



**BlueCross BlueShield
of Texas**

Summary of Benefits

Blue Cross MedicareRx (PDP)SM

January 1, 2020 – December 31, 2020

This booklet gives you 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."

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 customer service representative at 1-888-285-2249 (TTY/TDD: 711). We are open between 8:00 a.m. - 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.getbluetx.com/pdp or call 1-888-285-2249 to view a copy of the EOC.
- 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.

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 copayments/co-insurance may change on January 1, 2021.

INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2020 – December 31, 2020

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
You have choices about how to get your Medicare prescription drug benefits	<ul style="list-style-type: none"> • One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Cross MedicareRx Basic (PDP), Blue Cross MedicareRx Value (PDP), or Blue Cross MedicareRx Plus (PDP). • Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. 		
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross MedicareRx Basic (PDP), Blue Cross MedicareRx Value (PDP), or Blue Cross MedicareRx Plus (PDP) covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to compare our plans with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov. • 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 http://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. 		
Sections in this booklet	<ul style="list-style-type: none"> • Things to Know About Blue Cross MedicareRx Basic (PDP) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Prescription Drug Benefits 	<ul style="list-style-type: none"> • Things to Know About Blue Cross MedicareRx Value (PDP) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Prescription Drug Benefits 	<ul style="list-style-type: none"> • Things to Know About Blue Cross MedicareRx Plus (PDP) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Prescription Drug Benefits

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
Blue Access for Members	Go to www.bluemembertx.com/pdp to access information about your plan selection, including: <ul style="list-style-type: none"> • Claims information • Benefits information • Pharmacy locator 		
Hours of Operation	<ul style="list-style-type: none"> • From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. - 8:00 p.m. local time. • From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. - 8:00 p.m. local time. 		
Phone Numbers and Website	<ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-888-285-2249. (TTY/TDD users should call 711). • If you are not a member of this plan, call toll-free 1-844-629-6890 (TTY/TDD users should call 711). • Our website: www.getbluetx.com/pdp 		
Who can join?	To join Blue Cross MedicareRx Basic (PDP) , Blue Cross MedicareRx Value (PDP) , or Blue Cross MedicareRx Plus (PDP) , you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes the state of Texas.		
What drugs are covered?	You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website www.getbluetx.com/pdp . Or, call us and we will send you a copy of the formulary.		
How will I determine my drug costs?	Our plan groups each medication into one of five "tiers". You will 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. Later in this document we discuss the benefit stages that occur after you meet your deductible, if applicable: Initial Coverage, Coverage Gap, and Catastrophic Coverage.		
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 plan's <i>Pharmacy Directory</i> at our website www.getbluetx.com/pdp . Or call us and we will send you a copy of the <i>Pharmacy Directory</i> .		

SUMMARY OF BENEFITS

January 1, 2020 - December 31, 2020

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
How much is the monthly premium?	\$49.20 per month.	\$85.80 per month.	\$147.20 per month.
Part D Deductible	\$435 per year for Part D prescription drugs	\$435 per year for Part D prescription drugs	Because there is no prescription drug deductible for the plan, this payment stage does not apply to you.
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,020.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,020.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach \$4,020.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

Cost Shares During the Initial Coverage Stage

Initial Coverage Stage: Standard Retail Pharmacy			
	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
Tier 1: Preferred Generic	One-month supply: \$6 copay	One-month supply: \$5 copay	One-month supply: \$5 copay
	Three-month supply: \$18 copay	Three-month supply: \$15 copay	Three-month supply: \$15 copay
Tier 2: Generic	One-month supply: \$9 copay	One-month supply: \$14 copay	One-month supply: \$7 copay
	Three-month supply: \$27 copay	Three-month supply: \$42 copay	Three-month supply: \$21 copay
Tier 3: Preferred Brand	One-month supply: 19% of the total cost	One-month supply: \$47 copay	One-month supply: \$35 copay
	Three-month supply: 19% of the total cost	Three-month supply: \$141 copay	Three-month supply: \$105 copay
Tier 4: Non- Preferred Drug or Brand	One-month supply: 30% of the total cost	One-month supply: 50% of the total cost	One-month supply: 45% of the total cost
	Three-month supply: 30% of the total cost	Three-month supply: 50% of the total cost	Three-month supply: 45% of the total cost
Tier 5: Specialty Tier	One-month supply: 25% of the total cost	One-month supply: 25% of the total cost	One-month supply: 33% of the total cost
	Three-month supply: 25% of the total cost	Three-month supply: 25% of the total cost	Three-month supply: 33% of the total cost

Initial Coverage Stage: Preferred Retail Pharmacy

	Blue Cross MedicareRx Basic (PDP)SM	Blue Cross MedicareRx Value (PDP)SM	Blue Cross MedicareRx Plus (PDP)SM
Tier 1: Preferred Generic	One-month supply: \$1 copay	One-month supply: \$0 copay	One-month supply: \$0 copay
	Three-month supply: \$3 copay	Three-month supply: \$0 copay	Three-month supply: \$0 copay
Tier 2: Generic	One-month supply: \$4 copay	One-month supply: \$8 copay	One-month supply: \$2 copay
	Three-month supply: \$12 copay	Three-month supply: \$24 copay	Three-month supply: \$6 copay
Tier 3: Preferred Brand	One-month supply: 14% of the total cost	One-month supply: \$42 copay	One-month supply: \$30 copay
	Three-month supply: 14% of the total cost	Three-month supply: \$126 copay	Three-month supply: \$90 copay
Tier 4: Non-Preferred Drug or Brand	One-month supply: 25% of the total cost	One-month supply: 40% of the total cost	One-month supply: 35% of the total cost
	Three-month supply: 25% of the total cost	Three-month supply: 40% of the total cost	Three-month supply: 35% of the total cost
Tier 5: Specialty Tier	One-month supply: 25% of the total cost	One-month supply: 25% of the total cost	One-month supply: 33% of the total cost
	Three-month supply: 25% of the total cost	Three-month supply: 25% of the total cost	Three-month supply: 33% of the total cost

Initial Coverage Stage: Standard Mail-Order Pharmacy (up to a 90-day supply)

	Blue Cross MedicareRx Basic (PDP)SM	Blue Cross MedicareRx Value (PDP)SM	Blue Cross MedicareRx Plus (PDP)SM
Tier 1: Preferred Generic	\$18 copay	\$15 copay	\$15 copay
Tier 2: Generic	\$27 copay	\$42 copay	\$21 copay
Tier 3: Preferred Brand	19% of the total cost	\$141 copay	\$105 copay
Tier 4: Non-Preferred Drug or Brand	30% of the total cost	50% of the total cost	45% of the total cost
Tier 5: Specialty Tier	25% of the total cost	25% of the total cost	33% of the total cost

Initial Coverage Stage: Preferred Mail-Order Pharmacy (up to a 90-day supply)

	Blue Cross MedicareRx Basic (PDP)SM	Blue Cross MedicareRx Value (PDP)SM	Blue Cross MedicareRx Plus (PDP)SM
Tier 1: Preferred Generic	\$3 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$12 copay	\$24 copay	\$6 copay
Tier 3: Preferred Brand	14% of the total cost	\$126 copay	\$90 copay
Tier 4: Non-Preferred Drug or Brand	25% of the total cost	40% of the total cost	35% of the total cost
Tier 5: Specialty Tier	25% of the total cost	25% of the total cost	33% of the total cost

Initial Coverage Stage: Long-term Care and Out-of-network Pharmacies (one-month supply)			
	Blue Cross MedicareRx Basic (PDP)SM	Blue Cross MedicareRx Value (PDP)SM	Blue Cross MedicareRx Plus (PDP)SM
Long-term Care Tiers 1-5	If you reside in a long-term facility, you pay the same as at a retail pharmacy.		
Out-of-network Tiers 1-5	You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.		

Coverage Gap Stage: Standard Retail Pharmacy			
	Blue Cross MedicareRx Basic (PDP)SM	Blue Cross MedicareRx Value (PDP)SM	Blue Cross MedicareRx Plus (PDP)SM
Coverage Gap Stage	<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 will 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 \$4,020.</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 \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Your plan provides additional coverage through the gap. For Tier 1, you continue to pay the similar amounts as you did in the Initial Coverage Stage.</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 will 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 \$4,020.</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 \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Your plan provides additional coverage through the gap. For Tier 1, you continue to pay the similar amounts as you did in the Initial Coverage Stage.</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 will 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 \$4,020.</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 \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>

Catastrophic Coverage Stage			
	Blue Cross MedicareRx Basic (PDP)SM	Blue Cross MedicareRx Value (PDP)SM	Blue Cross MedicareRx Plus (PDP)SM
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$6,350, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the total cost, or • \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs. 		



**BlueCross BlueShield
of Texas**

Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help file a grievance, Civil Rights Coordinator is available to help you.

You can also find 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 <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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/fix.html>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-888-285-2249 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-888-285-2249 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-888-285-2249 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-285-2249 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-285-2249 (TTY: 711) 번으로 전화해 주십시오.

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-888-285-2249 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-285-2249 (TTY: 711)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-285-2249 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-888-285-2249 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-888-285-2249 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با
تماس بگیرید. 1-888-285-2249 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-285-2249 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-285-2249 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-285-2249 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-285-2249 (TTY: 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮັບ 1-888-285-2249 (TTY: 711).



This information is not a complete description of benefits. Call 1-888-285-2249 (TTT/TDD:711) for more information.

Prescription drug plans provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.