

2021

MEDICAREBLUESM RX (PDP)

Enrollment kit

MEDICAREBLUESM BLUE RX (PDP)

A Blue Cross and Blue Shield of Minnesota MedicareBlue Rx (PDP) plan is a stand-alone prescription drug plan that helps pay for prescription drugs that are not covered by Original Medicare.

LET'S TAKE A LOOK AT PLAN OPTIONS

MedicareBlue SM Rx (PDP).....	2
Pre-enrollment checklist.....	7
MedicareBlue Rx (PDP) Summary of Benefits.....	9

Questions? We're here to help.



Speak with a Blue Cross Medicare advisor
1-877-811-0416/TTY 711
8 a.m. to 8 p.m. daily, Central Time



Use our online enrollment tool to submit your application
YourMedicareSolutions.com



Make an appointment with a Blue Cross center in Duluth, Edina, Roseville or Virginia
bluecrossmn.com/centers

Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

MEDICAREBLUESM RX (PDP)



This plan is a good choice if you want:

- Prescription drug coverage only
- Coverage of generic, brand-name and specialty drugs
- Access to thousands of pharmacies nationwide

Eligibility requirements: Have Medicare Part A, Part B or both • Live in the plan availability area

NETWORK ACCESS

Save money at thousands of network pharmacies nationwide. Plus get extra savings at preferred pharmacies within your network.

PLAN AVAILABILITY AREA

You're eligible to enroll in MedicareBlue Rx if you live in: Minnesota, Iowa, South Dakota, North Dakota, Nebraska, Montana or Wyoming

IN-NETWORK PHARMACIES



When you use a preferred pharmacy, you may save even more since these pharmacies have lower copays and coinsurance on prescription drugs.

IS YOUR PHARMACY IN NETWORK? ARE YOUR DRUGS COVERED?

Visit YourMedicareSolutions.com/PlanTools and follow the search prompts.



where you can fill your prescriptions including CVS, Hy-Vee, Thrifty White Drug and Walmart*

*As of July 2020



DID YOU KNOW?

Every year, Medicare evaluates plans based on a 5-star rating system. To see MedicareBlue Rx star ratings and learn more, visit YourMedicareSolutions.com/StarRatings.

LET'S COMPARE COSTS AND COVERAGE

MedicareBlue Rx (PDP) plans offer two levels of coverage and cost sharing. Each plan pays a different amount toward prescription drugs. The right plan for you depends on how many drugs you take and the cost of those drugs.

Choose from two levels of coverage:

STANDARD

GOOD OPTION

if you take mostly generic drugs that are covered on Tier 1 or Tier 2.

- **Lower** monthly premium
- **Deductibles:** No deductible on Tiers 1 and 2 generic drugs so coverage starts right away with a copay. You will have a deductible on Tiers 3 – 5 drugs. After you pay your deductible, you will pay a set copay or coinsurance on covered drugs.

PREMIER

GOOD OPTION

if you take multiple generic and/or brand-name drugs or need extra coverage in the coverage gap stage.

- **Higher** monthly premium
- **Deductibles:** No deductible on all five tiers so your coverage starts right away with copays or coinsurance. \$0 copay on Tier 1 and Tier 2 prescriptions when you use a preferred pharmacy. Plus, get extra coverage during the coverage gap stage on Tier 1 and Tier 2 prescriptions.



TIP TO AVOID A PENALTY

Enroll in a Part D plan when you're first eligible so you don't have to pay a late enrollment penalty from Medicare. Learn more at bluecrossmn.com/penalty.



MEDICARE PART D EXTRA HELP

If you have limited income and financial resources, you might qualify for the Low-Income Subsidy (LIS) program from Social Security. Ask us for more information or visit ssa.gov.

MEDICAREBLUE RX BENEFITS SNAPSHOT

This chart is an overview of the prescription drug benefits available for the two plans.

- The premiums shown are for drug coverage only
- You can pair MedicareBlue Rx with a Medicare Supplement plan or a Medicare Cost plan
- If your drug is not on the formulary, your doctor may be able to prescribe a drug that the plan will cover or request to have your drug covered

COVERAGE	STANDARD		PREMIER	
Monthly plan premium	\$66.40		\$104.70	
Deductible	\$0 on Tiers 1 – 2 drugs; \$445 on Tiers 3 – 5 drugs		\$0	
Initial coverage Amount you pay for a 30-day supply from a network pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
<ul style="list-style-type: none"> • Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs 	<ul style="list-style-type: none"> \$1 copay \$7 copay \$29 copay 31% coinsurance 25% coinsurance 	<ul style="list-style-type: none"> \$10 copay \$15 copay \$46 copay 36% coinsurance 25% coinsurance 	<ul style="list-style-type: none"> \$0 copay \$0 copay 17% coinsurance 40% coinsurance 33% coinsurance 	<ul style="list-style-type: none"> \$15 copay \$20 copay 25% coinsurance 45% coinsurance 33% coinsurance
Coverage gap Begins once your total drug costs for the year reach \$4,130 ¹	Generic drugs: 25% of the plan cost Brand drugs: 25% of the plan cost		Tier 1 and 2 drug costs are the same as those listed above For drugs in all other tiers: <ul style="list-style-type: none"> • Generic drugs: 25% of the plan cost • Brand drugs: 25% of the plan cost 	
Catastrophic coverage Begins once your total out-of-pocket costs for the year reach \$6,550 ²	For all plans, you pay the greater of: <ul style="list-style-type: none"> • \$3.70 copay for generic drugs (including brand drugs treated as generic); \$9.20 copay for all other drugs OR • 5% of the cost 			

¹Total yearly drug costs include the amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include plan premiums you pay. The brand-name drug coverage in the coverage gap is subject to agreements between the Centers for Medicare & Medicaid Services (CMS) and drug manufacturers. Not all brand drugs may be discounted. Call Blue Cross customer service if you have questions.

²Your out-of-pocket costs include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premiums you pay.

To view the plan formulary visit [YourMedicareSolutions.com/PlanTools](https://www.yourmedicare.com/PlanTools) and click on the appropriate link under "Coverage and pricing tool"



HOW TO ENROLL

It's easy to enroll in a MedicareBlue Rx plan. Choose one of the following ways:



Speak with a Blue Cross Medicare advisor
1-877-811-0416/TTY 711
8 a.m. to 8 p.m. daily, Central Time



Visit [YourMedicareSolutions.com](https://www.yourmedicare.com) and use our online enrollment tool to submit your application



Make an appointment with a Blue Cross center in Duluth, Edina, Roseville or Virginia
[bluecrossmn.com/centers](https://www.bluecrossmn.com/centers)



Mail your enrollment form to the address listed on the form

STILL HAVE QUESTIONS?

Attend a Medicare workshop

Join us for a free, no obligation Prepare for Medicare workshop to learn more about Original Medicare and other Medicare plans available from Blue Cross. Visit [bluecrossmn.com/meeting](https://www.bluecrossmn.com/meeting) to learn more.

Medicare help line

1-800-MEDICARE (1-800-633-4227)

TTY **1-877-486-2048**

24 hours a day, 7 days a week

[medicare.gov](https://www.medicare.gov)

AFTER YOU ENROLL

After we process your enrollment form, we will send you a letter to confirm your enrollment. We will also mail your member ID card.

IMPORTANT PLAN INFORMATION

Enrollment and eligibility: You are eligible to enroll in MedicareBlue Rx if you have Medicare Part A and/or Medicare Part B and live in the plan's service area. You must continue to pay your Medicare Part B premium. You may enroll in only one Part D plan at a time. Beneficiaries may enroll in MedicareBlue Rx only during specific times of the year.

You may send your enrollment form directly to MedicareBlue Rx by mail: MedicareBlue Rx (PDP), P.O. Box 3178, Scranton, PA 18505-9984. You may also enroll online through our website or by working with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx through the CMS Medicare Online Enrollment Center, located at medicare.gov. For more information, contact a Medicare consultant at the number listed below.

Extra help: You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office.

Formulary, pharmacy network, mail order

service: Formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations. The plan uses CVS Caremark Mail Order Pharmacy for mail order, which allows you to have your prescriptions mailed to your home. If you use this service, you can also enroll in the automatic prescription refill service. For more information about mail order services, please refer to Chapter 3, Section 2.3 "Using the plan's mail order services" in your Evidence of Coverage.

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

Other materials available: For a pharmacy directory or information about CVS Caremark Mail Order Pharmacy program, please call us at the number listed below or visit YourMedicareSolutions.com. You can also obtain this information by writing to MedicareBlue Rx Customer Service, P.O. Box 3178, Scranton, PA 18505.

Federal contract: MedicareBlue Rx is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

Special needs: If you have special needs, alternate formats may be available. Please call for more information.

MedicareBlueSM Rx (PDP) 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 Medicare Solutions specialist at **1-866-434-2037** (TTY **711**), 8 a.m. to 8 p.m., daily, Central and Mountain times.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC). Visit YourMedicareSolutions.com or call **1-866-434-2037** (TTY **711**), 8 a.m. to 8 p.m., daily, Central and Mountain times, 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/coinsurance may change on January 1, 2022.

MedicareBlueSM Rx (PDP) is a prescription drug plan with a Medicare contract. 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 licensees of the Blue Cross and Blue Shield Association.



This page is intentionally blank.

2021 SUMMARY of BENEFITS

MedicareBlueSM Rx (PDP)

Standard and Premier

January 1, 2021 – December 31, 2021

INTRODUCTION

This guide is a summary of the prescription drug services offered by MedicareBlueSM Rx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read comparison chart of plan coverage options and contact information for customer service representatives who are available to answer your questions.

WHAT'S INCLUDED

- Plan overview
- Frequently asked questions
- Using the plan

CONTACT MEDICAREBLUE RX



YourMedicareSolutions.com



Members

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

Non-members

1-866-434-2037 (TTY: 711)

Call toll-free from 8 a.m. to 8 p.m., daily, Central and Mountain times

COMPARING MEDICAREBLUE RX PLANS

Your benefits will be different depending on the plan you choose: MedicareBlue Rx Standard or MedicareBlue Rx Premier. This chart shows how much you will pay each month for your premium, the plan's deductible and how much you will pay for your prescriptions.

	Premiums & benefits	MedicareBlue Rx Standard		MedicareBlue Rx Premier	
		Preferred cost sharing	Standard cost sharing	Preferred cost sharing	Standard cost sharing
Monthly plan premium		\$66.40		\$104.70	
Deductible		\$0 deductible on tiers 1-2; \$445 deductible on tiers 3-5		\$0	
Initial coverage		Preferred cost sharing	Standard cost sharing	Preferred cost sharing	Standard cost sharing
30-day supply from a network pharmacy	Tier 1: Preferred generic	\$1 copay	\$10 copay	\$0 copay	\$15 copay
	Tier 2: Generic	\$7 copay	\$15 copay	\$0 copay	\$20 copay
	Tier 3: Preferred brand	\$29 copay	\$46 copay	17% coinsurance	25% coinsurance
	Tier 4: Non-preferred drug	31% coinsurance	36% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
90-day supply from a network pharmacy or mail order	Tier 1: Preferred generic	\$2 copay	\$20 copay	\$0 copay	\$30 copay
	Tier 2: Generic	\$14 copay	\$30 copay	\$0 copay	\$40 copay
	Tier 3: Preferred brand	\$87 copay	\$138 copay	17% coinsurance	25% coinsurance
	Tier 4: Non-preferred drug	31% coinsurance	36% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty	Not available	Not available	Not available	Not available
Coverage gap Begins once your total drug costs for the year reach \$4,130		<ul style="list-style-type: none"> • Generic drugs: 25% of the plan cost • Brand-name drugs: 25% of the plan cost 	<ul style="list-style-type: none"> • Tier 1 (preferred generic) and tier 2 (generic) drug costs are the same as those listed above For drugs in all other tiers: <ul style="list-style-type: none"> • Generic: 25% of the plan cost • Brand-name: 25% of the plan cost 		
Catastrophic coverage Begins once your total out-of-pocket costs for the year reach \$6,550		For both plans, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • A \$3.70 copay for generic drugs (including brand drugs treated as generic) and a \$9.20 copay for all other drugs 			

FREQUENTLY ASKED QUESTIONS

WHAT IS MEDICAREBLUE RX (PDP)?

MedicareBlue Rx is a prescription drug plan (PDP) that works with your Medicare benefits. Not all covered services are listed in this booklet. To see a complete list of covered services, call MedicareBlue Rx and ask for the Evidence of Coverage. The phone numbers are listed on the inside front cover. You can also visit YourMedicareSolutions.com to view the electronic version.

CAN I JOIN?

To join, you must be entitled to Medicare Part A and/or enrolled in Part B and live in our service area, which includes Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming.

ARE MY DRUGS COVERED?

Check the formulary, also called a drug list, at YourMedicareSolutions.com, or call MedicareBlue Rx and we will send you a copy.

HOW MUCH WILL I NEED TO PAY FOR PRESCRIPTION DRUGS?

The amount you pay depends on what tier the drug is on and what benefit stage you have reached. Your costs for each drug tier and benefit stage are shown in the benefit chart in this booklet.

WHICH PHARMACIES CAN I USE?

In general, use the pharmacies in the plan's network to fill your prescriptions. Some pharmacies offer preferred cost sharing, and you may pay less when you use them. You can find the list of pharmacies for this plan at YourMedicareSolutions.com, or call and we will send you a pharmacy directory.

If you must use an out-of-network pharmacy, you will generally have to pay the full cost at the time you fill your prescription. You can ask us to reimburse you for our share of the cost (see Chapter 5, Section 2.1 of the Evidence of Coverage).

WHERE CAN I LEARN MORE ABOUT ORIGINAL MEDICARE?

The Medicare & You handbook explains what Original Medicare covers and the costs you may pay. You can view the handbook online at medicare.gov or call **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**). You can call 24 hours a day, seven days a week.

WHAT ARE THE BENEFIT STAGES?

As you spend up to certain dollar amounts on your covered prescription drugs, you will move into different benefit stages.

Stage 1: Meet your deductible

The amount you must pay for prescriptions before your plan begins to pay.

Stage 2: Initial coverage

The stage before your total drug costs for the year have reached \$4,130. During this stage you will pay a copayment or coinsurance for your prescriptions.

Stage 3: Coverage gap

This stage begins after your total drug costs for the year have reached \$4,130. It is sometimes referred to as the donut hole. During this stage, you receive a discount on brand-name drugs and pay no more than 25% of the costs for generic drugs.

Stage 4: Catastrophic coverage

This stage begins after your out-of-pocket costs for the year have reached the \$6,550 limit for the calendar year. You will stay in this payment stage until the end of the calendar year. During this stage the plan will pay most of the cost for your drugs.

USING THE PLAN

UNDERSTANDING YOUR PHARMACY NETWORK AND DRUG TIERS

Using the drug list and the pharmacy directory will help you get the most out of the plan's benefits.

PRICE DRUGS

- All prescription drugs are placed on one of five tiers, or levels.
- The drug list will tell you which tier your medication is on.
- Whichever tier your drug is on will determine your share of the cost.

THE DRUG TIERS

Cost-sharing tier 1: Preferred generic

This tier is the lowest tier and generally contains the lowest cost generics.

Cost-sharing tier 2: Generic

This tier contains generics.

Cost-sharing tier 3: Preferred brand

This tier contains preferred brand drugs and non-preferred generic drugs.

Cost-sharing tier 4: Non-preferred drug

This tier contains non-preferred brand drugs and non-preferred generic drugs.

Cost-sharing tier 5: Specialty

This tier contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.



Access the most current drug list at YourMedicareSolutions.com/Drugs.

NATIONWIDE PHARMACY NETWORK

With thousands of in-network pharmacies throughout the United States, it's convenient and easy to fill your prescriptions. Many offer preferred cost sharing, including CVS, Target, Hy-Vee, SuperValu, Walmart and more. You will usually pay less for your prescriptions when you use a preferred pharmacy.

LOCATE A PHARMACY

- Pharmacies in the network offer either standard or preferred cost sharing.
- You will usually pay the least amount if you use a pharmacy offering preferred cost sharing.
- Look for pharmacies marked with a "P" in the pharmacy directory. These pharmacies offer preferred cost sharing.



Access the most current directory at YourMedicareSolutions.com/Pharmacy.

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 our pre-enrollment call center at 1-866-434-2037, 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)

A complete list of services is available in the Evidence of Coverage. You can access the Evidence of Coverage online at YourMedicareSolutions.com/Documents, or by calling customer service to request a copy.

MedicareBlueSM Rx is a prescription drug plan (PDP) with a Medicare contract. 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 licensees of the Blue Cross and Blue Shield Association.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-434-2037 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-434-2037 (TTY: 711).

Cushite: XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-434-2037 (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 1-866-434-2037 (TTY: 711).

Chinese: 注意: 如果您使用普通话, 您可以免费获得语言援助服务。请致电 1-866-434-2037 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-866-434-2037 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-434-2037 (TTY: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-434-2037 (መስማት ለተሳናቸው: 711)።

Karen: ၵ်သုၣ်လံသး- နမ့ၢ်ကတိၢ်/ကညိံ /ကိၣ်ဆဲၣ်, /နမ့ၢ်န့ၢ်/ကိၣ်ဆဲၣ်တၢ်မၤစၢၤလၢ/တလၢၢ်သ့ၣ်လၢၢ်စ့ၢ်/နီတမံၤသ့ၣ်သ့ၣ်န့ၢ် လိၤ./ကိ: 1-866-434-2037 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-434-2037 (TTY: 711).

Mon-Khmer, Cambodian: របស់តន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលទ្ធផល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-434-2037 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-434-2037 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-434-2037 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-434-2037 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-434-2037 (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.