



Connecticut | Massachusetts
Rhode Island | Vermont

Blue MedicareRx (PDP)



2021 SUMMARY OF BENEFITS

Blue MedicareRx Value Plus (PDP)

Blue MedicareRx Premier (PDP)

Independent licensees of the Blue Cross and Blue Shield Association.

S2893_2025_M





**Blue MedicareRx Value Plus (PDP)
Blue MedicareRx Premier (PDP)
(a Medicare Prescription Drug Plan (PDP)
offered by ANTHEM INSURANCE CO. & Blue Cross
and Blue Shield of Massachusetts, Blue Cross
& Blue Shield of Rhode Island, and Blue Cross
and Blue Shield of Vermont with a Medicare contract)**

SUMMARY OF BENEFITS

January 1, 2021 – December 31, 2021

This booklet summarizes what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Contact Us:	
Connecticut Residents: 1-866-832-9702 (TTY: 711) 24 hours a day, 7 days a week	Massachusetts Residents: 1-800-678-2265 (TTY: 711) 10/1-3/31, 8:00 a.m. to 8:00 p.m., seven days a week 4/1-9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday
Rhode Island Residents: 1-800-505-2583 (TTY: 711) 10/1-3/31, seven days a week, 8:00 a.m. to 8:00 p.m.; 4/1-9/30, Monday through Friday 8:00 a.m. to 8:00 p.m. You can use our automated answering system outside of these hours.	Vermont Residents: 1-888-496-4178 (TTY: 711) 24 hours a day, seven days a week
Online: rxmedicareplans.com	

For More Information

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 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.

SUMMARY OF BENEFITS: INTRODUCTION

Who can join?

To join **Blue MedicareRx Value Plus** or **Blue MedicareRx Premier**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, be a U.S. citizen or be lawfully present in the United States, and live in our service area.

Our service area includes the following: Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont).

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (rxmedicareplans.com). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five 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 and what stage of the benefit you have reached. There are four benefit stages in your Medicare prescription drug coverage: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage. For more information about formulary tiers and stages of the benefit, please see the plan's formulary and the Evidence of Coverage on our website at rxmedicareplans.com, or contact Customer Care.

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.

Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies.

You can see our plans' pharmacy directories at our website (rxmedicareplans.com), or call us and we'll send you a copy of the pharmacy directory.

SUMMARY OF BENEFITS:

Stage 1: Annual Deductible

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
How much is the monthly premium?	\$50.50 per month	\$135.00 per month
How much is the deductible?	\$445.00 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2, which are excluded from the deductible.	This plan doesn't have a deductible.

SUMMARY OF BENEFITS:

Stage 2: Initial Coverage Stage

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>	<p>You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>

	Blue MedicareRx Value Plus (PDP)		Blue MedicareRx Premier (PDP)	
Preferred Retail Cost Sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1 copay	\$3 copay	\$1 copay	\$3 copay
Tier 2 (Generic)	\$6 copay	\$18 copay	\$7 copay	\$21 copay
Tier 3 (Preferred Brand)	\$36 copay	\$108 copay	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	40% of the cost	40% of the cost	35% of the cost	35% of the cost
Tier 5 (Specialty Tier)	25% of the cost	N/A	33% of the cost	N/A
Standard Retail Cost Sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$6 copay	\$18 copay	\$6 copay	\$18 copay
Tier 2 (Generic)	\$20 copay	\$60 copay	\$12 copay	\$36 copay
Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	\$40 copay	\$120 copay
Tier 4 (Non-Preferred Drug)	50% of the cost	50% of the cost	45% of the cost	45% of the cost
Tier 5 (Specialty Tier)	25% of the cost	N/A	33% of the cost	N/A
Mail Order Cost Sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1 copay	\$1 copay	\$1 copay	\$1 copay
Tier 2 (Generic)	\$6 copay	\$12 copay	\$7 copay	\$14 copay
Tier 3 (Preferred Brand)	\$36 copay	\$72 copay	\$30 copay	\$60 copay
Tier 4 (Non-Preferred Drug)	40% of the cost	40% of the cost	35% of the cost	35% of the cost
Tier 5 (Specialty Tier)	25% of the cost	N/A	33% of the cost	N/A

SUMMARY OF BENEFITS: STAGE 3:

Coverage Gap Stage

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,550.00, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,550.00, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You’ll need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.</p>

		Blue MedicareRx Value Plus (PDP)		
Preferred Retail Cost Sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.		\$1 copay	\$3 copay
Tier 2 (Generic)			\$7 copay	\$21 copay
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.		\$6 copay	\$18 copay
Tier 2 (Generic)			\$12 copay	\$36 copay
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.		\$1 copay	\$1 copay
Tier 2 (Generic)			\$7 copay	\$14 copay

SUMMARY OF BENEFITS: STAGE 4:

Catastrophic Coverage Stage

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550.00, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, • or a \$3.70 copay for generic drugs (including brand drugs treated as generic) and a \$9.20 copay for all other drugs. 	
<p>Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.</p> <p>Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.</p> <p>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.</p> <p>This information is not a complete description of benefits. Call Customer Care for more information. For residents of Connecticut: 1-888-620-1747; Massachusetts: 1-888-543-4917; Rhode Island: 1-888-620-1748; Vermont: 1-888-620-1746. TTY users call: 711.</p>		

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, sex, sexual orientation, or gender identity, 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 in person, by mail, or fax. If you need help filing a grievance, 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/ocr/office/file/index.html.



Connecticut Residents: **1-866-832-9702 (TTY: 711)** 24 hours a day, 7 days a week

Massachusetts Residents: **1-800-678-2265 (TTY: 711)**

10/1-3/31, 8:00 a.m. to 8:00 p.m., seven days a week

4/1-9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday

Rhode Island Residents: **1-800-505-2583 (TTY: 711)**

10/1-3/31, 8:00 a.m. to 8:00 p.m., seven days a week,

4/1-9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday

You can use our automated answering system outside of these hours.

Vermont Residents: **1-888-496-4178 (TTY: 711)** 24 hours a day, 7 days a week

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.

Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

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.

This information is not a complete description of benefits. Call Customer Care for more information.

For residents of Connecticut: **1-888-620-1747**; Massachusetts: **1-888-543-4917**;

Rhode Island: **1-888-620-1748**; Vermont: **1-888-620-1746**. TTY users call: **711**.