Prescription Blue℠ Group PDP

Prescription Drug Benefits

City of Detroit General Retiree Health Care Trust

Benefits-at-a-Glance

January 1, 2027 – December 31, 2027

The benefit information provided is a summary of what we cover and what you pay. A complete list of services is found in the *Evidence of Coverage* and *PDP Benefits Chart*. If you have any questions about our plan's benefits or costs, call Prescription Blue Group PDP Customer Service (phone numbers are on the back cover of this material). You can always view the most current *Evidence of Coverage* by requesting it from Customer Service.

To join Prescription Blue Group PDP, you must have both Medicare Part A and Medicare Part B, be a United States citizen or lawfully present in the United States and live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they're physically located in it.

Call Prescription Blue Group PDP at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5 p.m., Eastern time, for more information. From October 1 through March 31, hours are from 8 a.m. to 9 p.m., Eastern time, seven days a week. (TTY users should call 711.)

Comprehensive Formulary
0070413260003

Prescription Blue is a PDP plan with a Medicare contract.
Enrollment in Prescription Blue depends on contract renewal.

Prescription Drugs

Formulary Type: Comprehensive Formulary

Phase 1: The Deductible Stage

Because there is no deductible for the plan, this payment stage does not apply to you.

Phase 2: The Initial Coverage Stage

You pay the following until your total out-of-pocket costs reach $2,400.

See Chapter 4 Section 5.5 of the *Evidence of Coverage* for information about how Medicare counts your out-of-pocket costs.

Up to a 31-day supply	Preferred retail and preferred mail-order pharmacies	Standard retail and standard mail-order pharmacies
Tier 1 – Preferred Generic	$10	$20
Tier 2 – Generic	$10	$20
Tier 3 – Preferred Brand	$45	$60
Tier 4 – Non-Preferred Drug	50% Minimum: $60 Maximum: $120	50% Minimum: $60 Maximum: $120
Tier 5 – Specialty Tier	50% Minimum: $300 Maximum: $600	50% Minimum: $300 Maximum: $600

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

Tier	Standard retail cost sharing (in-network) (32- to 90-day supply)	Preferred retail cost sharing (in-network) (32- to 90-day supply)	Standard mail-order cost sharing (in-network) (32- to 90-day supply)	Preferred mail-order cost sharing (in-network) (32- to 90-day supply)
Tier 1 – Preferred Generic*	$40	$20	$40	$20
Tier 2 – Generic	$40	$20	$40	$20
Tier 3 – Preferred Brand	$120	$90	$120	$90
Tier 4 – Non- Preferred Drug	50% Minimum: $120 Maximum: $240	50% Minimum: $120 Maximum: $240	50% Minimum: $120 Maximum: $240	50% Minimum: $120 Maximum: $240
Tier 5 – Specialty Tier	Not offered	Not offered	Not offered	Not offered

*** Tier 1 drugs allow for a 100-day supply at the same cost share as a 90-day supply. If you are taking a Tier 1 drug, talk with your doctor about whether a new prescription for a 100-day supply is appropriate.**

You won't pay more than $105 per 90-day supply of each covered insulin product regardless of the cost-sharing tier.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations.

Phase 3: The Catastrophic Coverage Stage

Most members do not reach the Catastrophic Coverage Stage.

You enter the Catastrophic Coverage stage when your total out-of-pocket costs have reached the $2,400 limit for the calendar year. Once you're in the Catastrophic Coverage Stage, you'll stay in this payment stage until the end of the calendar year.

- During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.
- You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

Information about your costs in these stages can also be located in Chapter 4, Sections 6 of the *Evidence of Coverage* or by contacting Customer Service. Phone numbers are on the back cover of this document.

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 our website (**bcbsm.com/pharmaciesmedicare**). Or, call us and we will send you a copy of a *Pharmacy Directory* or, for members outside Michigan, a *Pharmacy Locator* (phone numbers are on the back cover of this document).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **bcbsm.com/formularymedicare**.

For more information, please call us at 1-866-684-8216, Monday through Friday from 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m., seven days a week. TTY users should call 711. Or you can visit us at **bcbsm.com/medicare**.

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 **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.

This document is available in other formats such as audio CD and large print.

This document may be available in a non-English language.

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