



MEDICARE

## 2027 Summary of Benefits

### Medicare Prescription Drug Plans

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**BlueMedicare Premier Rx (PDP) S5904-001**

**BlueMedicare Complete Rx (PDP) S5904-002**

1/1/2027 – 12/31/2027

Our plans' service area includes:

**State of Florida**

This is a summary of what our plan covers and what you pay. To see information about the cost of drugs on the Medicare Prescription Drug Plan see the plan's **"Evidence of Coverage"**. For a complete list of the drugs we cover see the plan's **"Formulary"**. Both of these documents can be found on our website, ([www.floridablue.com/medicare/forms](http://www.floridablue.com/medicare/forms)) or you can call us.

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You* 2027 handbook. View it online at [www.medicare.gov](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.

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## Who Can Join?

To join, 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 Florida](#)

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## Which pharmacies can I use?

- In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs.
  - You can also use our mail-order pharmacy to have your prescription delivered to your home.
  - Want to see if your pharmacy is in our pharmacy network, or if these plans cover your prescription drugs? Just visit our website at <https://providersearch.floridablue.com/>. Or call us and we will send you a copy of the pharmacy directory.
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## Have Questions? Call Us

- **If you are a member of this plan, call us at 1-800-926-6565, TTY: 711.**
- **If you are not a member of this plan, call us at 1-855-601-9465, TTY: 711.**
  - From October 1 through March 31, we are open seven days a week, from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
  - From April 1 through September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time, except for major holidays.
- Or visit our website at [www.floridablue.com/medicare](http://www.floridablue.com/medicare)

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## Important Information

Our plans group each medication into a tier. The number of tiers may vary based on the plan you choose. 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.

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## Monthly Premium, Deductible and Limits

|                             | <b>BlueMedicare Premier Rx<br/>(PDP)<br/>S5904-001</b>                                                                                                                                                     | <b>BlueMedicare Complete Rx<br/>(PDP)<br/>S5904-002</b>                                                                                                                |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly Plan Premium</b> | <b>\$164.60</b><br><br>You must continue to pay your Medicare Part B premium.                                                                                                                              | <b>\$326.00</b><br><br>You must continue to pay your Medicare Part B premium.                                                                                          |
| <b>Deductible</b>           | <b>\$700</b> per year<br><br>Applies to Tier 1 (Preferred Generic), 2 (Generic), 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier).<br><br>There is no deductible for insulins. | <b>\$700</b> per year<br><br>Applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier).<br><br>There is no deductible for insulins. |

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## Part D Prescription Drug Benefits

|                          | BlueMedicare Premier Rx (PDP)<br>Statewide<br>S5904-001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BlueMedicare Complete Rx (PDP)<br>Statewide<br>S5904-002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Deductible Stage:</b> | <ul style="list-style-type: none"> <li>The Deductible Stage is the first payment stage for your drug coverage. You will pay a yearly deductible of \$700 which applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs. You must pay the full cost of your Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs until you reach the plan's deductible amount. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. For all other drugs, you will not have to pay any deductible. The full cost is usually lower than the normal full price of the drug since our plan has negotiated lower costs for most drugs at network pharmacies.</li> <li>Once you have paid \$700 which applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.</li> </ul> | <ul style="list-style-type: none"> <li>The Deductible Stage is the first payment stage for your drug coverage. You will pay a yearly deductible of \$700 which applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs. You must pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs until you reach the plan's deductible amount. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. For all other drugs, you will not have to pay any deductible. The full cost is usually lower than the normal full price of the drug since our plan has negotiated lower costs for most drugs at network pharmacies.</li> <li>Once you have paid \$700 which applies to Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.</li> </ul> |

### Initial Coverage Stage:

You begin in this stage after you meet your deductible (if applicable). During this stage, the plan pays its share of the total cost of your drugs, and you pay your share of the total cost. You stay in the Initial Coverage Stage until your total out-of

pocket costs reach \$2,400. You then move on to the Catastrophic Coverage Stage. You may get your drugs at network retail and mail order pharmacies.

|                               | BlueMedicare Premier Rx (PDP)<br>S5904-001 |                               | BlueMedicare Complete Rx (PDP)<br>S5904-002 |                               |
|-------------------------------|--------------------------------------------|-------------------------------|---------------------------------------------|-------------------------------|
| Tier Drug Coverage            | Standard Retail/LTC<br>(31-day supply)     | Mail Order<br>(90-day supply) | Standard Retail<br>(31-day supply)          | Mail Order<br>(90-day supply) |
| Tier 1 - Preferred Generic    | \$4 copay                                  | \$12 copay                    | \$0 copay                                   | \$0 copay                     |
| Tier 2 - Generic              | \$8 copay                                  | \$24 copay                    | \$2 copay                                   | \$6 copay                     |
| Tier 3 - Preferred Brand      | 19% coinsurance                            | 19% coinsurance               | 19% coinsurance                             | 19% coinsurance               |
| Tier 4 - Non - Preferred Drug | 32% coinsurance                            | 32% coinsurance               | 26% coinsurance                             | 26% coinsurance               |
| Tier 5 - Specialty Tier       | 25% coinsurance                            | N/A                           | 25% coinsurance                             | N/A                           |
| Tier 6 - Select Care Drugs    | \$4 copay                                  | \$12 copay                    | \$0 copay                                   | \$0 copay                     |

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.

### Catastrophic Coverage Stage:

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$2,400** limit for the calendar year. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.

### Additional Information About Drug Coverage

- For a complete list of the drugs we cover see the plan's **"Formulary"** and to see information about the cost of drugs see the plan's **"Evidence of Coverage"**. These documents are on our website ([www.floridablue.com/medicare/forms](http://www.floridablue.com/medicare/forms)) or you can call us. If you request a formulary exception, and the plan approves it, you will pay **Tier 4 (Non-Preferred Drug)** cost-sharing.
- Your cost-sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.

- Our plan covers most Part D vaccines at no cost to you including shingles, tetanus and travel vaccines.

### **Medicare Prescription Payment Plan**

- The Medicare Prescription Payment Plan is a payment option to help Medicare beneficiaries spread out their out-of-pocket drug costs across the calendar year (January to December). Participation is voluntary and there is no cost to enroll. You can enroll in the payment plan by speaking with your Agent of Record (AOR) or by calling our dedicated Election support line at 1-800-926-6565 or 1-833-696-2087, (TTY – 711) 8am — 8pm ET Mon – Fri, (voicemails monitored on weekends), 8am — 8pm ET 7 days a week (during Annual Enrollment Period (AEP)).
- For more information about the payment plan, speak with agent or visit our website at <https://www.floridablue.com/medicare/member/prescription-drug-payments>.

## **Disclaimers**

Florida Blue is an Rx (PDP) plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

If you have any questions, please contact our Member Services number at 1-800-926-6565 (TTY users should call 711). Our hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays.

Rx (PDP) coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association.

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## **Section 1557 Notification: Discrimination is Against the Law**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

We provide:

- Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (e.g., large print, audio, and accessible electronic formats)
- Free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program (FEP): 1-800-333-2227
- Postal Employee Program (PEP): 1-844-960-2583
- Medicare: 1-800-926-6565
- TTY 711

If you believe that we have failed to provide these services or have discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

### **Health and vision coverage (including FEP and PEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
Section1557Coordinator@bcbsfl.com

### **Dental, life, and disability coverage:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator or Civil Rights Coordinator is available to help you. You can also file 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  
1-800-537-7697 (TDD)  
Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

Visit [www.floridablue.com/disclaimer/ndnotice](http://www.floridablue.com/disclaimer/ndnotice) to view an electronic version of this notice.  
87768 0825R

Se encuentran a su disposición los servicios gratuitos de idiomas, de ayuda auxiliar y de formato alternativo. Llame al número 1-800-352-2583, a FEP al 1-800-333-2227, a Medicare al 1-800-926-6565, (TTY 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí, thiết bị hỗ trợ và các định dạng thay thế. Vui lòng gọi 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Gen èd oksilyè pou ede w nan lòt lang ak sèvis nan lòt fòm ki disponib gratis. Rele nan 1-800-352-2583, FEP 1-800-333-2227, oswa rele Medicare nan 1-800-926-6565 (TTY 711).

Estão disponíveis, gratuitamente, serviços de tradução, assistência e formatos alternativos. Ligue para 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

免费语言服务、辅助援助及替代格式服务均已开放。欢迎致电以下号码 普通咨询1-800-352-2583 联邦雇员计划(FEP)1-800-333-2227 医疗保险 (Medicare)1-800-926-6565 听障专线 (TTY)711.

Des services linguistiques, d'aide auxiliaire et de supports alternatifs vous sont proposés gratuitement. Appelez le 1-800-352-2583, le FEP au 1-800-333-2227, le Medicare au 1-800-926-6565 (ATS 711).

May makukuhang mga libreng serbisyo sa wika, karagdagang tulong at mga alternatibong anyo. Tumawag sa 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Предоставляются бесплатные языковые услуги, вспомогательные материалы и услуги в альтернативных форматах. Звоните 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (номер для текст-телефонных устройств (TTY) 711).

الخدمات المجانية للغة، والمساعدة الإضافية، وتنسيقات بديلة متاحة. يرجى الاتصال على:

TTY: 1-800-926-6565 (الإعاقة السمعية) Medicare: 1-800-926-6565 برنامج FEP: 1-800-333-2227 برنامج 1-800-352-2583 711)

Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Telefono: 1-800-352-2583, FEP: 1-800-333-2227, Medicare: 1-800-926-6565, (TTY 711).

Kostenloser Service für Sprachen, Hilfsmittel und alternative Formate verfügbar. Telefon 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

무료 언어, 보조 기구 및 대체 형식 서비스를 이용할 수 있습니다. 전화 1-800-352-2583, FEP 1-800-333-2227, 메디케어 1-800-926-6565, (TTY 711).

Bezpłatna pomoc językowa, pomoc dodatkowa oraz usługi różnego rodzaju są dostępne. Zadzwoń pod numer 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

મફત ભાષા, સહાયક મદદ અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે.

1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711) પર કોલ કરો.

มีบริการภาษา ความช่วยเหลือเพิ่มเติม และบริการในรูปแบบอื่น ๆ ฟรี โทร 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711)

無料の言語サービス、補助サービス、代替フォーマットサービスをご利用いただけます。1-800-352-2583、FEP 1-800-333-2227、メディケア 1-800-926-6565 (TTY 711) までお電話ください。

خدمات رایگان زبانی، کمک‌های جانبی، و قالب‌های جایگزین در دسترس هستند. با شماره 1-800-352-2583 تماس بگیرید. برای FEP و 1-800-333-2227 با Medicare 1-800-926-6565 (TTY: 711) با 1-800-333-2227 و برای FEP بگیرید.

T'áá free yíníłta'go saad bee áká anilyeedígíí, ałk'ida'áníígíí, dóó t'áá ajilii hane' bee áká anilyeedígíí t'éiyá éí hołne'. 1-800-352-2583 bich'í' náhodoonih, FEP bich'í' 1-800-333-2227 bich'í' náhodoonih, Medicare bich'í' 1-800-926-6565 bich'í' náhodoonih, (TTY 711).