

## **2025 Summary of Benefits**

### Medicare Prescription Drug Plan

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BlueMedicare Group Rx (Employer PDP)

BlueMedicare Elite Rx PDP

01/01/2025 - 12/31/2025

Stetson University #78164



The plans' service area includes:

**Nationwide**

The information provided is a summary of what we cover and what you pay. To get details about these Medicare prescription drug plans, call us and ask for the “Evidence of Coverage”. To get a complete list of the drugs we cover, call us and ask for the List of Covered Drugs (“Formulary”). You may also contact your former employer’s benefits administrator for the “Evidence of Coverage” and “Formulary”.

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 [www.medicare.gov](http://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.

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## **Who Can Join?**

You and your dependent(s) can join this plan if you are a retired employee of the group and the following conditions are met:

- You and your dependent(s) are entitled to Medicare Part A and/or enrolled in Medicare Part B,
- You and your dependent(s) live in the plan service area, and
- You are identified as an eligible participant by your former employer

Neither you nor your dependent(s) are eligible for this plan if:

- You are an active employee of the group, or
- You are a retired employee of the group with a dependent who is an active employee of the group and has coverage through the group's plan for active employees

Our service area is nationwide. It includes all fifty states, the District of Columbia and the United States territories.

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## **Which pharmacies can I use?**

- In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs
  - You can also use our mail-order pharmacy to have your prescription delivered to your home
  - Want to see if your pharmacy is in our pharmacy network, or if these plans cover your prescription drugs? Just visit our website at . At the top navigation, click Member Resources, then click Find a Pharmacy.
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## **Have Questions? Call Us**

- If you are a member of this plan, call us at 1-800-926-6565, TTY: 1-800-955-8770
- If you are not a member of this plan, call us at 844-BLUE-MED (844-258-3633), TTY: 1-800-955-8770.
  - From October 1 through March 31, we are open seven days a week, from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
  - From April 1 through September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time, except for major holidays.
- Or visit our website at

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## Important Information

Our plan groups each medication into a tier. The number of tiers may vary based on the plan you choose. 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.

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## Monthly Premium, Deductible and Limits

|                             |                                                                                                                                           |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly Plan Premium</b> | <p>\$183.39</p> <p>You must continue to pay your Medicare Part B premium.</p>                                                             |
| <b>Deductible</b>           | <ul style="list-style-type: none"><li>• <b>\$0</b> per year for Part D prescription drugs. There is no deductible for insulins.</li></ul> |

## Part D Prescription Drug Benefits

### Deductible Stage

This plan does not have a prescription drug deductible.

### Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year.

During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost (your copayment or coinsurance amount). You stay in the Initial Coverage Stage until your total out-of-pocket costs reach **\$2,000**. You then move on to the Catastrophic Coverage Stage. You may get your drugs at network retail pharmacies and mail order pharmacies.

| <i>See Evidence of Coverage for details</i> | <b>Standard Retail<br/>(31-day supply)</b> | <b>Mail Order<br/>(90-day supply)</b> |
|---------------------------------------------|--------------------------------------------|---------------------------------------|
| <b>Tier 1 - Preferred Generic</b>           | <b>\$0</b> copay                           | <b>\$0</b> copay                      |
| <b>Tier 2 - Generic</b>                     | <b>\$3</b> copay                           | <b>\$9</b> copay                      |
| <b>Tier 3 - Preferred Brand</b>             | <b>\$30</b> copay                          | <b>\$90</b> copay                     |
| <b>Tier 4 - Non-Preferred Drug</b>          | <b>\$60</b> copay                          | <b>\$120</b> copay                    |
| <b>Tier 5 - Specialty Tier</b>              | <b>33%</b> of the cost                     | <b>N/A</b>                            |

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

### Catastrophic Coverage Stage

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$2,000** limit for the calendar year. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.

### Additional Drug Coverage

- Please call us or see the plan's "Evidence of Coverage" on our website ([www.floridablue.com/medicare/forms](http://www.floridablue.com/medicare/forms)) for complete information about your costs for covered drugs. If you request and the plan approves a formulary exception, you will pay Tier 4 (Non-Preferred Drug) cost-sharing.
- Your cost-sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.

- Our plan covers most Part D vaccines at no cost to you including shingles, tetanus and travel vaccines.

## **Disclaimers**

Florida Blue is an Rx (PDP) plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

If you have any questions, please contact our Member Services number at (TTY users should call ). Our hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays.

Rx (PDP) coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association.

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. View the Discrimination and Accessibility Notice at [floridablue.com/ndnotice](https://floridablue.com/ndnotice), plus information on our free language assistance services. Or call 1-800-352-2583 (TTY: 1-800-955-8770).

Puede ver la notificación de no discriminación y accesibilidad, además de información sobre nuestros servicios gratuitos de asistencia lingüística en [floridablue.com/es/ndnotice](https://floridablue.com/es/ndnotice). O llame al 1-800-352-2583 (TTY: 1-877-955-8773).

## Multi-language Interpreter Services

**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 1-800-926-6565. (TTY users should call 1-800-955-8770). 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 1-800-926-6565 (TTY: 1-877-955-8773). 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 1-800-926-6565。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 1-800-926-6565。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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 Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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 بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-926-6565. سيقوم شخص ما يتحدث العربية مجاناً.

**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 1-800-926-6565 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 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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 1-800-926-6565. 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、1-800-926-6565 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。