



Summary of Benefits

Horizon Medicare Blue Rx Saver (PDP)

January 1, 2022 – December 31, 2022

Service area for this plan includes: All 21 counties in New Jersey.

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This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of services we cover call us and ask for the "Evidence of Coverage."

If you are a member of this plan, call toll-free 1-800-391-1906 (TTY **711**).

We are available 24 hours a day, 7 days a week.

If you are not a member of this plan, call toll-free 1-888-765-7142 (TTY **711**).

You can also visit HorizonBlue.com/Medicare.

About our plan

Horizon Medicare Blue Rx Saver (PDP) is a Prescription Drug Plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live within our service area listed on the cover.

Network providers and pharmacies

Horizon Medicare Blue Rx Saver (PDP) has a network of pharmacies. You must generally use network pharmacies to fill your prescriptions for covered Part D Drugs. You can search for a network pharmacy online at HorizonBlue.com/pdp-pharmacy-search. You can always call us and we will send you a copy of the pharmacy directory.

For coverage and costs of Original Medicare, look in your "**Medicare & You 2022**" handbook. View it online at 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.

Premiums and Benefits		Horizon Medicare Blue Rx Saver (PDP)	
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Monthly Plan Premium	\$28.50 per month		
Annual Deductible	\$400 per year for Tiers 3, 4 and 5 for Part D prescription drugs.		

Prescription Drugs		Horizon Medicare Blue Rx Saver (PDP)	
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Initial Coverage	Standard Pharmacy One-month supply	Standard Mail Order Three-month supply
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment
Tier 2: Generic	\$6 copayment	\$9 copayment
Tier 3: Preferred Brand	\$45 copayment	\$135 copayment
Tier 4: Non-Preferred Drug	45% of the cost	45% of the cost
Tier 5: Specialty Tier	26% of the cost	Not offered

If you reside in a long-term facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap	The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050.
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Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.
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Horizon Insurance Company (“HIC”) has a Medicare contract to offer HMO, HMO-POS, PPO and Part D Medicare plans, including group-Medicare Advantage plans and group Part D Prescription Drug plans. Enrollment in HIC Medicare products depends on contract renewal. Products are provided by HIC. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. Both are independent licensees of the Blue Cross Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2021 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.