



2023 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, 2023 – December 31, 2023**.

Plans:

Blue Medicare Rx Standard (PDP) S5540-002

Blue Medicare Rx Enhanced (PDP) S5540-004

- The benefits information provided is a summary of what we cover and what you pay. This information is not a complete description of benefits. Visit [Medicare.BlueCrossNC.com/medicare/forms-library](https://www.Medicare.BlueCrossNC.com/medicare/forms-library) and click on the Evidence of Coverage tab.
- 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 have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) 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.
- For more information about Original Medicare or to request the *Medicare & You* handbook from Medicare, call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048, 7 days a week, 24 hours a day. Or visit [Medicare.gov](https://www.Medicare.gov).
- For more details, call **1-800-661-5518** (TTY: 711), current members call **1-888-247-4142** (TTY: 711), visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com) or contact your Blue Cross NC Authorized Independent Agent.

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Summary of Benefits

Blue Medicare Rx StandardSM (PDP)

S5540-002

Monthly Premium: \$101.50

Part D, Prescription Drug Benefit Stages

	Tier 1: \$0	Tiers 2, 3, 4 and 5: \$475
Annual Deductible:	This is the set amount that you pay before your plan begins to pay its share of the cost.	
Initial Coverage Limit (ICL):	<p>Begins after you pay your yearly deductible.</p> <p>You remain in this stage until your covered drugs reach \$4,660.¹ The amount you pay in this stage is shown in the chart on the next page.</p>	
Coverage Gap:	<p>Begins when your total year-to-date costs on covered drugs exceed \$4,660.</p> <p>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 \$7,400.²</p>	
Catastrophic Coverage:	<p>Begins when your total year-to-date costs on covered drugs exceed \$7,400.</p> <p>During this stage, you pay the greater of \$4.15 or 5% of the cost for generic drugs, and the greater of \$10.35 or 5% of the cost for brand-name drugs.</p>	

Footnotes:


1 Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

2 Total year-to-date includes costs that only you have paid.

Summary of Benefits

Blue Medicare Rx StandardSM (PDP)

S5540-002

 Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (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)	\$5 copay	\$15 copay	\$15 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)	46% of cost	46% of cost	46% of cost	48% of cost	48% of cost
Specialty Tier Drugs (Tier 5)	25% of cost	N/A	N/A	25% of cost	N/A

*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.

Notes: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.

Summary of Benefits

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

Monthly Premium: \$132.50

Part D, Prescription Drug Benefit Stages

Annual Deductible: **All Tiers: \$0**

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

Initial Coverage Limit (ICL): **Begins after you pay your yearly deductible.**

You remain in this stage until your costs on covered drugs reach **\$4,660**.¹ The amount you pay in this stage is shown in the chart on the next page.

Coverage Gap: **Begins when your costs on covered drugs exceed \$4,660.**

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 **\$7,400**.² 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 for a 30-day supply.

Catastrophic Coverage: **Begins when your total year-to-date costs on covered drugs exceed \$7,400.**

During this stage, you pay the greater of **\$4.15** or **5%** of the cost for generic drugs, and the greater of **\$10.35** or **5%** of the cost for brand-name drugs.

Footnotes:


1 Total year-to-date includes drug costs paid by you and any Part D plan from the beginning of the calendar year.

2 Total year-to-date includes costs that only you have paid.

Summary of Benefits

Blue Medicare Rx EnhancedSM (PDP)

S5540-004

 Prescription Drug Initial Coverage Limit (ICL)	Preferred Retail Pharmacies		Preferred Mail Order	Standard (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)	32% of cost	32% of cost	32% of cost	34% of cost	34% of cost
Specialty Tier Drugs (Tier 5)	33% of cost	N/A	N/A	33% of cost	N/A

*Long-term care pharmacy benefit is covered the same as Non-Preferred Retail Pharmacies for 31 days instead of 30 days.

Notes: Two-month (60-day) supplies may also be available. Non-preferred mail order costs may differ.

Summary of Benefits

Prescription Drug – Frequently Asked Questions

Which drugs are covered?

For commonly used drugs, see the Common Drugs page of the Blue Medicare Rx (PDP) enrollment kit. For a comprehensive list of covered drugs, visit [Medicare.BlueCrossNC.com/Medicare/Prescription-Drug-Coverage](https://www.bluecrossnc.com/medicare/prescription-drug-coverage).

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. **The network includes Harris Teeter, Sam’s Club, Walgreens, Walmart and more, plus many independent pharmacies.**

You may choose Standard (Non-Preferred) Pharmacies to fill prescriptions, but your costs may be higher.

Our **Preferred Mail Order Pharmacy Network** includes:

- AllianceRx Walgreens Pharmacy
- Express Scripts® Pharmacy
- Postal Prescription Services (PPS)®


How do I find a Preferred Pharmacy?

Visit [BlueCrossNC.com/FindaPharmacy](https://www.bluecrossnc.com/findapharmacy)

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

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



Or contact your Blue Cross NC Authorized Independent Agent.