

2024 Summary of Benefits

Blue MedicareRxSM Value (PDP)

Blue MedicareRxSM Enhanced (PDP)



An Independent Licensee of the Blue Cross Blue Shield Association

2024 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Medicare Solutions specialist at **1-844-883-8524**, TTY: **711**. We are available 24 hours a day, seven days a week.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [azblue.com/medicare](https://www.azblue.com/medicare) or call **1-888-264-1568**, TTY: **711**, 8 a.m. to 8 p.m., local time to view a copy of the EOC.
 - October 1 – March 31: seven days a week
 - April 1 – September 30: Monday through Friday
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/coinsurance may change on January 1, 2025.

Summary of Benefits

January 1, 2024 – December 31, 2024

This is a summary of prescription drug services covered by Blue MedicareRxSM (PDP).

Blue MedicareRx is a prescription drug plan with a Medicare contract. Enrollment in Blue MedicareRx depends on contract renewal.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage," or you can see it on our website at [azblue.com/medicare](https://www.azblue.com/medicare).

Things to know about Blue MedicareRx



Hours of Operation

- Member Services: 24 Hours a day, seven days a week.
- Blue MedicareRx Medicare Solutions Specialists:
 - October 1 – March 31: Seven days a week, 8 a.m. to 8 p.m.
 - April 1 – September 30: Monday through Friday, 8 a.m. to 8 p.m.



Blue MedicareRxSM (PDP) Phone Numbers and Website

- If you are a member of this plan, call Member Services at **1-844-883-8524**. TTY users call **711**.
- If you are not a member of this plan, call Blue MedicareRx Medicare Solutions Specialists at **1-888-264-1568**. TTY users call **711**.
- Our website: [azblue.com/medicare](https://www.azblue.com/medicare).



Who can join?

You must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area to join Blue MedicareRx. Our service area includes Arizona.

- **Blue MedicareRx Value (PDP) (S6506-001)**
- **Blue MedicareRx Enhanced (PDP) (S6506-002)**



Are my drugs covered?

Check the drug list, also called a formulary, at [azblue.com/medicare](https://www.azblue.com/medicare). Or call us and we will send you a copy.



How much will I need to pay for drugs?

Drugs fall into one of five “tiers.” The amount you pay depends on which tier your drug is on and whether or not you have reached your deductible. Check the formulary to see which tier your drug falls in and the cost you may need to pay. Your costs for each drug tier and benefit stage are shown in the benefit chart on page three.

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*).

The *Medicare & You 2024* handbook explains what Original Medicare covers and the costs you may pay. You can view the handbook online at www.medicare.gov or call **1-800-MEDICARE (1-800-633-4227)** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.



Which pharmacies can I use?

In general, you will need to use the pharmacies in the plan’s network to fill your prescriptions. Refer to page three for further details. You can search pharmacies at [azblue.com/medicare](https://www.azblue.com/medicare). Or call us and we will send you a *Pharmacy Directory*.

Explanation of Cost-Sharing Tiers

Tier 1: Preferred Generic	This tier is the lowest tier and generally contains the lowest cost generics.
Tier 2: Generic	This tier contains generics.
Tier 3: Preferred Brand	This tier contains preferred brand drugs and non-preferred generic drugs.
Tier 4: Non-Preferred Drug	This tier contains non-preferred drugs.
Tier 5: Specialty	This tier contains very high-cost brand and some generic drugs, which may require special handling and/or close monitoring.

Comparing Blue MedicareRx Plans

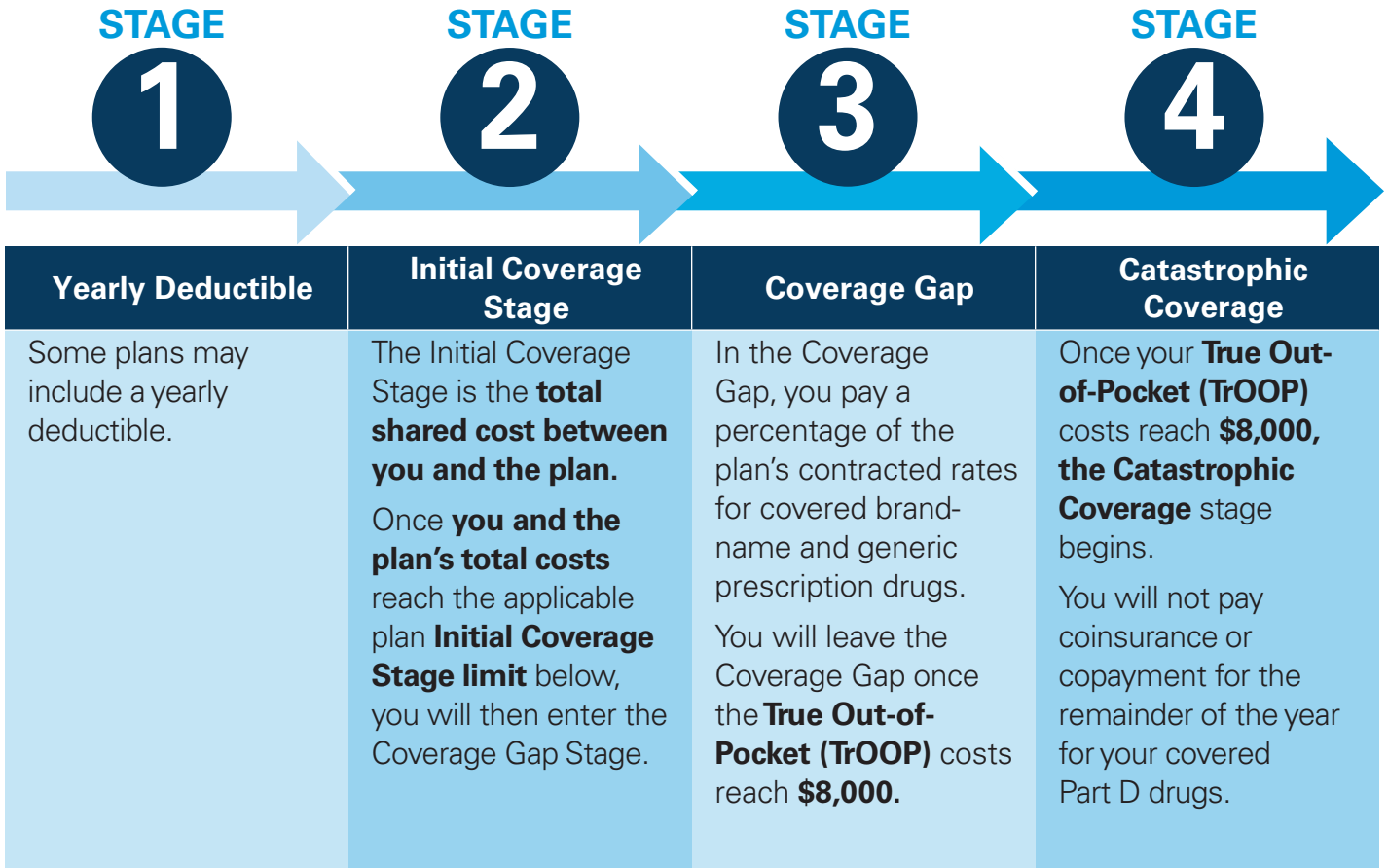
Your benefits will be different depending on the plan you choose: Blue MedicareRx Value (PDP) or Blue MedicareRx Enhanced (PDP). This chart shows how much you will pay each month (your premium), your deductible, and how much you will pay for covered drugs.

Premiums and Benefits	Blue MedicareRx Value (PDP) S6506-001	Blue MedicareRx Enhanced (PDP) S6506-002	
Monthly Plan Premium	\$52.70	\$158.60	
Deductible (all tiers)	\$545	\$0	
Initial Coverage:	Cost sharing		
30-Day Supply from a Network Pharmacy	Tier 1: Preferred Generic	\$0 copay	
	Tier 2: Generic	\$3 copay	\$3 copay
	Tier 3: Preferred Brand	25% coinsurance	20% coinsurance
	Tier 4: Non-Preferred Drug	33% coinsurance	45% coinsurance
	Tier 5: Specialty	25% coinsurance	33% coinsurance
90-Day Supply from a Network Pharmacy or Mail Order	Tier 1: Preferred Generic	\$0 copay	\$0 copay
	Tier 2: Generic	\$9 copay	\$7.50 copay
	Tier 3: Preferred Brand	25% coinsurance	20% coinsurance
	Tier 4: Non-Preferred Drug	33% coinsurance	45% coinsurance
	Tier 5: Specialty	Not available	Not available
Coverage Gap: begins once your total yearly drug costs reach \$5,030	Generic Drugs: 25% of the plan's costs Brand-name Drugs: 25% of the plan's costs		
Catastrophic Coverage: begins once your yearly true out-of-pocket costs reach \$8,000	The member will pay no coinsurance or copayment for the remainder of the year for their covered Part D drugs.		

Prescription Drug Benefits

The Part D prescription drug benefit has four stages of coverage as shown below. In each stage, you and the plan pay a different share of your prescription drug costs.

The cost sharing may change when entering another stage of the Part D prescription drug coverage benefit. For more information, you may contact Blue MedicareRx at the phone numbers listed on the back cover of this booklet.

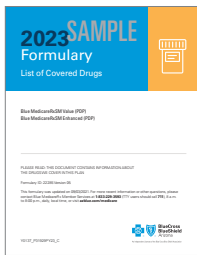


TrOOP costs are the out-of-pocket costs (copays, coinsurance, and deductibles) paid by the member or others on the member's behalf during Stages 1, 2, and 3. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$8,000. The TrOOP does not include premiums paid by the member or the plan.

Blue MedicareRx Value: \$545 on all tiers Blue MedicareRx Enhanced: \$0 deductible on all tiers	All plans: \$5,030	Of the plan's contracted rates, you pay for Blue MedicareRx Value, and Blue MedicareRx Enhanced: Generic: 25% coinsurance Brand-name: 25% coinsurance	You will pay no coinsurance or copayment for the remainder of the year for your covered Part D drugs.
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Understanding the pharmacy network

Using the formulary, also known as the drug list, and the pharmacy directory will help you get the most out of the plan you choose.



Reading the drug list

- All prescription drugs are placed on tiers – or different 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.



Using the pharmacy directory

- Using pharmacies listed in the directory will save on your prescription costs.
- Most major retail chains and many small independent pharmacies are in-network, so you can find a pharmacy near you.

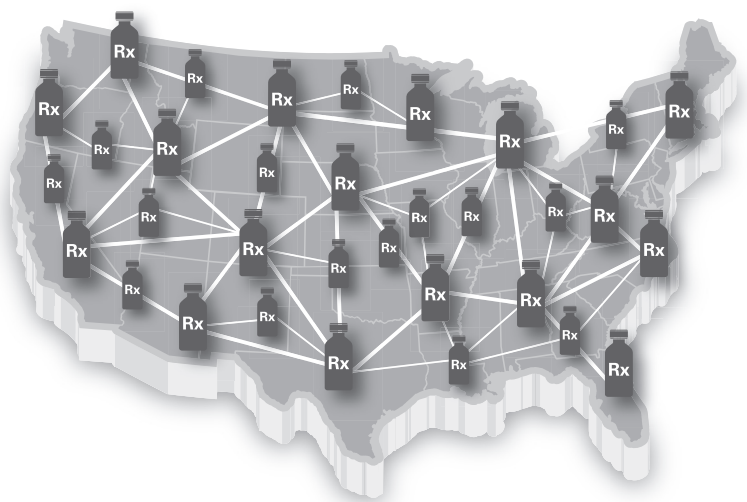
Find the drug list and most current pharmacy directory at [azblue.com/medicare](https://www.azblue.com/medicare)

Nationwide pharmacy network

With more than 50,000 in-network pharmacies throughout the United States, it's convenient and easy to fill your prescriptions. All Blue MedicareRx plan pharmacy networks include major chains such as Walgreens, CVS, Walmart, and Fry's, as well as access to local independent pharmacies.

OptumRx® Mail Order

If you take prescribed medications regularly, have them delivered right to your door! Learn more and get started at www.optumrx.com or call **1-844-883-8524** (TTY: **711**). Hours of operation are 24 hours a day, seven days a week.



Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **1-844-883-8524, TTY: 711**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-883-8524 (TTY: 711)**.

Navajo: Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká' ánída' áwo' dèè, t'áá jiiik'eh, éí ná hóló, kojí hódíílnih **1-844-883-8524 (TTY: 711)**.

This information is not a complete description of benefits.

OptumRx is an independent company providing pharmacy mail order services.

Blue Cross® Blue Shield® of Arizona (BCBSAZ) is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in BCBSAZ plans depends on contract renewal

Multi-language Interpreter Services

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 1-844-883-8524. 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 1-844-883-8524. 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 1-844-883-8524。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 1-844-883-8524。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-883-8524. 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 1-844-883-8524. 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 quý vị cần thông dịch viên xin gọi 1-844-883-8524 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-883-8524. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-883-8524 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 1-844-883-8524. 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 1-844-883-8524. 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 1-844-883-8524 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 1-844-883-8524. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-844-883-8524. 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 1-844-883-8524. 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 1-844-883-8524. 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、無料の通訳サービスがあります。通訳をご用命になるには、1-844-883-8524 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。

Navajo: T'áa hait'éego da ats'íís baa'áhayá doodago azee' aanídaa'níí nihinaaltsoos bee hadadít'éhígíí bąqah na'ídkid nee hólqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áa jíik'eh nihee hólq. Ata' halne'í ta' yínikeedg kohji' 1-844-883-8524 nihich'j' hodílnih. T'áa háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet. Díí t'áa jíik'eh bee níká'iilyeed dooleet.

Not a member yet?

Contact our Licensed Medicare Consultants:

1-888-274-1568, TTY: 711

Or contact your broker

October 1 – March 31:

Seven days a week, 8 a.m. to 8 p.m.

April 1 – September 30:

Monday through Friday, 8 a.m. to 8 p.m.

Existing Members call:

1-844-883-8524, TTY:711

We are available 24 hours a day, seven days a week.

[azblue.com/medicare](https://www.azblue.com/medicare)



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