2027
SUMMARY of BENEFITS
$5/$10/20%/45%/33%

Group MedicareBlue℠ Rx (PDP)

January 1, 2027 – December 31, 2027

INTRODUCTION

This guide is a summary of the prescription drug services covered by Group MedicareBlue Rx (PDP). This booklet includes an overview of our plan and pharmacy network, an easy-to-read chart on the plan's benefits and costs and contact information.

WHAT'S INCLUDED IN THIS SUMMARY OF BENEFITS?

Benefit chart 1-2

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Here's how to learn more about the plan's benefits and costs:



Visit **YourMedicareSolutions.com/GroupPlans**



Enrolled members, call **1-877-838-3827** toll-free, daily, 8 a.m. to 8 p.m., Central and Mountain times.
TTY: **711**

Prospective members, please contact your employer group.

SUMMARY OF BENEFITS

Group MedicareBlue Rx $5/$10/20%/45%/33%

If you have any questions about the plan's benefits or costs, contact your employer group.

Prescription drug benefits		
Initial coverage	During this stage, you pay the following until you reach the Catastrophic coverage phase.	
30-day supply from a network pharmacy or 31-day supply from a long-term care facility	**Tier**	**30-day supply**
	Tier 1 (Preferred generic)	$5 copay
	Tier 2 (Generic)	$10 copay
	Tier 3 (Preferred brand)	20% coinsurance
	Tier 4 (Non-preferred drug	45% coinsurance
	Tier 5 (Specialty)	33% coinsurance
90-day supply from a network pharmacy, mail order pharmacy or long-term care facility	**Tier**	**90-day supply**
	Tier 1 (Preferred generic)	$10 copay
	Tier 2 (Generic)	$20 copay
	Tier 3 (Preferred brand)	20% coinsurance
	Tier 4 (Non-preferred drug)	45% coinsurance
	Tier 5 (Specialty)	33% coinsurance
	You may get 90-day supplies of drugs from retail pharmacies for the same cost as mail order. These pharmacies are called extended day supply pharmacies and are identified in the *Pharmacy Directory* with the signifier 90 and 90-day supply available for the online version. If you must use an out-of-network pharmacy, you will generally have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. (Please refer to the *Evidence of Coverage* for details.)	
Catastrophic coverage Your out-of-pocket costs reach a total of $2,400	During this stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

FREQUENTLY ASKED QUESTIONS

Read below to find more information about the plan benefits, eligibility requirements and who to contact for additional questions.

WHAT IS GROUP MEDICAREBLUE RX (PDP)?

Group MedicareBlue Rx (PDP) is a prescription drug plan that works with your Medicare benefits. This booklet explains what the plan covers and explains what costs you will pay as a member. Not all covered services are listed. For a complete list of covered services, refer to the *5-Tier Evidence of Coverage* (EOC) available at **YourMedicareSolutions.com/MemberDocuments.**

CAN I JOIN?

You must be entitled to Medicare Part A and/or enrolled in Part B, live in the plan's service area and be identified as an eligible participant by your employer.

ARE MY DRUGS COVERED?

Check the formulary, also called a drug list, at **YourMedicareSolutions.com/2027GroupDocuments** and look for "5-Tier Formulary".

HOW MUCH WILL I NEED TO PAY FOR PRESCRIPTION DRUGS?

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

WHICH PHARMACIES CAN I USE?

In general, you will need to use the pharmacies in the plan's network to fill your prescriptions. You can find the list of pharmacies for this plan at **YourMedicareSolutions.com/GroupPharmacy.**

GO PAPERLESS WITH ELECTRONIC EXPLANATION OF BENEFITS (EOBS)

Get your EOBs faster and cut down on clutter by switching to secure, online delivery through MyPrime at **MyPrime.com.**

WHAT ARE THE DRUG TIERS?

Our plan places a drug into one of five tiers. Check the 2027 formulary to find out which tier your drug is on.

Tier 1: Preferred generic
This tier is the lowest tier and generally contains the lowest cost generics.

Tier 2: Generic
Contains generics.

Tier 3: Preferred brand
Contains preferred brand drugs and non-preferred generic drugs.

Tier 4: Non-preferred drug
Contains non-preferred brand drugs and nonpreferred generic drugs.

Tier 5: Specialty
Contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.

MEDICARE PRESCRIPTION PAYMENT PLAN

This program allows members to spread out their out-of-pocket cost share for prescription drugs into monthly payments. To learn more about this program, visit **Medicare.gov**.

WANT TO 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 **1-800-633-4227** to get a copy. TTY users should call **1-877-486-2048**. You can call 24 hours a day, seven days a week.

Group MedicareBlue℠ 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, contact your employer group.

Understanding the benefits

☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Find the EOC at **YourMedicareSolutions.com.**

☐ Review the *pharmacy directory* or use the online "Find a pharmacy" tool 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

☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2028.

Group MedicareBlue℠ Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare.

Coverage is available to members of an employer or union group 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*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; 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

Notice of Availability

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 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 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 quí vị cần thông dịch viên xin gọi 1-877-838-3827 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-838-3827 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-838-3827 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-877-838-3827 (TTY: 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 oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-838-3827 (TTY: 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 1-877-838-3827 (TTY: 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ございます。通訳をご用命になるには、1-877-838-3827 (TTY: 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。

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For a complete list of covered service, refer to the *5-Tier Evidence of Coverage* (EOC) available at **YourMedicareSolutions.com/MemberDocuments.**

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Group
MedicareBlue℠ Rx (PDP)
A Medicare Prescription Drug Plan

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