



## **BlueRx Summary of Benefits**

Option I

Option II

Option III



**Section One**  
**Introduction to the Summary of Benefits for BlueRx**  
**Option I, Option II, Option III**  
**January 1, 2007 - December 31, 2007**  
**State of Alabama, State of Tennessee**

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Thank you for your interest in BlueRx. Our plan is offered by Blue Cross and Blue Shield of Alabama and BlueCross BlueShield of Tennessee, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of your benefits, please call BlueRx and ask for the "Evidence of Coverage".

**You Have Choices In Your Medicare Prescription Drug Coverage**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like BlueRx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

**How Can I Compare My Options?**

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by BlueRx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

**Where Is BlueRx Available?**

The service area for this plan includes: Alabama and Tennessee. You must live in one of these areas to join this plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

**Who Is Eligible To Join?**

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. 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 Medicare Private Fee-For-Service plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

## **Does My Plan Cover Medicare Part B Or Part D Drugs?**

BlueRx 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?**

BlueRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescription 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 call Customer Service for an up-to-date list.

## **What Is A Prescription Drug Formulary?**

BlueRx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how 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. We will send a formulary to you and you can see our complete formulary on our Web site at [www.BlueRx.com](http://www.BlueRx.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **What Should I Do If I Have Other 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 plan 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 the premium. Call your Medigap Issuer for details.

If you or your spouse has or is able to get employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join BlueRx. Get this information before you decide to enroll.

## **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 BlueRx, 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. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of BlueRx, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

## 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.

### **Please call BlueRx for more information about this plan.**

Visit us at [www.BlueRx.com](http://www.BlueRx.com), or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday  
7:00 a.m. – 8:00 p.m. Central Time

Current Tennessee Members should call 1-888-311-7508.  
(TTY/TDD 1-800-257-3384)

Prospective Tennessee Members should call 1-800-292-5146.  
(TTY/TDD 1-877-664-6422)

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](http://www.medicare.gov) on the web.

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

## Section Two Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact BlueRx.

BENEFITS	BlueRx Option I	BlueRx Option II	BlueRx Option III
<b>Outpatient Prescription Drugs</b>	<p>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, make changes to coverage 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. We will send a formulary to you, and you can see our complete formulary on our website at <a href="http://www.BlueRx.com">www.BlueRx.com</a>.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>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, make changes to coverage 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. We will send a formulary to you, and you can see our complete formulary on our website at <a href="http://www.BlueRx.com">www.BlueRx.com</a>.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>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, make changes to coverage 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. We will send a formulary to you, and you can see our complete formulary on our website at <a href="http://www.BlueRx.com">www.BlueRx.com</a>.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>

BENEFITS	BlueRx	BlueRx	BlueRx
	Option I	Option II	Option III
<b>Deductible</b>	There is no deductible.	There is no deductible.	You pay a \$250 yearly deductible.
<b>Initial Coverage</b>	Before the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay the following for prescription drugs:	After you have paid your yearly deductible and before the total yearly costs (paid by both you and your plan) reach \$2400, you pay the following for prescription drugs:
<b>In-Network Retail Pharmacy</b>	<ul style="list-style-type: none"> <li>• \$5 for a one month (30 day) supply of Tier 1 drugs</li> <li>• \$30 for a one month (30 day) supply of Tier 2 drugs</li> <li>• \$55 for a one month (30 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 4 drugs</li> <li>• \$15 for a three month (90 day) supply of Tier 1 drugs</li> <li>• \$90 for a three month (90 day) supply of Tier 2 drugs</li> <li>• \$165 for a three month (90 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 4 drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 for a one month (30 day) supply of Tier 1 drugs</li> <li>• \$30 for a one month (30 day) supply of Tier 2 drugs</li> <li>• \$55 for a one month (30 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 4 drugs</li> <li>• \$15 for a three month (90 day) supply of Tier 1 drugs</li> <li>• \$90 for a three month (90 day) supply of Tier 2 drugs</li> <li>• \$165 for a three month (90 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 4 drugs</li> </ul>	<ul style="list-style-type: none"> <li>• 25% coinsurance for a one month (30 day) supply of Tier 1 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 2 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 4 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 1 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 2 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 4 drugs</li> </ul>

BENEFITS	BlueRx	BlueRx	BlueRx
	Option I	Option II	Option III
<b>Mail Order</b>	<ul style="list-style-type: none"> <li>• \$5 for a one month (30 day) supply of Tier 1 drugs</li> <li>• \$30 for a one month (30 day) supply of Tier 2 drugs</li> <li>• \$55 for a one month (30 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 4 drugs</li> <li>• \$12.50 for a three month (90 day) supply of Tier 1 drugs</li> <li>• \$75 for a three month (90 day) supply of Tier 2 drugs</li> <li>• \$137.50 for a three month (90 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 4 drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 for a one month (30 day) supply of Tier 1 drugs</li> <li>• \$30 for a one month (30 day) supply of Tier 2 drugs</li> <li>• \$55 for a one month (30 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 4 drugs</li> <li>• \$12.50 for a three month (90 day) supply of Tier 1 drugs</li> <li>• \$75 for a three month (90 day) supply of Tier 2 drugs</li> <li>• \$137.50 for a three month (90 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 4 drugs</li> </ul>	<ul style="list-style-type: none"> <li>• 25% coinsurance for a one month (30 day) supply of Tier 1 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 2 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a one month (30 day) supply of Tier 4 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 1 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 2 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 3 drugs</li> <li>• 25% coinsurance for a three month (90 day) supply of Tier 4 drugs</li> </ul>
<b>Coverage After you Reach Your Initial Coverage Limit</b>	<p>After the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3850.</p>		<p>After the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3850.</p>
<b>In-Network Retail Pharmacy</b>	<p>You pay the following:</p> <ul style="list-style-type: none"> <li>• \$5 for a one month (30 day) supply of Tier 1 drugs</li> <li>• \$15 for a three month (90 day) supply of Tier 1 drugs</li> </ul>		

BENEFITS	BlueRx	BlueRx	BlueRx
	Option I	Option II	Option III
Mail Order		<ul style="list-style-type: none"> <li>• \$5 for a one month (30 day) supply of Tier 1 drugs</li> <li>• \$12.50 for a three month (90 day) supply of Tier 1 drugs</li> </ul> <p>For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3850.</p>	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for generic (including brand drugs treated as generic) and</li> <li>• \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for generic (including brand drugs treated as generic) and</li> <li>• \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for generic (including brand drugs treated as generic) and</li> <li>• \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>

## BENEFITS

### BlueRx

#### Option I

### BlueRx

#### Option II

### BlueRx

#### Option III

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#### 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 BlueRx 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. You may also incur an additional cost for drugs received at an out-of-network pharmacy. Please contact the plan for details.

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## Section Three

# Summary of Benefits

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### Important Information on BlueRx Prescription Drug Plans

#### **BlueRx Plan Options Use Different Formularies (List of Covered Drugs)**

**The Option I Formulary** covers approximately 2,400 Medicare Part D approved drugs. This option covers fewer drugs than Options II and III.

**The Option II and III Formulary** covers **all** Medicare Part D approved drugs. These options cover more drugs than Options I.

To see if your drugs are covered, please call BlueRx or visit our Web site at [www.BlueRx.com](http://www.BlueRx.com).

#### **Things You and Your Doctor Need to Consider When Choosing a Tier 4 Drug**

For a few Tier 4 drugs, you may be required to try lower tier alternatives before these drugs are covered. This requirement will be noted in your plan's formulary and it only applies to a few of the drugs in this tier. If the lower tier drugs do not work for you, your doctor can submit an authorization request for the Tier 4 drug.

#### **Medication Therapy Management**

If you take medications for high blood pressure and/or diabetes, you may be selected to participate in our Medication Therapy Management program. This program was designed to help you learn how to control your condition with medication and lifestyle choices and improve your quality of life. You'll receive education and assistance from a participating pharmacist in your area. This is a voluntary program that BlueRx may offer to you at no additional charge for as long as you are a member of the BlueRx plan.

#### **Transition Policy**

If you were previously enrolled in a Medicare Part D plan, you may be taking drugs that are not on your new BlueRx plan's formulary. Or you may be taking drugs that require trying other drugs first (step therapy) or prior authorization. The following transition policy has been developed to help you make a smooth change to a new prescription drug plan.

You may receive a one-time 30-day temporary supply of any non-formulary drug at any time during the first 90 days of your enrollment in the new plan.

If you are refilling a medication covered by your previous prescription drug plan and that medication is not on your new plan's formulary, you will receive up to a 30-day supply to ensure that you do not experience interruption in medically necessary medication therapy or do not inappropriately pay additional cost sharing. A 30-day refill will also be provided for refills of Medicare Part D drugs that are on your new plan's formulary but require prior authorization or step therapy under a plan's utilization management rules.

You may pay a Tier 3 copay for a temporary supply. However, if you qualify for the low-income subsidy, your copay for this temporary supply will not exceed the maximum copay amounts that apply to you.

If you received a temporary supply of a non-formulary medication (including Medicare Part D drugs that are on a plan's formulary but require prior authorization or step therapy), you will be sent notice in writing within three business days of the temporary fill to give you time to talk with your doctor about switching to a therapeutically equivalent medication on your new plan's formulary. The notification may include:

- An explanation of the temporary nature of the transition supply you have received.
- Instructions for working with the BlueRx and your doctor to identify appropriate therapeutic alternatives on the formulary list.
- An explanation of your right to request formulary exception and a description of the procedure to request a formulary exception.

BlueRx will make determination of coverage and/or grievance within 72 hours. Furthermore, determination of appeals will be turned around within 7 days of receipt in order to ensure that you receive your medication in a timely fashion.

If you are a resident of a long term care facility, BlueRx will allow a temporary supply of non-formulary Medicare Part D drugs, which include Medicare Part D drugs listed on a plan's formulary but require prior authorization or step therapy under a plan's utilization management rules, for at least 31 days (unless the prescription is written for less than 31 days). If you are a new member, BlueRx will also honor multiple fills of non-formulary and formulary medications that require prior authorization and/or step therapy as necessary during the entire length of the 90-day transition period. In addition, BlueRx will continue to provide an emergency supply of the aforementioned formulary and non-formulary medications outside the standard 90-day transition period, when an exception is being processed.

Additionally, if you are admitted to a long term care facility, discharged from the hospital or a long term care facility, or have a change in medication dose that receives a "too soon" denial for a new prescription or dosage form, your medication will be filled.









[bcbst-medicare.com](http://bcbst-medicare.com)

P.O. Box 180205

Chattanooga, TN 37402

A health plan with a Medicare contract.

BlueRx is a Regional Medicare prescription drug plan provided by Blue Cross and Blue Shield of Alabama and BlueCross BlueShield of Tennessee,  
Independent Licensees of the Blue Cross and Blue Shield Association  
BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association  
® Registered marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans  
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