

Prescription BlueSM Group PDP

Prescription Drug Benefits

Trust VEBA Groups- High PDP – Option 4

Benefits-at-a-Glance

January 1, 2023 - December 31, 2023

The information provided is a **Summary of Benefits**. It is a summary of what we cover and what you pay. A complete list of services is found in the *Evidence of Coverage* and the *PDP Benefits Chart*. If you have any questions about this plan's benefits or costs, please call Prescription Blue Group PDP Customer Service (phone numbers are on the back cover of this booklet). You can always view the most current *Evidence of Coverage* by requesting them from Customer Service.

To join Prescription Blue Group PDP, you must be enrolled in Medicare Part A and/or Medicare Part B and live in our service area of the United States and its territories.

Call Prescription Blue Group PDP at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5 p.m., Eastern time, for more information. From October 1 through March 31, hours are from 8 a.m. to 9 p.m., Eastern time, seven days a week. (TTY users should call 711.)

Comprehensive Enhanced Formulary
19937603, 19925603, 19940603, 19927603

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*Prescription Blue is a PDP plan with a Medicare contract.
Enrollment in Prescription Blue depends on contract renewal.*

www.bcbsm.com/medicare

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Confidence comes with every card.®

Prescription Blue

Prescription Drugs

Premium: In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer or union group plan benefits administrator or third-party administrator.

Formulary Type: Medicare Plus BlueSM Group PPO, Prescription BlueSM Group PDP Enhanced Comprehensive Formulary

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. (if applicable) Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. (if applicable)

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this payment stage does not apply to you.

Phase 2: The Initial Coverage Stage

You pay the following until your out-of-pocket costs reach \$7,400. See Chapter 4 Section 5.6 of the *Evidence of Coverage* for information about how Medicare counts your out-of-pocket costs.

Up to a 31-day supply	Preferred retail and preferred mail-order pharmacies	Standard retail and standard mail-order pharmacies
Tier 1 – Preferred Generic	\$2	\$10
Tier 2 – Generic	\$2	\$10
Tier 3 – Preferred Brand	\$40	\$50
Tier 4 – Non-Preferred Drug	\$75	\$100
Tier 5 – Specialty Tier	30%	30%

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

Tier	Standard retail cost sharing (in-network) (32- to 90-day supply)	Preferred retail cost sharing (in-network) (32- to 90-day supply)	Standard mail-order cost sharing (in-network) (32- to 90-day supply)	Preferred mail-order cost sharing (in-network) (32- to 90-day supply)
Tier 1 – Preferred Generic	\$20	\$4	\$20	\$4
Tier 2 – Generic	\$20	\$4	\$20	\$4
Tier 3 – Preferred Brand	\$100	\$80	\$100	\$80
Tier 4 – Non-Preferred Drug	\$200	\$150	\$200	\$150
Tier 5 – Specialty Tier	Not offered	Not offered	Not offered	Not offered

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

Phases 3 & 4: The Coverage Gap & The Catastrophic Stages

Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage* Medicare by contacting Customer Service. Phone numbers are on the back cover of this booklet.

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 plan's pharmacy directory at our website (www.bcbsm.com/pharmaciesmedicare). Or, call us and we will send you a copy of a Pharmacy Directory or, for members outside Michigan, a Pharmacy Locator (phone numbers are on the back cover of this booklet).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.bcbsm.com/formularymedicare.

For more information, please call us at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5:00 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m., seven days a week. TTY users should call 711.

Or you can visit us at www.bcbsm.com/medicare.

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 www.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 audio CD and large print.
This document may be available in a non-English language.

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