



MedicareBlueSM Rx (PDP)

A Medicare Prescription Drug Plan

2021 coverage information

A complete resource guide for members

Thank you for choosing MedicareBlueSM Rx (PDP)

In this welcome packet, you will find resources and information to help you understand and get the most out of your coverage. Keep this packet in a safe place so you can easily find important information about your benefits.

Getting started

Review the information in your welcome packet and use it to find important resources and answers to common questions. All this information is also available at **YourMedicareSolutions.com**.

Forms and legal documents

In this welcome packet you will find the following forms and legal documents:

- **Electronic funds transfer (EFT) authorization**

Fill out and return this form in the pre-paid business reply envelope if you want to authorize automatic payments from an account of your choice. This gives MedicareBlue Rx the authority to automatically deduct your monthly premium from your account so you don't have to mail in a check. You can also complete EFT authorization online at **YourMedicareSolutions.com/ChangePayment**.

- **Prescription drug mail order form**

You may be able to have your prescriptions delivered right to your door. Fill out and return the mail service order form in the provided window envelope.

- **Appointment of representative letter and form**

This letter outlines how you can appoint a representative to request a coverage determination, redetermination, or to file a grievance. Please return the authorization documentation form to the applicable address listed on the letter.

- **Authorization to release information form**

This form gives MedicareBlue Rx permission to release your protected health information (PHI) to a person or organization on your behalf, such as a family member or employer. Please return to the address listed on the back page of the form.

Contact us with questions



Visit **YourMedicareSolutions.com**



Call customer service at **1-888-832-0075** (TTY: **711**)
8 a.m. to 8 p.m., daily, Central and Mountain times

2021 MedicareBlue Rx (PDP) plan highlights

You can review details about your plan by referring to chapter 4 in the Evidence of Coverage (EOC). The EOC is a resource that will help you understand your drug coverage. It outlines information like:

- Your monthly premium and share of prescription drug costs
- Your annual deductible (if applicable)
- When and how to submit a claim for reimbursement
- How to use the mail order pharmacy service

Look at the EOC online at

[YourMedicareSolutions.com/Documents](https://www.yourmedicare.com/Documents).

Contact customer service or visit

[YourMedicareSolutions.com/Contact](https://www.yourmedicare.com/Contact) to order a paper copy.

Communication timeline

MedicareBlue Rx will communicate with you throughout the year. Many of these communications are required by the government and will help you better understand and get the most out of your coverage.

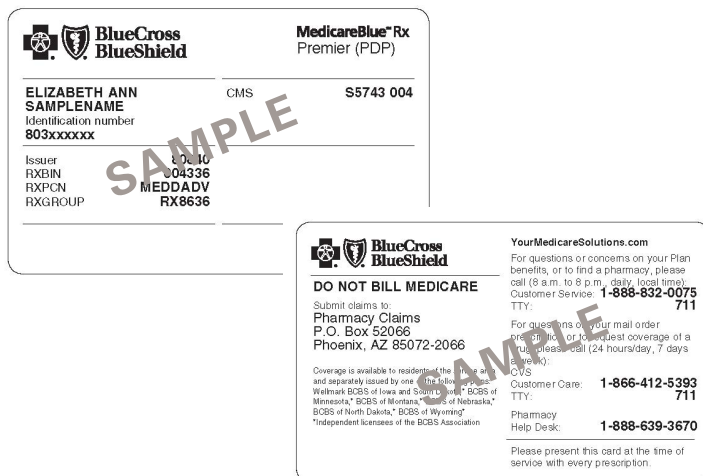
What	When	Why
Confirmation letter and member ID card	Within 10 days after you are enrolled	Confirms your plan membership and includes your member ID card
Coordination of benefits (COB) verification letter	Within 30 days after your enrollment, and as needed in following years	To find out if you have any other insurance
Part D explanation of benefits	Once per month, if you have a claim	Provides details about your drug costs and benefits used
First premium bill	The month after enrollment, if you elected to receive a billing statement	Explains what is owed for the monthly premium and when to pay
Surveys	Throughout the year	The Centers for Medicare & Medicaid Services (CMS) collect survey responses to calculate the plan's annual star rating
Medication Therapy Management (MTM) program	Throughout the year	If you qualify for our MTM program, we will contact you with information (if contacted, you can opt out of the program at any time)
Automated calls and texts from CVS Caremark[†]	Throughout the year	If you sign up for automatic refills with our mail order service, CVS Caremark [†] may call or text to get consent to ship your prescriptions
Annual Notice of Changes (ANOC)	By September 30 each year	Describes the plan changes for the upcoming year

Filling your prescriptions

The plan's drug list, or formulary, covers thousands of generic, brand-name and specialty prescription drugs. The pharmacy network has locations across the country. The following resources will help you better understand your coverage and how to get your prescriptions filled.

Your member ID card

Use your MedicareBlue Rx member ID card when you visit a pharmacy to fill a prescription or when you use CVS Caremark[†] Mail Order Pharmacy to have a prescription mailed to your home. This card is separate from the one you received for Original Medicare (Part A and/or B). Your member ID card will not change unless you switch to a different MedicareBlue Rx plan type (for example, switch from Standard to Premier) or switch to a different plan.



Using the drug list

The drug list shows you which drugs are covered by the plan. MedicareBlue Rx and a team of health care professionals create the drug list by selecting drugs that provide the best value and effectiveness. The drug list can change throughout the year. The easiest way to check the most up-to-date information is to visit **YourMedicareSolutions.com**.

Drug tiers, or levels, can help you estimate your share of the cost for prescription drugs. The drug list has five drug tiers. Generally, drugs on tier one are the least expensive and drugs on tier five are the most expensive.

Using the pharmacy directory

MedicareBlue Rx has a nationwide pharmacy network. Each pharmacy offers either preferred or standard cost sharing. You will usually pay less when you use a pharmacy offering preferred cost sharing. We sometimes call these preferred pharmacies.

Get a 90-day supply

You may be able to get a 90-day supply for medications you take daily. Not all pharmacies provide this service and not all medications are eligible for a 90-day supply. Use our online pharmacy search tool to see if a pharmacy near you offers a 90-day supply or fill out the enclosed mail order form to get started.



Search the drug list or find a pharmacy at
YourMedicareSolutions.com/PlanTools.

Mail order service

For certain kinds of drugs, you can use our mail order service. Usually, drugs provided through mail order are those you take regularly. You can get up to a 90-day supply and you can sign up to have your mail order prescriptions automatically refilled. You will also get preferred cost sharing with CVS Mail Order Pharmacy.

To learn more about this service and to sign up, have your member ID card ready and contact:

- CVS Caremark[†] Customer Care
1-866-412-5393 (TTY: **711**)
24 hours a day, 7 days a week
Caremark.com

Learn more about our mail order service in chapter 3 in your Evidence of Coverage.

Coverage and claims information

Coverage during special circumstances

When you travel, encounter an unexpected situation or experience a federal or state emergency, you may be able to use your benefits. Contact customer service if you have questions about any of the following situations.

Coverage when you travel

If you travel within the U.S. and need to fill a prescription, you can use our online pharmacy locator or call customer service to find an in-network pharmacy near you.

If you're traveling outside of the U.S., you will need to pay the full cost of the prescription. MedicareBlue Rx cannot pay for or make reimbursements for any prescription drugs purchased outside of the U.S.

Medical emergency

If you experience a medical emergency, you may need to have a prescription filled at an out-of-network pharmacy. In this situation, you will typically pay for the entire cost of the prescription, then submit a claim for reimbursement. You may be responsible for paying the difference between the in-network and out-of-network costs.

Federal or state emergency

If you live in a county designated as a federal or state disaster area, you can refill or replace medications lost due to the disaster. Generally, federal disaster areas are declared by the Federal Emergency Management Agency (FEMA) and state disaster areas are declared by your state's governor. If you are in an affected area, you can get the maximum extended supply available at the time of refill.

Emergency procedures remain in effect for 60 days from the initial declaration unless an end date is announced by FEMA, your state's governor or CMS.

About coverage rules

Some prescription drugs have special rules that regulate how and when we cover them. There are three types of drug coverage rules that may apply:

- Prior authorization
- Quantity limits
- Step therapy

If you want to have a coverage rule waived, you can request an exception through the coverage decision, or coverage determination, process.

Check the drug list to see if a drug you take has any coverage rules.

About coverage decisions and appeals

A coverage decision is a decision we make about your benefits, coverage or the amount we will pay for your prescriptions. For example, we may make a coverage decision to stop covering a drug that you take. If you disagree with the decision, you can make an appeal.

An appeal is a formal way for you to ask us to review and change a coverage decision.

Learn more about coverage rules, decisions and appeals in chapter 7 in the Evidence of Coverage.

Submitting a claim

Sometimes when you get a prescription filled, you may need to pay the full cost right away. Other times, you may find that you paid more than expected. In either case, you can ask us to pay you back by submitting a claim. You will need to submit your original payment receipt for reimbursement.

To submit a claim:

- Download the claim form from **[YourMedicareSolutions.com/Documents](https://www.yourmedicare.com/documents)**
- Mail completed form and receipts to the CVS Caremark[†] address on the form

Learn more about the claims process in chapter 5 in the Evidence of Coverage.

Perks of being a MedicareBlue Rx member

You can receive discounts¹ on common health and wellness products and services just by being a MedicareBlue Rx member. Explore discounts on hearing and vision products and learn more about complimentary services that may be available to you.

ExtraCare[®] Health program

Receive 20 percent off CVS-branded health items that cost more than \$1 when you use your ExtraCare Health card. You'll receive an email with a link to the ExtraCare Health program website where you can link the 20 percent discount to an existing ExtraCare card. If you don't have a card yet, you'll be able to get one by visiting **CVS.com/ExtraCare**.

Medication Therapy Management program

If you meet certain requirements, MedicareBlue Rx provides a Medication Therapy Management (MTM) program at no cost. The program helps you and your doctor make sure your medications are the best fit for your needs. You may be eligible for this program if you:

- Take eight or more Part D-covered maintenance drugs
- Have three or more long-term health conditions, such as asthma and diabetes
- Reach \$4,376 in 2021 drug costs paid by you and MedicareBlue Rx

If you qualify for the program, we will contact you. Learn more about the eligibility requirements at **YourMedicareSolutions.com**.



Vision discounts

Receive discounts on eyewear and contact lenses when you shop at Davis Vision network locations such as Pearle Vision, Visionworks, Target Optical and more.

Call Davis Vision at **1-800-783-7792**
(TTY: **1-800-523-2847**)

Visit **DavisVision.com** (click Member and enter client code 7039)

LASIK services are provided by QualSight LASIK (part of the Davis Vision network) with more than 900 locations nationwide.

Call QualSight at **1-855-502-2020**
(TTY: **711**)



Hearing discounts

Receive up to 25 percent off the manufacturer's suggested retail price on hearing products from Beltone.

Call Beltone at **1-800-235-8663** (TTY: **711**)

Visit **Beltone.com**

Save 30 to 60 percent on hearing aids from one of the more than 5,000 nationwide TruHearing locations.

Call TruHearing at **1-844-228-5480**
(TTY: **1-800-975-2674**)

Visit **TruHearing.com**



Additional discounts and deals

You may be eligible for additional discounts through your local Blue Cross and Blue Shield plan. Find out if your local Blue plan participates in the Blue365[®] discount program at **Blue365Deals.com**.

¹Prices and discounts are subject to change without notice. The discounts described are not part of the Part D benefits you receive from MedicareBlue Rx. They are separate from your prescription drug benefits and are neither offered nor guaranteed under our contract with the Medicare program. Medicare has neither reviewed nor endorsed this information.

MedicareBlue Rx contacts and resources

When you need help with claims, have questions about your benefits or want to know how your plan works with Medicare, we're here to help.



Customer service

1-888-832-0075 (TTY: **711**)

8 a.m. to 8 p.m., daily, Central and Mountain times



Online resources

- Access the Evidence of Coverage and other important documents
- Search the drug list and estimate your costs
- Find a local pharmacy
- Update your contact information
- Change your payment method
- Look up plan information and more at **YourMedicareSolutions.com**
- Sign up for electronic Explanation of Benefits statements at **Caremark.com**



Licensed agent

Your local, licensed agent can help answer questions. Reach out to your agent to:

- Discuss coverage issues or billing questions
- Get help with issue resolution
- Settle or get clarification on your claims

Other resources

If you have questions about Medicare, Social Security or if you need assistance paying for your prescription drug premiums and costs, these resources can help.

- **Social Security**
1-800-772-1213 (TTY: **1-800-325-0778**)
7 a.m. to 7 p.m., Monday through Friday
SSA.gov
- **State Health Insurance Assistance Program**
Contact your State Health Insurance Assistance Program (SHIP) for personalized assistance.
shiptacenter.org
- **Medicare**
1-800-633-4227 (TTY: **1-877-486-2048**)
Available 24 hours a day, seven days a week
Medicare.gov

Financial assistance program

Medicare beneficiaries who have limited resources and income may be able to get Extra Help, a government program that helps pay for Medicare Part D costs. To see if you qualify, contact the Social Security Administration or your state Medicaid office.



Member rights and responsibilities

As a MedicareBlue Rx member, you have certain rights and responsibilities that exist to protect you and your personal information and ensure you get the health care services you're entitled to receive. Please review your member rights and responsibilities and contact MedicareBlue Rx if you have any questions.

Your rights as a member are:

- To be treated with fairness and respect
- To have the privacy of your medical records protected
- To have the privacy of your personal health information protected
- To make decisions about your care
- To get prescriptions filled within a reasonable amount of time
- To make complaints about the plan's operations and problems with quality of care
- To ask us to reconsider decisions through the appeals process
- To get information about your plan, its pharmacy network and covered drugs
- To get information in a way that works for you
- To receive more information about your rights when requested

Your member responsibilities are:


- To know if your drugs are covered and what you must do to get them
- To tell us about other prescription drug coverage you may have
- To tell your doctor and pharmacist you are enrolled in this plan
- To promptly pay your plan premiums, copayments or coinsurance and charges for drugs that are not covered
- To communicate with your doctor about your health and any treatment plans and to follow those plans
- To call customer service and notify MedicareBlue Rx if you move
- To read your Annual Notice of Changes each year
- To call customer service if you have questions or concerns

Fraud, Waste and Abuse (FWA): Protect your identity

Identity theft impacts Medicare and can lead to higher health care costs. Don't let anybody steal your identity.

Make sure you:

- Never give out your Social Security number, health plan number, Medicare number or banking information to someone you don't know
- Always review your Explanation of Benefits (EOB) to make sure you received the service or medication
- Remember that free services do not require you to give your personal information
- Contact us if you have questions



If you have FWA concerns, call
1-888-832-0075 (TTY: 711)
24 hours a day, seven days a week.

For more information, go to
YourMedicareSolutions.com.



MedicareBlueSM Rx (PDP)

A Medicare Prescription Drug Plan

NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MedicareBlue Rx:

- 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 call customer service at 1-888-832-0075, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that MedicareBlue Rx 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 in writing to:

MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R400
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-832-0075 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-832-0075 (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-832-0075 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-832-0075 (TTY: 711).

Chinese: 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 1-888-832-0075 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-832-0075 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-832-0075 (TTY: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-832-0075 (መስማት ለተሳናቸው: 711).

Karen: ဟံသုဉ်ဟံသး- နမ္ဂ်ကတိၤ/ကညိ / ကျိာအသိ, /နမၤန့ၢ်/ကျိာအတၢ်မၤစၢၤလၢ/တလၢာ်ဘျုးလၢာ်စ့ၤ/နီတမံၤဘျုးသ့န့ၢ် လီၤ./ကိ: 1-888-832-0075 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-832-0075 (TTY: 711).

Mon-Khmer, Cambodian: របប្បតន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលទ្ធផល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-832-0075 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-832-0075 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-832-0075 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-832-0075 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-832-0075 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).



MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in MedicareBlue Rx depends on contract renewal. Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*, Blue Cross and Blue Shield of Minnesota*, Blue Cross and Blue Shield of Montana*, Blue Cross and Blue Shield of Nebraska*, Blue Cross Blue Shield of North Dakota*, Wellmark Blue Cross and Blue Shield of South Dakota*, and Blue Cross Blue Shield of Wyoming*.

*Independent licensee of the Blue Cross and Blue Shield Association

To receive this handbook in an alternate format or language, call MedicareBlue Rx customer service. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

†CVS Caremark Part D Services is an independent company providing pharmacy benefit management services.