



2019 SUPPLEMENTAL DRUG LIST

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2019

About supplemental drugs

Group MedicareBlue Rx includes a supplemental drug benefit that provides coverage for a number of drugs that are excluded from the Medicare Part D program. The full list of covered supplemental drugs as of January 1, 2019, appears on the next page. This supplemental coverage applies only to the drugs listed on the next page; drugs not on this list are not covered by your supplemental benefit.

You pay 25% coinsurance for these drugs. Since supplemental drugs are excluded from the Part D program, the amount you spend on supplemental drugs generally does not count toward your Part D annual out-of-pocket maximum. In addition, if you receive extra help to pay for your prescriptions, you will not get extra help to pay for these drugs. For this reason, please talk to your doctor to identify generic or alternate medications that are on the formulary.

This is not a complete list of drugs covered by our plan. For a complete listing, please call Customer Service at the number below or visit YourMedicareSolutions.com/group. This list of supplemental drugs is also available at YourMedicareSolutions.com/group or by calling Customer Service at the number below. If you have questions about this supplemental drug list, please contact Customer Service at the number listed below. If you have questions about your benefits, please call your benefits administrator or whoever answers benefit questions for your employer or union group.

Customer Service



Group MedicareBlue Rx: **1-877-838-3827**

TTY hearing impaired users call **711**

Help is available 8 a.m. to 8 p.m., daily, Central and Mountain times.



Or, visit YourMedicareSolutions.com/group

How to use this supplemental drug list

- ☛ You pay 25% coinsurance for these drugs.
- ☛ Only the drugs listed are covered by your supplemental drug benefit.
- ☛ Only generics are covered unless otherwise noted.
- ☛ Brand-name drugs shown in parentheses and capital letters (for example, TESSALON) are for reference only for the generic version that is covered. These brand-name drugs are **not** covered by your supplemental drug benefit.
- ☛ Your pharmacy may give you a generic equivalent rather than the brand-name drug or the specific name on the prescription from your doctor.

January 1, 2019 Supplemental Drug List

Category	Product Name
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Cough and cold products	
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	benzonatate 100 mg, 200 mg caps (generic for TESSALON)
	promethazine-codeine syrup 6.25-10 mg/5 mL
	promethazine-dextromethorphan syrup 6.25-15 mg/5 mL
	guaifenesin-codeine syrup 100-10 mg/5mL

Sexual dysfunction products	
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	CAVERJECT (alprostadil for inj kit)
	CIALIS (tadalafil tabs)*
	EDEX (alprostadil for inj kit)
	LEVITRA (vardenafil tabs)*
	MUSE (alprostadil urethral pellets)
	OSPHENA (ospemifine tabs)
	STAXYN (vardenafil ODT)*
	VIAGRA (sildenafil tabs)*
	*Quantity limit 6/month combined

Do you have a question or need more information?

Your Medicare prescription drug coverage is through a stand-alone Medicare prescription drug plan, Group MedicareBlue Rx. If you have questions about this drug formulary, please call Customer Service at the number listed on the front of this document.

Group MedicareBlue Rx (PDP) is a Medicare-approved Part D sponsor. 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,* 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 information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on January 1 of each year. The formulary may change at any time. You will receive notice when necessary.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-838-3827** (TTY: **711**).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-877-838-3827** (TTY: **711**).

MedicareBlue Rx 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

MedicareBlue Rx ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeeb cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.



Group
MedicareBlueSM Rx (PDP)
A Medicare Prescription Drug Plan