

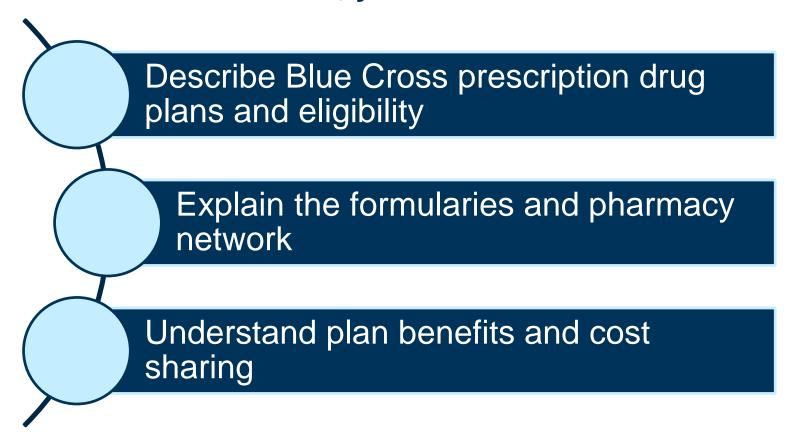
2017 MEDICAREBLUESM RX (PDP)

Standard Option Premier Option

COURSE OBJECTIVES



At the end of this course, you should be able to:



MEDICARE ADVANTAGE PLAN DESCRIPTION





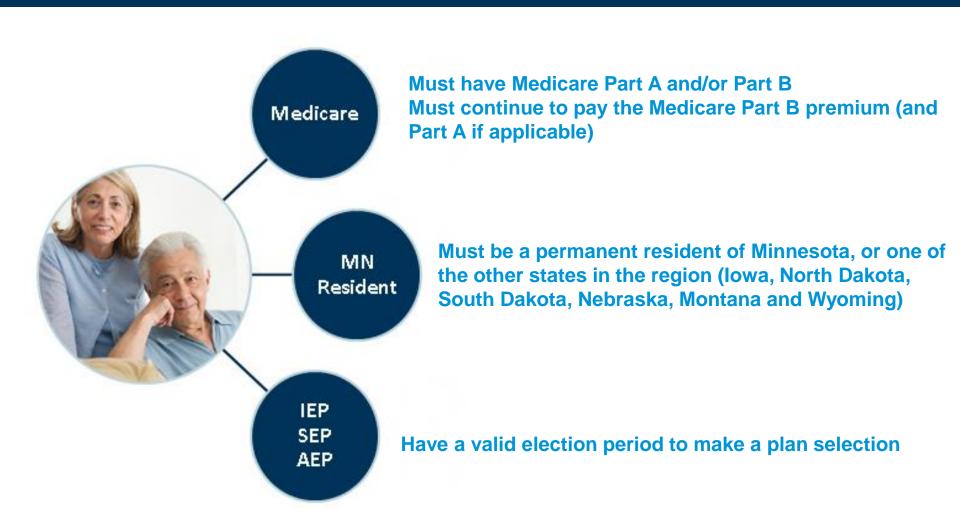
Medicare defines a Prescription Drug plan as:

"...These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and **Medicare Medical Savings** Account (MSA) Plans...These plans are offered by insurance companies and other private companies as approved by Medicare."

-Medicare.gov

ELIGIBILITY





COVERAGE FOR MEDICARE ELIGIBLE SERVICES



Blue Cross prescription drug plan

Blue Cross pays according to the plan benefit structure and stage of coverage member is in (deductible, initial coverage, gap or catastrophic).

Member

Member pays plan cost-sharing amounts (deductible, copays or coinsurance)

Generally no paperwork (electronic claims submission)

See the 2017 Summary of Benefits for additional information and a complete description of benefits and benefit limits. This is available at YourMedicareSolutions.com.

PLAN FEATURES

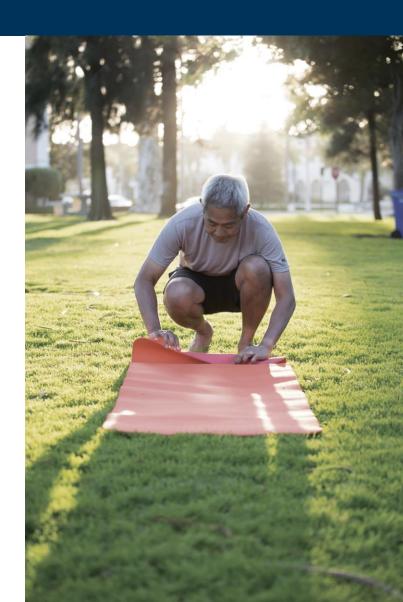


67,000 pharmacies nationwide

Medication Therapy Management (MTM)

- Clinical management of prescriptions for populations with multiple chronic disease states at no additional cost to the member
- Program components are designed to optimize therapeutic outcomes for targeted beneficiaries
- Members who are eligible for this free program will be automatically enrolled, unless they opt out

Provides protection from unexpected drug costs



BLUE CROSS PRESCRIPTION DRUG PLAN OPTIONS



Blue Cross offers two PDP options:



MedicareBlue Rx Standard

MedicareBlue Rx Premier

FORMULARY



The formulary is divided into five tiers:

Tier 1: Preferred Generic drugs

Tier 2: Generic drugs

Tier 3: Preferred Brand Drugs

Tier 4: Non-Preferred drugs

Tier 5: Specialty Drugs



Formulary - a list of prescription medications that are approved for coverage by a health plan and that will be dispensed through contracted pharmacies. This list may change during the year, as approved by CMS.

Both MedicareBlue Rx plan options share the same formulary.

PHARMACY NETWORK



Members must use participating pharmacies in our large, nationwide network to receive innetwork MedicareBlue Rx benefits – the network is the same for both plan options

- Access to more than 67,000 pharmacies
- Pre-negotiated reimbursement rates with pharmacy vendors that help keep costs down
- Electronic claims processing by pharmacy

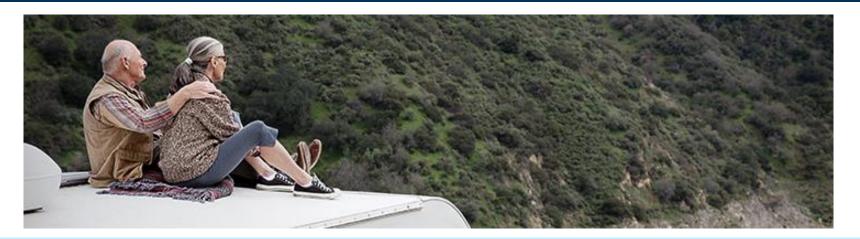
Both plan options includes pharmacies that offer preferred cost sharing and pharmacies that offer standard cost sharing within the network

Access the most current pharmacy directory:

YourMedicareSolutions. com

PREFERRED AND STANDARD **COST-SHARING**





Standard and Premier plan options include the following pharmacies within the network:

Pharmacies that offer preferred cost | Pharmacies that offer standard cost sharing

- More than 36,000 nationwide, including pharmacies such as CVS/pharmacy, Wal-Mart, White Drug, Target, Shopko, and Hy-Vee
- For many covered drugs, members will pay less at pharmacies offering preferred cost sharing

sharing

- All other network pharmacies
- Members can go to network pharmacies that offer standard cost sharing, but they will often pay more

BENEFITS OF IN-NETWORK PHARMACY USAGE



In-network Pharmacies

Using in-network pharmacies provides access to more than 67,000 pharmacies nationwide with:

- + Negotiated rates
- + Electronic claims processing by the pharmacy
- + A greater level of medication management for the beneficiary
- + Purchase up to a 90 day supply of medications at Preferred Extended Supply (EDS) pharmacies for two times the normal copay amount, or the usual coinsurance

Out-of-network Pharmacies

When using an out-of-network pharmacy, members must:

- Pay the full retail cost at time of purchase <u>and</u> manually submit a claim for reimbursement
- Pay applicable deductible, coinsurance and copayments <u>plus</u> any charges over the negotiated charge for in-network pharmacies
- Members utilizing out-of-network pharmacies in unusual circumstances receive coverage for only a 30-day supply of covered medications

2017 MONTHLY PREMIUMS



MedicareBlue Rx has an annual contract with the Centers for Medicare & Medicaid Services (CMS).

	2017 Monthly Premium
Standard Option	\$35.10
Premier Option	\$92.00

Benefits shown in the following charts are for Medicare-eligible prescriptions received from network providers or under the plan's travel benefit

- The following charts are NOT a complete description of the plan
- See the 2017 Summary of Benefits for complete information and benefit limits
 - Available online at YourMedicareSolutions.com

PRESCRIPTION DRUG BENEFITS



	Standard	
	Preferred Cost Sharing	Standard Cost Sharing
Yearly Deductible	\$400 *Note: \$0 deductible on tier 1 ONLY	\$400 *Note: \$0 deductible on tier 1 ONLY
Tier 1: Preferred Generic drugs	\$1	\$13
Tier 2: Generic drugs	\$6	\$19
Tier 3: Preferred Brand drugs	18% Coinsurance	25% Coinsurance
Tier 4: Non-Preferred drugs	35% Coinsurance	50% Coinsurance
Tier 5: Specialty drugs	25% Coinsurance	25% Coinsurance

PRESCRIPTION DRUG BENEFITS



	Premier	
	Preferred Cost Sharing	Standard Cost Sharing
Yearly Deductible	\$0	\$0
Tier 1: Preferred Generic drugs	\$0	\$15
Tier 2: Generic drugs	\$0	\$20
Tier 3: Preferred Brand drugs	18% Coinsurance	25% Coinsurance
Tier 4: Non-Preferred drugs	45% Coinsurance	50% Coinsurance
Tier 5: Specialty drugs	33% Coinsurance	33% Coinsurance

2017 MEDICAREBLUE RX COVERAGE GAP



MedicareBlue Rx Benefits	2017 Standard Option	2017 Premier Option
Coverage Gap	 51% for Generic drugs 40% on some Brand drugs based on CMS agreement with drug manufacturers 	 \$0/\$15 copay for Tier 1 Preferred Generic drugs \$0/\$20 copay for Tier 2 Generic drugs 51% for all other Generic drugs 40% on some Brand drugs based on CMS agreement with drug manufacturers

A 30-day supply after total yearly covered prescription drug costs reach \$3,700* in 2017

^{*}Amount member has paid for covered drugs plus what the plan has paid for the calendar year. This does not include the premiums the member pays.

2017 MEDICAREBLUE RX CATASTROPHIC COVERAGE



MedicareBlue Rx Benefits	2017 Standard Option	2017 Premier Option
Catastrophic Coverage	\$3.30 copay for Generic drugs (including brand drugs treated as generic) and \$8.25 copay for all other covered drugs OR 5% coinsurance, whichever is greater	\$3.30 copay for Generic drugs (including brand drugs treated as generic) and \$8.25 copay for all other covered drugs OR 5% coinsurance, whichever is greater

a 30-day supply after \$4,950* out-of-pocket prescription drug costs in 2017

^{*}This is the total amount paid for covered drugs by the member for the calendar year. This does not include the amount the plan has paid or the plan premiums paid by the member.

MEDICAREBLUE RX ADDITIONAL COST SAVINGS



Members may wish to consider purchasing a 90-day supply to take advantage of additional cost savings in the following ways:

- From an in-network extended day supply pharmacy (identified by EDS in the pharmacy directory); OR
- Through the plan's mail order pharmacy: CVS Caremark* Mail Service Pharmacy
 - The cost through one of these methods for Standard and Premier members is two times the 30-day copay amount or the usual coinsurance
 - These prescriptions are subject to formulary limitations (step therapy, prior authorization, quantity limits) as outlined in the formulary

* CVS Caremark is an independent company providing pharmacy services



SUMMARY



MedicareBlue Rx (PDP) is a regional plan available to residents of Minnesota, Iowa, North Dakota, South Dakota, Montana and Wyoming

Two options: Standard and Premier

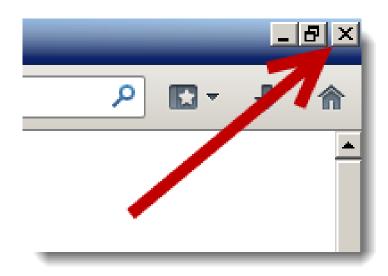
 Same 5-tier formulary structure, but two different formularies Both plan options have the same nationwide network of more than 67,000 pharmacies

 Members often pay less at pharmacies that offer preferred cost sharing

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THANK YOU.