

Visit us at Groups.RxMedicarePlans.com.

Prospective members, please contact your benefits administrator.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Blue MedicareRx is a prescription drug plan with a Medicare contract.

Anthem Insurance Companies, Inc. (AICI), Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Vermont, and Blue Cross & Blue Shield of Rhode Island are the legal entities who have contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the Part D plan(s) noted and are the risk-bearing entities for the Blue MedicareRx plans.



Summary of Benefits Blue Medicare RxSM

Group Prescription Drug Plan
\$10/\$25/\$40 Plan

Si Para recibir esta información en otro formato, como en español, póngase en contacto con nosotros al numero telefónico que se muestra en este material.

Section 1 – Introduction

Introduction to the Summary of Benefits for Your Blue MedicareRx Group Plan

For January 1, 2009 - December 31, 2009

Thank you for your interest in Blue MedicareRx. Our plans are offered by Anthem Blue Cross and Blue Shield, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It does not list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Blue MedicareRx and ask for the “Evidence of Coverage” document.

Who Is Eligible to Join?

You can join the Medicare prescription drug coverage through Blue MedicareRx if you meet the following criteria:

- You are entitled to Medicare Part A and/or are enrolled in Medicare Part B
- Your permanent residence is within the United States
- You meet any additional eligibility requirements established by your current/former employer

Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan.

Does My Plan Cover Medicare Part B or Part D Drugs?

Blue MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where Can I Get My Prescriptions?

Blue MedicareRx has a large pharmacy network. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at Groups.RxMedicarePlans.com. Our Customer Service number is listed at the end of this introduction.

What Is a Prescription Drug Formulary?

A formulary is a list of drugs covered by Blue MedicareRx to meet patient needs. Periodically we will add, remove, or make changes to coverage limitations on certain drugs. These changes may affect the cost you pay for a certain drug.

We must notify affected members of the change at least 60 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 60 day supply of the drug. Visit our Web site at Groups.RxMedicarePlans.com for a current formulary listing.

If you are currently taking a drug that is not on our formulary, you may be eligible to receive a temporary supply of the drug. Contact Blue MedicareRx to request an exception or your physician may be able to substitute an alternative drug listed on our formulary. Call us for more details about our drug transition policy.

What Should I Do If I Have Medigap Insurance in Addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan.

If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan, and they will adjust your premium. Call your Medigap Issuer for details.

How Can I Get Help With My Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Blue MedicareRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay.

If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

What Are My Protections in This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. If your plan decides not to continue, you will be notified at least 90 days before your coverage will end and your options for Medicare coverage in your area will be explained. In the event that your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage.

As a member of Blue MedicareRx, you have the right to request a coverage determination if you believe that a Part D drug should be covered.

• The right to request an exception.

Exceptions are requested if there is a drug you need not listed on the formulary or you believe that you should get a non-preferred drug at a lower out-of-pocket price. An exception may also be requested based on cost utilization rules, such as a limit on the quantity of a drug. Your doctor must provide a statement to support an exception request. Contact Blue MedicareRx before filling your prescription to determine if you are eligible for an exception.

• The right to file an appeal.

If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

• The right to file a grievance.

You may file a grievance if you have any type of problem with Blue MedicareRx or one of our network pharmacies.

What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs.

You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue MedicareRx for more details.

Section 2 - Summary of Benefits

For questions about this plan's benefits, contact Blue MedicareRx for details.

Prescription Drugs: Drugs covered under your Medicare Part D Prescription Drug Plan

This plan uses a formulary. A Formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, and make changes to cover limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made.

People who have limited incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Services) facilities may have different out-of-pocket drug costs. Contact plan for details.

Blue MedicareRx

Annual Deductible		\$0
Drug Coverage		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$4,350 ¹ :
30-day supply at a network Retail pharmacy		
Tier 1	Generic*	\$10
Tier 2	Preferred Brand	\$25
Tier 3	Non-Preferred Brand	\$40
90-day supply at a network Retail pharmacy²		
Tier 1	Generic	\$30
Tier 2	Preferred Brand	\$75
Tier 3	Non-Preferred Brand	\$120
90-day supply through network Mail-Order pharmacy		
Tier 1	Generic	\$20
Tier 2	Preferred Brand	\$50
Tier 3	Non-Preferred Brand	\$80
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:
	Generic (including brand drugs treated as generic)	\$2.40 or 5%
	All other drugs	\$6.00 or 5%

¹All covered drugs are on the Blue MedicareRx formulary/drug list.

²Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

*Generics include Generic Benzodiazepines and Barbiturates.

General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. Your co-payment/coinsurance at out-of-network pharmacies are the same as at network pharmacies and depend on whether you purchase a Generic, Preferred Brand, Non-Preferred Brand or Specialty drug. However, if you go to an out-of-network pharmacy, you are responsible for the difference between the amount charged at the out-of-network pharmacy and what your plan would have paid at a network pharmacy.