

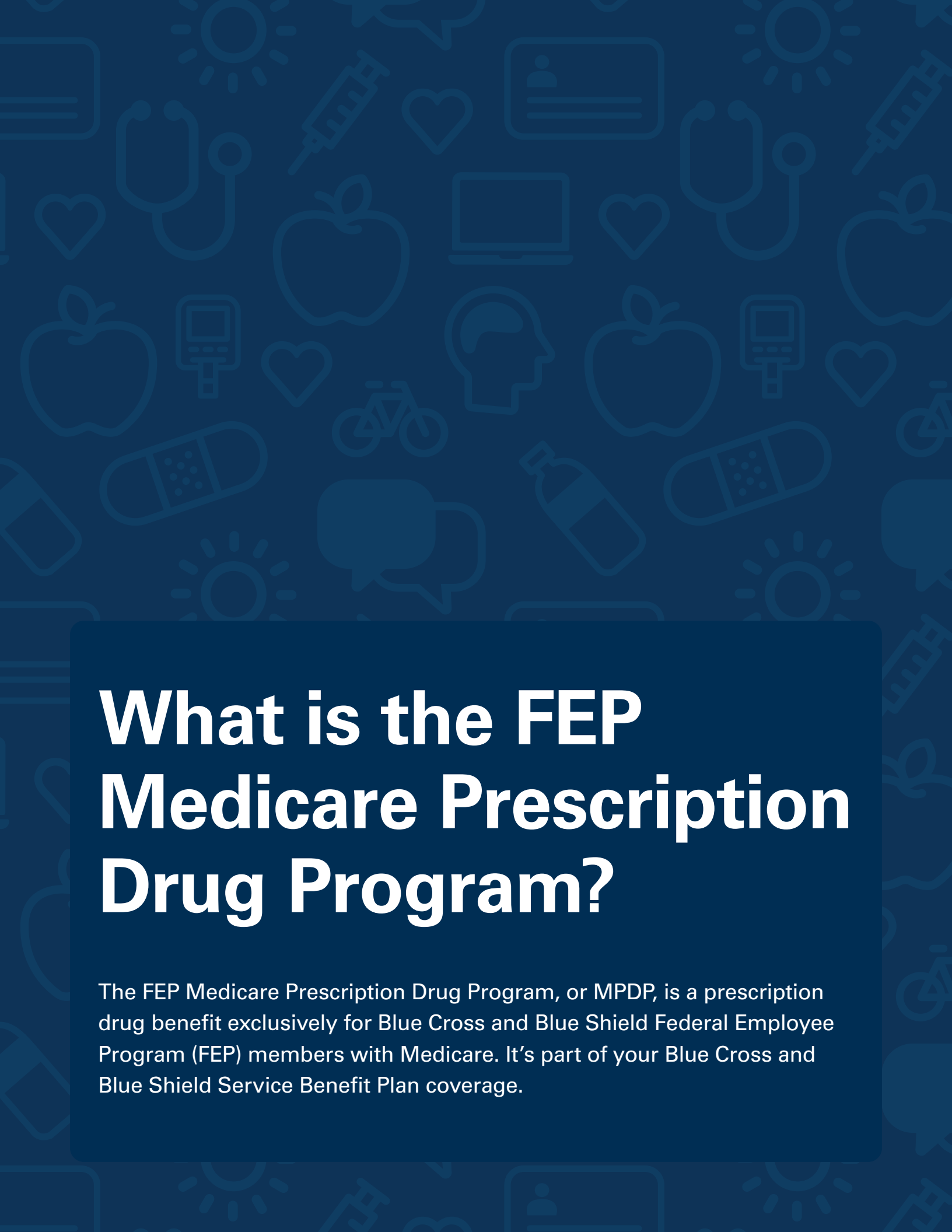
Get to know the  
**FEP MEDICARE PRESCRIPTION  
DRUG PROGRAM**



**Here to help you save on  
the prescriptions you need  
That's the Benefit of Blue.®**

  **BlueCross.  
BlueShield.**  
Federal Employee Program.®

**fepblue.org**



# What is the FEP Medicare Prescription Drug Program?

The FEP Medicare Prescription Drug Program, or MPDP, is a prescription drug benefit exclusively for Blue Cross and Blue Shield Federal Employee Program (FEP) members with Medicare. It's part of your Blue Cross and Blue Shield Service Benefit Plan coverage.

# Eligibility

You are eligible for MPDP if you are:



**An FEP member**



**Enrolled in Medicare Part A and/or Part B**



**A resident of the U.S. or a U.S. territory**

# Features

With MPDP, you:



**Continue to receive the same FEP health plan benefits you're used to**



**Have more approved prescription drugs than your current benefit**



**Get lower out-of-pocket costs for higher-cost drugs**



**Have a cap on the amount you pay out-of-pocket on prescriptions annually**



**Don't pay a separate premium for your prescription drug coverage\***

*\*You may need to pay an Income-Related Monthly Adjustment Amount (IRMAA) depending on your income level. Learn more at [medicare.gov](https://www.medicare.gov).*

# Drug tiers

MPDP has four drug tiers:

**Tier 1:  
Generic  
drugs**

**Tier 2:  
Preferred  
brand name**

**Tier 3:  
Non-preferred  
brand name**

**Tier 4:  
Specialty  
drugs**

# Your MPDP benefits compared to your benefits with Medicare today

FEP Blue Focus Pharmacy Benefits		
Benefit	Traditional FEP Pharmacy Benefit with Medicare Part B	FEP Medicare Prescription Drug Program
<b>In-network Retail Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 1: \$5</b> copay <b>Tier 2: 40%</b> of our allowance (\$350 max)	<b>Tier 1: \$5</b> copay <b>Tier 2: 40%</b> of our allowance (\$350 max) <b>Tier 3: 40%</b> of our allowance (\$350 max) <b>Tier 4: 40%</b> of our allowance (\$350 max)
<b>FEP Mail Service Pharmacy</b> <i>(for a 90-day supply)</i>	Not a benefit	Not a benefit
<b>FEP Specialty Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 2: 40%</b> of our allowance (\$350 max)	Your specialty drug benefits are in <b>Tier 4</b> (see above)
<b>Annual Pharmacy Out-of-Pocket Max</b>	Not a benefit	<b>\$3,250</b> per member

Basic Option Pharmacy Benefits		
Benefit	Traditional FEP Pharmacy Benefit with Medicare Part B	FEP Medicare Prescription Drug Program
<b>In-network Retail Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 1: \$10</b> copay <b>Tier 2: \$50</b> copay <b>Tier 3: 50%</b> of our allowance (\$60 min) <b>Tier 4: \$80</b> copay <b>Tier 5: \$100</b> copay	<b>Tier 1: \$10</b> copay <b>Tier 2: \$45</b> copay <b>Tier 3: 50%</b> of our allowance (\$60 min) <b>Tier 4: \$75</b> copay
<b>FEP Mail Service Pharmacy</b> <i>(for a 90-day supply)</i>	<b>Tier 1: \$20</b> copay <b>Tier 2: \$100</b> copay <b>Tier 3: \$125</b> copay	<b>Tier 1: \$15</b> copay <b>Tier 2: \$95</b> copay <b>Tier 3: \$125</b> copay <b>Tier 4: \$150</b> copay
<b>FEP Specialty Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 4: \$80</b> copay <b>Tier 5: \$100</b> copay	Your specialty drug benefits are in <b>Tier 4</b> (see above)
<b>Annual Pharmacy Out-of-Pocket Max</b>	Not a benefit	<b>\$3,250</b> per member

## Standard Option Pharmacy Benefits

Benefit	Traditional FEP Pharmacy Benefit with Medicare Part B	FEP Medicare Prescription Drug Program
<b>In-network Retail Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 1:</b> \$5 copay <b>Tier 2:</b> 30% of our allowance <b>Tier 3:</b> 50% of our allowance <b>Tier 4:</b> 30% of our allowance <b>Tier 5:</b> 30% of our allowance	<b>Tier 1:</b> \$5 copay <b>Tier 2:</b> 15% of our allowance <b>Tier 3:</b> 50% of our allowance <b>Tier 4:</b> \$60 copay
<b>FEP Mail Service Pharmacy</b> <i>(for a 90-day supply)</i>	<b>Tier 1:</b> \$10 copay <b>Tier 2:</b> \$90 copay <b>Tier 3:</b> \$125 copay	<b>Tier 1:</b> \$5 copay <b>Tier 2:</b> \$85 copay <b>Tier 3:</b> \$125 copay <b>Tier 4:</b> \$150 copay
<b>FEP Specialty Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 4:</b> \$65 copay <b>Tier 5:</b> \$85 copay	Your specialty drug benefits are in <b>Tier 4</b> (see above)
<b>Annual Pharmacy Out-of-Pocket Max</b>	Not a benefit	<b>\$2,000</b> per member



## What is an out-of-pocket maximum?

A unique benefit of MPDP is that you have an annual pharmacy out-of-pocket maximum. An out-of-pocket maximum is a cap (or maximum) on the amount you'll pay in copays and allowances. In the case of MPDP, it's a cap on the amount you'll pay for prescription drugs for the year.

That means if you're in **Standard Option**, you'd pay no more than \$2,000 annually on prescriptions per member in MPDP, and for **Basic Option** and **FEP Blue Focus**, you'd pay no more than \$3,250. Once you reach the maximum for the year, you pay **nothing** for your prescriptions for the rest of the year.

You still have an overall medical out-of-pocket maximum. Your MPDP pharmacy out-of-pocket maximum is part of it, not added to it.

See a helpful example of how this benefit keeps your costs down **on the next page**.



# Let's see an example of how the out-of-pocket maximum works



**Iwana B. Blue is a Basic Option member who currently does not have MPDP.**

They take three (3) generics, three (3) Preferred brand name drugs and two (2) non-preferred specialty drugs that they refill monthly. **Their annual medical out-of-pocket maximum is \$6,500.**

Cost of generics for the year	$\$10 \times 3 \times 12 = \$360$
Cost of Preferred brand name drugs for the year	$\$50 \times 3 \times 12 = \$1,800$
Cost of specialty drugs for the year	$\$100 \times 2 \times 12 = \$2,400$
<b>Total cost of prescriptions for the year</b>	<b>\$4,560</b>

Iwana pays the full \$4,560 because they haven't hit the \$6,500 medical out-of-pocket maximum.



**Iwana decides to enroll in MPDP in 2024.**

This includes the \$3,250 pharmacy out-of-pocket maximum for Basic Option members. Here's how their out-of-pocket costs change:

Cost of generics for the year	$\$10 \times 3 \times 12 = \$360$
Cost of Preferred brand name drugs for the year	$\$45 \times 3 \times 12 = \$1,620$
Cost of specialty drugs for the year	$\$75 \times 2 \times 12 = \$1,800$
<b>Total cost of prescriptions for the year</b>	<b>\$3,780</b>

Even though Iwana's total is \$3,780 for the year, **they will only pay \$3,250** due to the pharmacy out-of-pocket maximum.



This means, compared to what Iwana is paying now, **they will save over \$1,300 annually with the new MPDP prescription benefit.**

# How to get your prescriptions

You can order prescription refills at one of our 65,000+ in-network (Preferred) retail pharmacies or through the FEP Mail Service Pharmacy (Basic Option and Standard Option only).

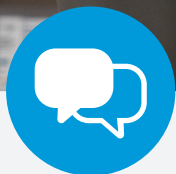
**What about specialty?** Specialty drugs are tier 4 drugs with MPDP. Depending on how the drug is dispensed, you can buy specialty drugs via retail or mail.

## Know if your drug is covered and what it costs

You can use the FEP Prescription Drug Cost tool during Open Season at [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx) to look up your specific drug(s) and how much it will cost at local pharmacies or the FEP Mail Service Pharmacy. You can also compare the cost to your current FEP prescription drug benefits.



To download the full formulary for your plan, visit [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx).



### Medication Therapy Management (MTM) Program

If you have complex prescription drug needs, this program is available to you to get support from a pharmacist. They'll help ensure you get the most out of your current drug therapy.

# Group Enrollment

We will automatically group enroll members who meet the following criteria by **October 1, 2023**:

**Have Medicare Part A *and* Part B primary**

**Do not have Medicare because of End-Stage Renal Disease (ESRD)**

*\*If you are enrolled in an existing Part D plan, enrolling in MPDP will disenroll you from that plan.*

## If you want MPDP

**You don't have to do anything.** You'll receive a letter letting you know that you're in the group enrollment. If we need any additional information, we'll send you a separate letter.

## If you don't want to be automatically enrolled

**You can opt out and keep your current FEP prescription drug benefits.** The group enrollment letter will provide you instructions on how to opt-out.



## What you need to know if you miss the opt-out deadline in the letter

After January 1, send us a copy of your completed disenrollment form available to download at [fepblue.org/medicarerx](https://fepblue.org/medicarerx). Once completed, send it by mail to: **PO Box 3539, Scranton, PA 18505**, or by fax to: **855-865-1817**.





## If you're not automatically enrolled and you want MPDP, you can still get it!

If you are not in the automatic enrollment and have Medicare, you can still enroll in MPDP. You can elect to enroll any time on or after November 13, 2023—the first day of Open Season. Download the enrollment form at [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx) or call **1-888-338-7737** (TTY: 711).



## Learn more

To learn more about the Medicare Prescription Drug Program, call **1-888-338-7737** (TTY: 711) or visit [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx).





**If you have questions about your new prescription drug coverage, call 1-888-338-7737 (TTY: 711).**



**That's the Benefit of Blue.®**

@fepblue



**fepblue.org**

*This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (FEP Blue Standard and FEP Blue Basic: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.*

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*The FEP Medicare Prescription Drug Program is a prescription drug plan with a Medicare contract. Enrollment in MPDP depends on contract renewal.*

*The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.*

MPDP101B2024