



Connecticut | Massachusetts  
Rhode Island | Vermont

Blue MedicareRx (PDP)

# 2022 SUMMARY OF BENEFITS

Blue MedicareRx  
Value Plus (PDP)

Blue MedicareRx  
Premier (PDP)



Independent Licensees of the  
Blue Cross and Blue Shield Association.

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## **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, 2022 – December 31, 2022

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., 7 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, 7 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, 7 days a week

[rxmedicareplans.com](https://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
- 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](https://rxmedicareplans.com)). Or, call us and we'll 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've reached. There are four benefit stages in your Medicare prescription drug coverage: Annual 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](https://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](https://rxmedicareplans.com)), or call us and we'll send you a copy of the pharmacy directory.

# SUMMARY OF BENEFITS

## Stage 1: Annual Deductible Stage

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
How much is the monthly premium?	\$51.70 per month	\$136.20 per month
How much is the deductible?	\$480.00 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)	Both
After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by you and our Part D plan.	You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by you and our Part D plan.	<ul style="list-style-type: none"> <li>You may get your drugs at network retail pharmacies and mail order pharmacies.</li> <li>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy</li> <li>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</li> </ul>

	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)	\$8 copay	\$24 copay	\$7 copay	\$21 copay
Tier 3 (Preferred Brand)	\$42 copay	\$126 copay	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	37% of the cost	37% 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)	37% of the cost	37% of the cost	44% of the cost	44% 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)	\$8 copay	\$16 copay	\$7 copay	\$14 copay
Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	\$30 copay	\$60 copay
Tier 4 (Non-Preferred Drug)	37% of the cost	37% 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

Most Medicare drug plans, including Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP), 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’ve paid) reaches \$4,430.

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 \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under **Blue MedicareRx Premier (PDP)**, 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 below to find out your costs.

	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)	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 \$7,050, 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

	Blue MedicareRx Value Plus (PDP)		Blue MedicareRx Premier (PDP)	
Standard 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 \$7,050, 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
Mail Order 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 \$7,050, 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 \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"><li>• 5% of the cost,</li><li>• or a \$3.95 copay for generic drugs (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li></ul>	

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.

**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](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, TTY: 1-800-537-7697

Complaint forms are available at  
[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).



**FOR QUESTIONS,  
OR TO ENROLL:**

### **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., 7 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, 7 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, 7 days a week

**rxmedicareplans.com**

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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**.

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