

# BlueRx® (PDP)

Choices for Your Medicare Part D Prescription Drug Coverage



## Is BlueRx (PDP) Right for You?

BlueRx (PDP) may be right for you, if you need just prescription drug coverage and you have your medical coverage through either Original Medicare, Original Medicare and a Medicare Supplement Plan or a Medicare Advantage medical only plan (private fee-for-service or 1876 cost plans).

**BlueRx (PDP)** offers a choice of two Medicare Part D plans that cover prescription drugs only.

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## For Prescription Drug Coverage in Tennessee - the Choices are Blue.

BlueCross BlueShield of Tennessee offers you a choice of two prescription drug plans:

**Option I** features a \$220 deductible for generic and brand-name drugs. You pay a \$3 copay for preferred generic drugs during your Initial Coverage phase. This plan option has a standard formulary (list of covered drugs).

**Option II** features no deductible and a \$2 copay for preferred generic drugs during your Initial Coverage phase. This plan option has an expanded formulary. Preferred generic drugs are also covered during the coverage gap for Option II.

Both of our formularies include drugs in all drug classes covered by Medicare Part D. However, Option II's formulary covers more drugs than Option I's formulary. Please reference the enclosed 2010 Summary of Benefits for a full detailed listing of the benefits for these products.

## All BlueRx (PDP) plans offer:

**Guaranteed coverage.** You cannot be turned down regardless of how many medications you take. You also pay the same premium regardless of your age or the number of prescriptions you have.

An opportunity to change plans annually. Each year you have the opportunity to enroll in a different plan during the Annual Coordinated Election Period (see page 4 for more information). This means you have a chance to change your benefits as your prescription drug coverage needs change.

A nationwide pharmacy network. The BlueRx (PDP) pharmacy network includes a mix of locally-owned retail pharmacies and national chains. The network also includes retail, mail order, long-term care and home infusion pharmacies.

**Network discounts during the coverage gap.** During your coverage gap, there is limited gap coverage offered with the BlueRx (PDP) Option II product. During the coverage gap when the plan does not cover your presciptions and you pay 100 percent of your costs, you still get the BlueRx (PDP) discounted price when you use network pharmacies.

**Save time with mail order service.** Have your medications delivered right to your door at no extra charge.

## **Eligibility & Enrollment Periods**

## Are You Eligible for BlueRx (PDP)?

You may enroll in a BlueRx (PDP) plan if:

- You are entitled to Medicare Part A and B because of your age or disability.
- You are a resident of Tennessee or Alabama (Tennessee residents should contact BlueCross BlueShield of Tennessee. Alabama residents should contact Blue Cross and Blue Shield of Alabama.)
- You are enrolling during one of the enrollment periods outlined below.

You may only be enrolled in one Medicare Part D prescription drug plan at a time.

If you are enrolled in a Medicare Advantage plan, you may not enroll in BlueRx (PDP) unless you are enrolled in one of the following types of plans:

- A private fee-for-service plan that does not offer prescription drug coverage.
- A Medical Savings Account plan (MSA).
- An 1876 Cost plan.

## When Can You Enroll in a Medicare Prescription Drug Plan?

#### **Current Medicare Beneficiaries**

## Annual Coordinated Election Period: Nov. 15 to Dec. 31

Each year during this time, you can enroll in a standalone Prescription Drug Plan for coverage beginning on Jan. 1 of the following year.

#### **New Medicare Beneficiaries**

#### **Initial Coverage Election Period**

When you become eligible for Medicare because of your age or a disability, you have seven months to enroll in a Medicare Advantage Plan with or without prescription drug coverage or a standalone prescription drug plan. You may enroll at any time during the month you become eligible and the three months before and after. If you do not choose to enroll in a plan with prescription drug coverage during this time period, you may have to pay a penalty in the form of a higher premium to enroll later.

## **Limitations on Enrollment and Plan Changes**

Once the Annual Coordinated Election Period or your Initial Coverage Election Period has ended, you may not change your coverage until the next Annual Coordinated Election Period, unless you qualify for a Special Enrollment Period.

## **Special Enrollment Periods**

After you have enrolled in a plan, you may become eligible for a Special Enrollment Period for one of the following reasons:

- You move out of your plan's service area.
- Your plan does not renew its Medicare contract.
- Your plan's Medicare contract ends or it is no longer offered in your area.

Please call 1-800-292-5146 (TTY/TDD users should call: 1-877-664-6422) 8 a.m. to 9 p.m. ET seven days a week for more information. From March 1 to September 30, you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.

## **Important Information**

## **Medicare Prescription Drug Plans Contract for One Full Year**

All prescription drug plans with a Medicare contract agree to stay with the Medicare program for a full year at a time. The availability of coverage from a particular plan beyond the current year is not guaranteed.

If your plan leaves the Medicare program, or Medicare does not renew your plan's contract, you will receive notification 90 days in advance along with information about your other Medicare prescription drug coverage options.

## Financial Help for Prescription Drug Benefits Available

Depending on your income level, you may qualify for financial assistance with your Medicare prescription drug coverage. You could have all or a portion of your premium paid by Medicare. You may also qualify for lower copays for your prescription drugs.

Contact one of the following resources for more information:

- Your BlueCross BlueShield of Tennessee representative.
- Medicare: 1-800-MEDICARE, that is, 1-800-633-4227 (TTY/TDD users should call: 1-877-486-2048) 24 hours a day, seven days a week.
- Your state Medicaid office.
- The Social Security Administration office: 1-800-772-1213 (TTY/TDD users should call: 1-800-325-0778) between 7 a.m. to 7 p.m. Monday through Friday.

## **Disenrollment**

If you choose to enroll in a Medicare Advantage plan with prescription drug coverage or a different standalone prescription drug plan during the next Annual Coordinated Election Period, you will automatically be disensolled from your current plan with drug coverage.

There are several situations that may cause you to be disenrolled by your plan:

- You move out of your plan's service area.
- Your plan's Medicare contract ends.
- Your plan's service area changes and you do not live in the revised service area.

Disenrollment due to any of the above reasons entitles you to a Special Enrollment Period. You will be given other Medicare options and the opportunity to enroll in a new plan.

You can also be disenrolled if:

- You do not pay your premiums in a timely fashion.
- You do not abide by the terms and conditions of your plan.
- You knowingly provide false information on your enrollment application, or permit another individual to use your member ID card to receive services under the plan.

In any of the above cases you will be notified of your disenrollment, the effective date and the reason. You have a right to a hearing under our grievance procedures. See the Evidence of Coverage you receive when you enroll for more information.

Finally, you can be disenrolled if:

• You lose your entitlement to either Medicare Part A or Part B.

If you lose your entitlement, you will be notified by the Centers for Medicare & Medicaid Services. Your Medicare prescription drug coverage plan will automatically end on the date your entitlement ends.

## **How to Enroll**

## Follow These Instructions to Enroll in BlueRx (PDP). Have your Medicare ID card available:

- Find the BlueRx (PDP) enrollment form and enrollment form checklist located in the pocket of this brochure. (We have enclosed an extra form for your spouse if he or she is eligible and wishes to enroll.)
- 2. Complete the Personal Information and Medicare Information sections. Please print clearly.
- 3. Select the plan in which you wish to enroll by checking the box to the left of the plan name.
- 4. Answer all of the questions on the enrollment form.
- 5. Select your method of payment.
- 6. Carefully read the rest of the enrollment form, sign and date it.
- 7. The bottom copy of the form is yours to keep. Return the top copy along with the completed application checklist to your insurance agent or mail it to BlueRx (PDP) in the envelope provided.

Note: If you are applying during the Annual Coordinated Election Period, please do not submit your enrollment form until Nov. 15.

## **Enroll Online For BlueRx (PDP)**

You may enroll online through our Web site, www.bcbst-medicare.com.

You may also enroll in prescription drug plans through the Centers for Medicare & Medicaid Services Online Enrollment Center located at www.medicare.gov. For more information, contact BlueRx (PDP) at the phone numbers on the back of this brochure.

## When Will Your Coverage Become Effective?

## For Current Beneficiaries:

• If you enroll during the Annual Coordinated Election Period, your coverage will begin on Jan. 1 of next year.

#### For New Medicare Beneficiaries:

- If your enrollment form is received within the three months prior to the month you become eligible, your coverage will begin on the first day of the month you become eligible for Medicare.
- If your enrollment form is received during the month you become eligible or the following three months, your coverage will become effective the first day of the next month after the form is received.

## For Enrollment During Special Enrollment Periods

• Your coverage will become effective the first day of the month after your enrollment form has been received.

Note: We recommend that you submit your enrollment form as early in the month as possible. By doing so, you are more likely to have your ID card in time for easy access to your benefits when your coverage begins.



For More Information, please write, call or visit our Web site:

## BlueRx (PDP)

One Cameron Hill Circle Chattanooga, TN 37402

1-800-292-5146 8 a.m. to 9 p.m., Eastern Time, seven days a week. TTY/TDD users call: 1-877-664-6422

From March 1 to September 30 you may be required to leave a message on holidays and weekends.

Calls will be returned the next business day.

For Medicare plan ratings of this plan, please refer to http:/medicare.gov or you may contact us directly to request the ratings at the above numbers.

## www.bcbst-medicare.com

This document is available in alternative formats



One Cameron Hill Circle Chattanooga, TN 37402

bcbst-medicare.com

## A health plan with a Medicare contract

The benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; for more information contact the plan.

BlueRx (PDP) is a Regional Medicare prescription drug plan provided by Blue Cross and Blue Shield of Alabama and BlueCross BlueShield of Tennessee, Independent Licensee of the Blue Cross and Blue Shield Association BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association This document has been classified as public information