



**BlueCross BlueShield
of Texas**

2024 Summary of Benefits

Blue Cross MedicareRx Choice (PDP)SM

January 1, 2024 – December 31, 2024

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."

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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 711). We are open from 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 getbluetx.com/pdp or 1-888-285-2249 (TTY 711) to request a copy of the EOC.
- Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

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, 2025.

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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." You can also see the Evidence of Coverage on our website, getbluetx.com/pdp.

You have choices about how to get your Medicare benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue Cross MedicareRx Choice (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

This Summary of Benefits booklet gives you a summary of what **Blue Cross MedicareRx Choice (PDP)** covers and what you pay.

- If you want to compare our plan with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <https://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 <https://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

- Things to Know About **Blue Cross MedicareRx Choice (PDP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-888-285-2249 (TTY: 711).

Things to Know About Blue Cross MedicareRx Choice (PDP)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m. Local Time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 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 weekends and holidays.
- If you are a member of this plan, call us at 1-888-285-2249, TTY: 711.
- If you are not a member of this plan, call us at 1-877-213-1817, TTY: 711.
- Our website: getbluetx.com/pdp.

Who can join?

To join **Blue Cross MedicareRx Choice (PDP)**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.

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 *Pharmacy Directory* at getbluetx.com/pdp.

Or, call us at 1-888-285-2249 and we will send you a copy of the *Pharmacy Directory*.

What drugs are covered?

We cover Part D drugs.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, getbluetx.com/pdp.
- Or, call us at 1-888-285-2249 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: Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of Texas

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SECTION II - SUMMARY OF BENEFITS

Blue Cross MedicareRx Choice (PDP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	You pay \$25.60 per month. In addition, you must keep paying your Medicare Part B premium.
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PRESCRIPTION DRUG BENEFITS

Deductible

Prescription Drug Deductible: \$545 for Tiers 3, 4 and 5.

Once you have paid \$545 for your Tiers 3, 4 and 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.

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.

Initial Coverage

You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$15 copay	\$45 copay
Tier 2 (Generic)	\$20 copay	\$60 copay
Tier 3 (Preferred Brand)	\$47 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance
Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$3 copay	\$9 copay
Tier 3 (Preferred Brand)	\$46 copay	\$138 copay
Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance
Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$15 copay	\$45 copay
Tier 2 (Generic)	\$20 copay	\$60 copay
Tier 3 (Preferred Brand)	\$47 copay	\$141 copay
Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance
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	<table border="1" data-bbox="391 138 1515 522"> <thead> <tr> <th colspan="3" data-bbox="391 138 1515 222">Preferred Mail Order</th> </tr> <tr> <th data-bbox="391 222 841 275">Tier</th> <th data-bbox="841 222 1175 275">One-month supply</th> <th data-bbox="1175 222 1515 275">Three-month supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="391 275 841 323">Tier 1 (Preferred Generic)</td> <td data-bbox="841 275 1175 323">\$0 copay</td> <td data-bbox="1175 275 1515 323">\$0 copay</td> </tr> <tr> <td data-bbox="391 323 841 371">Tier 2 (Generic)</td> <td data-bbox="841 323 1175 371">\$3 copay</td> <td data-bbox="1175 323 1515 371">\$9 copay</td> </tr> <tr> <td data-bbox="391 371 841 420">Tier 3 (Preferred Brand)</td> <td data-bbox="841 371 1175 420">\$46 copay</td> <td data-bbox="1175 371 1515 420">\$138 copay</td> </tr> <tr> <td data-bbox="391 420 841 468">Tier 4 (Non-Preferred Drug)</td> <td data-bbox="841 420 1175 468">50% coinsurance</td> <td data-bbox="1175 420 1515 468">50% coinsurance</td> </tr> <tr> <td data-bbox="391 468 841 522">Tier 5 (Specialty Tier)</td> <td data-bbox="841 468 1175 522">25% coinsurance</td> <td data-bbox="1175 468 1515 522">Not Applicable</td> </tr> </tbody> </table> <p data-bbox="391 537 1515 716">If you reside in a long-term facility, you pay the same as at a standard retail pharmacy. We cover prescriptions filled at out-of-network pharmacies in only limited situations. Please call us or see the plan’s “Evidence of Coverage” on our website (getbluetx.com/pdp) for complete information about your costs for covered drugs.</p>	Preferred Mail Order			Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$3 copay	\$9 copay	Tier 3 (Preferred Brand)	\$46 copay	\$138 copay	Tier 4 (Non-Preferred Drug)	50% coinsurance	50% coinsurance	Tier 5 (Specialty Tier)	25% coinsurance	Not Applicable
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Coverage Gap	<p data-bbox="391 751 1515 831">The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p data-bbox="391 856 1515 982">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 \$8,000, which is the end of the coverage gap.</p>																					
Catastrophic Coverage	<p data-bbox="391 1024 1515 1104">After your yearly out-of-pocket drug costs reach \$8,000, you pay nothing for covered Part D drugs.</p>																					

DISCLAIMERS

This document is available in other alternate formats.

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

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-888-285-2249 (TTY: 711).

Blue Cross MedicareRx Choice is a Medicare Prescription Drug Plan plan with a Medicare contract. Enrollment in **Blue Cross MedicareRx Choice** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time.

Health coverage is offered by HCSC Insurance Services Company.



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 a Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas 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. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a 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, 800-537-7697 (TDD)

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

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-285-2249 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-285-2249 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-285-2249 (TTY/ TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-285-2249 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-285-2249 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-285-2249 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-285-2249 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-285-2249 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-285-2249 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-285-2249 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

TTY/) 1-888-285-2249- أسئلة تتعلق عن أي أسئلة تتعلق المجانية للفوري المترجم خدمات المقدمة إننا نقدم العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق 1-888-285-2249- TTY/TDD: 711). هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على (Arabic 711): بالصحة أو جدول الأدوية لدينا. للحصول :TDD

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-285-2249 (TTY/TDD: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-285-2249 (TTY/TDD: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-285-2249 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-285-2249 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-285-2249 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-285-2249 (TTY/TDD: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



**BlueCross BlueShield
of Texas**

This information is not a complete description of benefits. Call 1-888-285-2249 (TTY: 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.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

THANK YOU

Connect with us

Contact Information: 1-888-285-2249, TTY: 711

Organization Name: Blue Cross and Blue Shield of Texas

Organization website: [getbluetx.com/pdp](https://www.getbluetx.com/pdp)