Prescription Blue[SM] PDP

Select and Premium

Summary of Benefits

January 1, 2027 – December 31, 2027

To get a complete list of services we cover, call Customer Service and ask for the *Evidence of Coverage* (phone numbers are printed on the back cover of this booklet).

To join Prescription Blue PDP, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, be a United States citizen or lawfully present in the United States and live in our service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it. Our service area includes the state of Michigan.

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

Blue Cross Blue Shield of Michigan is a PDP plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Michigan depends on contract renewal.

Outpatient Prescription Drugs

Monthly Premium Amount

In addition to the amounts listed below, you must continue to pay your Medicare Part B premium (unless your Part B - premium is paid for you by Medicaid or another third party)

Prescription Blue Select	Prescription Blue Premium
$49.80	$80.30

Stage 1: Deductible Stage

Prescription Blue Select:

No deductible for Tier 1. $700 total deductible per year for Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.

Prescription Blue Premium:

No deductible for Tiers 1, and 2. $125 total deductible per year for Tiers 3, 4, and 5. Deductible does not apply to insulins.

Stage 2: Initial Coverage Stage

Prescription Blue Select:

After you pay your yearly deductible, you pay the amounts listed in the tables on the next page until your total out of- pocket costs reach $2,400.

Prescription Blue Premium:

After you pay your yearly deductible, you pay the amounts listed in the tables on the next page until your total out of- pocket costs reach $2,400.

Your share of the cost when you get a *one-month* (31-day) supply of a covered Part D prescription drug:

	Standard retail, standard mail-order cost and long-term care (LTC) cost sharing (in-network)		Preferred retail and preferred mail-order cost sharing (in-network)	
	Select	**Premium**	**Select**	**Premium**
Tier 1: Preferred Generic	$7	$6	$2	$1
Tier 2: Generic	$10	$10	$5	$5
Tier 3: Preferred Brand	23%	25%	23%	25%
Tier 4: Non-Preferred	25%	26%	25%	26%
Tier 5: Specialty	25%	31%	25%	31%

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

Your share of the cost when you get a *long-term* (32- to 90-day supply for Tiers 2-5 and 32- to 100-day supply for Tier 1*) supply of a covered Part D prescription drug:

	Standard retail, standard mail-order cost and long-term care (LTC) cost sharing (in-network)		Preferred retail and preferred mail-order cost sharing (in-network)	
	Select	**Premium**	**Select**	**Premium**
Tier 1: Preferred Generic*	$21	$18	$6	$2
Tier 2: Generic	$30	$30	$15	$10
Tier 3: Preferred Brand	23%	25%	23%	25%
Tier 4: Non-Preferred	25%	26%	25%	26%
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered

You won't pay more than $105 for up to a three-month supply of each covered insulin product regardless of the cost sharing tier (Select plan only: even if you haven't paid your deductible).

*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.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **bcbsm.com/medicare-evidence-of-coverage**.

Stage 3: Catastrophic Stage

Prescription Blue Select & Premium:

You have coverage for generic and brand-name drugs in the Catastrophic Coverage stage. During this stage, you will pay $0 for the cost of the drug.

Most members do not reach the Catastrophic Coverage stage. For information about your costs in these stages, look at Chapter 4, Sections 6, in the *Evidence of Coverage* online at **bcbsm.com/medicare-evidence-of-coverage**.

Formulary (Drug List)

To view the formularies listed below and see if your drugs are included in the plan you are considering, visit our website at **bcbsm.com/formularymedicare**.

Prescription Blue Select:

2027 Core Comprehensive Formulary

Prescription Blue Premium:

2027 Core Comprehensive Formulary

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.

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 the pharmacy directory. Phone numbers for Customer Service are on the back cover of this booklet.

For more information, please call us at the phone number below or visit us at **bcbsm.com/medicare**.

If you are not a member of this plan, call toll-free 1-888-563-3307. TTY users should call 711.

If you are a member of this plan, call toll-free 1-800-565-1770. TTY users should call 711.

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 9 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. Eastern time.

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.

Prescription Blue℠ PDP

Blue Cross Blue Shield of Michigan

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