2027
SUMMARY of BENEFITS

MedicareBlue℠ Rx (PDP) Standard

January 1, 2027 – December 31, 2027

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INTRODUCTION

This guide is a summary of the prescription drug services offered by MedicareBlue℠ Rx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read chart of plan benefit information and contact information for customer service representatives who are available to answer your questions.

WHAT'S INCLUDED

MedicareBlue Rx Standard plan overview 1

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CONTACT MEDICAREBLUE RX



YourMedicareSolutions.com



Members
1-888-832-0075 (TTY: **711**)

Non-members
1-866-434-2037 (TTY: **711**)

Call toll-free from 8 a.m. to 8 p.m., daily, Central and Mountain times

MEDICAREBLUE RX STANDARD PLAN OVERVIEW

This chart shows how much you will pay each month for your premium, the plan's deductible and how much you will pay for your prescriptions.

Premiums & benefits	MedicareBlue Rx Standard	
Monthly plan premium	$179.10	
Deductible	$700	
Initial coverage	**Preferred cost sharing**	**Standard cost sharing**
30-day supply from a network pharmacy		
Tier 1: Preferred generic	$0 copay	$5 copay
Tier 2: Generic	$0 copay	$6 copay
Tier 3: Preferred brand	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drug	34% coinsurance	43% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance
90-day supply from a network pharmacy or mail order		
Tier 1: Preferred generic	$0 copay	$15 copay
Tier 2: Generic	$0 copay	$18 copay
Tier 3: Preferred brand	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drug	34% coinsurance	43% coinsurance
Tier 5: Specialty	Not available	Not available

Catastrophic coverage

The catastrophic coverage stage begins after you reach $2,400 in out-of-pocket prescription drug costs. If you reach the catastrophic coverage phase, you won't have to pay a copayment or coinsurance for covered drugs. Out-of-pocket costs include the amount paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premium.

FREQUENTLY ASKED QUESTIONS

WHAT IS MEDICAREBLUE RX (PDP)?

MedicareBlue Rx is a prescription drug plan (PDP) that works with your Medicare benefits. Not all covered services are listed in this booklet. To see a complete list of covered services, call MedicareBlue Rx and ask for the *Evidence of Coverage*. The phone numbers are listed on the inside front cover. You can also visit **YourMedicareSolutions.com** to view the electronic version.

CAN I JOIN?

To join, you must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area, which includes Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming.

ARE MY DRUGS COVERED?

Check the formulary, also called a drug list, at **YourMedicareSolutions.com**, or call MedicareBlue Rx and we will send you a copy.

HOW MUCH WILL I NEED TO PAY FOR PRESCRIPTION DRUGS?

The amount you pay depends on what tier the drug is on and what benefit stage you have reached. Your costs for each drug tier and benefit stage are shown in the benefit chart in this booklet.

WHICH PHARMACIES CAN I USE?

In general, use the pharmacies in the plan's network to fill your prescriptions. Some pharmacies offer preferred cost sharing, and you may pay less when you use them. You can find the list of pharmacies for this plan at **YourMedicareSolutions.com**, or call and we will send you a *Pharmacy Directory*.

If you must use an out-of-network pharmacy, you will generally have to pay the full cost at the time you fill your prescription. You can ask us to reimburse you for our share of the cost (see Chapter 5, Section 2 of the *Evidence of Coverage*).

WHERE CAN I LEARN MORE ABOUT ORIGINAL MEDICARE?

The *2027 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)** (TTY: **1-877-486-2048**). You can call 24 hours a day, seven days a week.

WHAT ARE THE BENEFIT STAGES?

As you spend up to certain dollar amounts on your covered prescription drugs, you will move into different benefit stages.

Stage 1: Meet your deductible
The amount you must pay for prescriptions before your plan begins to pay.

Stage 2: Initial coverage
The stage before your total drug costs for the year have reached $2,400. During this stage you will pay a copayment or coinsurance for your prescriptions.

Stage 3: Catastrophic coverage
This stage begins after your out-of-pocket costs for the year have reached the $2,400 limit for the calendar year. You will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

USING THE PLAN

UNDERSTANDING YOUR PHARMACY NETWORK AND DRUG TIERS

Using the drug list and the *Pharmacy Directory* will help you get the most out of the plan's benefits.

DRUG COST

- All prescription drugs are placed on one of five tiers, or levels.
- The drug list will tell you which tier your medication is on.
- Whichever tier your drug is on will determine your share of the cost.

THE DRUG TIERS

Cost-sharing tier 1: Preferred generic
This tier is the lowest tier and generally contains the lowest cost generics.

Cost-sharing tier 2: Generic
This tier contains generics.

Cost-sharing tier 3: Preferred brand
This tier contains preferred brand drugs and non-preferred generic drugs.

Cost-sharing tier 4: Non-preferred drug
This tier contains non-preferred brand drugs and non-preferred generic drugs.

Cost-sharing tier 5: Specialty
This tier contains high-cost brand and some generic drugs, which may require special handling and/or close monitoring.



Access the most current drug list at **YourMedicareSolutions.com/Drugs**.

NATIONWIDE PHARMACY NETWORK

With thousands of in-network pharmacies throughout the United States, it's convenient and easy to fill your prescriptions. Many offer preferred cost sharing, including independent pharmacies, national chains and more. You will usually pay less for your prescriptions when you use a preferred pharmacy.

LOCATE A PHARMACY

- Pharmacies in the network offer either standard or preferred cost sharing.
- You will usually pay the least amount if you use a pharmacy offering preferred cost sharing.
- Look for pharmacies marked with "SAVE" in the pharmacy directory. These pharmacies offer preferred cost sharing.



Access the most current directory at **YourMedicareSolutions.com/Pharmacy.**

GO PAPERLESS WITH ELECTRONIC EXPLANATION OF BENEFITS (EOBS)

Get your EOBs faster and cut down on clutter by switching to secure, online delivery through MyPrime at **MyPrime.com.**

Notice of Availability

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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711)。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 1-888-832-0075 (TTY: 711)。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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711) 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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711) 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 1-888-832-0075 (TTY: 711). 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 مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-832-0075 (TTY: 711) . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه 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 1-888-832-0075 (TTY: 711) 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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711). 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 1-888-832-0075 (TTY: 711). 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、1-888-832-0075 (TTY: 711) 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。

A complete list of services is available in the *Evidence of Coverage*. You can access *the Evidence of Coverage* online at **YourMedicareSolutions.com/2027Documents**.

MedicareBlue℠ Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

Coverage is available to residents of the service area 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*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; 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.

MedicareBlue℠ Rx (PDP)
A Medicare Prescription Drug Plan

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