](https://www.Medicare.gov)

Have Medicare questions? We’ve got answers. Contact **Blue Cross NC**:

 **Phone:** 1-800-661-5518

 **TTY:** 711

 **Hours:** 7 days a week, 8 a.m. – 8 p.m.

 **Visit:** [BlueCrossNC.com/Medicare](https://www.BlueCrossNC.com/Medicare)

Or contact your Blue Cross NC Authorized Agent.