



2014 Plan Brochure

Blue MedicareRxSM (PDP)

Prescription coverage to fit your needs.



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

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Thank you for your interest in our 2014 prescription drug plans!

We offer two plans to choose from: Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP). Some key features¹ of each plan include:

Blue MedicareRx Value Plus:

- \$1 copay for a 30-day supply of Tier 1 Preferred Generic drugs at a preferred network retail pharmacy or a 90-day supply through mail order service
- \$0 annual deductible on Tier 1 Preferred Generic drugs and Tier 2 Non-preferred Generic drugs

Blue MedicareRx Premier:

- \$0 Annual deductible on all covered drugs
- Plan coverage of many generics through the Coverage Gap

1. Check page 12 for more details on benefits provided by these plans.

Medicare Part D Basics

Medicare Part D is prescription drug coverage that is available to you if you are eligible for Medicare. This prescription drug benefit is administered by private insurance companies like Blue Cross Blue Cross & Blue Shield of Rhode Island that contract with the Centers for Medicare and Medicaid Services (CMS).

How Part D works (information provided below is specific to 2014)

In addition to the monthly premium, Medicare Part D plans have four different stages: annual deductible (if applicable), initial coverage, coverage gap, and catastrophic coverage. Here's how they work:

Stage	How Coverage Works
Annual Deductible (if applicable)	The Blue MedicareRx Value Plus (PDP) plan has an annual deductible which does not apply to Tier 1 Preferred Generic drugs and Tier 2 Non-Preferred Generic drugs, so as a member you get “first dollar coverage” for drugs on these tiers. The Blue MedicareRx Premier (PDP) plan has no annual deductible. Refer to the Plan Comparison Chart on page 12 for more details.
Initial Coverage	There is a \$2,850 initial coverage limit (includes your copayments, co-insurance and payments made by the plan) for covered prescriptions.
Coverage Gap	<p>There is a coverage gap that starts once total drug costs (member and plan payments) reach \$2,850 and ends when your out-of-pocket prescription drug costs reach \$4,550.</p> <p>When you are in the Coverage Gap stage, you pay 47.5% of the negotiated price (excluding dispensing fees) for brand-name drugs. You will also pay 72% of the costs of generic drugs. You continue paying 47.5% of the negotiated price (excluding dispensing fees) for brand-name drugs and 72% of the costs of generic drugs until yearly out-of-pocket costs paid by you and others on your behalf reach \$4,550. The payments made on your behalf (excludes payments made by Blue MedicareRx) count towards your True Out-of-Pocket Costs (TrOOP).</p> <p>Note: Aside from the standard coverage offered by Medicare described above, Blue MedicareRx Premier provides coverage in the gap for Tier 1 Preferred Generic drugs and Tier 2 Non-Preferred Generic drugs. As a member, you continue to pay the plan's copays for these drugs in the coverage gap.</p>
Catastrophic Coverage	Takes effect after you and others on your behalf have paid \$4,550 in annual out-of-pocket prescription costs.



Am I eligible?

You are eligible for Medicare prescription drug coverage and Blue MedicareRx membership if:

- You are entitled to Medicare Part A and/or enrolled in Part B.
- You permanently reside within the Blue MedicareRx service area.²
- You are not enrolled, or do not plan to stay enrolled, in another Medicare Prescription Drug Plan or Medicare Advantage plan with Part D prescription coverage.

What if I already have drug coverage?

Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time. If you already have a Medicare Advantage plan or other insurance that includes Part D coverage, you will be automatically disenrolled from your current Medicare Advantage or Part D plan.

If you get your healthcare benefits from TRICARE® or the U.S. Department of Veterans Affairs, joining a Medicare Prescription Drug Plan might not be a cost-effective option, unless you qualify for Extra Help. Contact your benefits administrator to compare your options. If you get your coverage through your employer or union, please also contact your benefits administrator before making any changes.

2. A service area is the area where Blue MedicareRx accepts and enrolls members. The service area for Blue MedicareRx is Central New England: Connecticut, Massachusetts, Rhode Island, and Vermont.

Why Blue MedicareRx?

Blue MedicareRx is a standalone prescription drug plan offered by Blue Cross & Blue Shield of Rhode Island in a joint enterprise with Anthem Insurance Companies, Inc., Blue Cross & Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Vermont. Our Blue MedicareRx plans offer you the flexibility, service, and support that you need in a Medicare Part D plan.

Great service and support

Through Blue MedicareRx, your prescription drug coverage is backed by the Blue Cross and Blue Shield brand and the experience to offer you high-quality service and support. Our representatives are available to answer your questions seven days a week, so whether you're new to Medicare Part D or switching plans, you'll find we make it easy for you to get the coverage that's right for you.

Just call **1-800-505-2583** (TTY/TDD: 711) **24 hours a day, 7 days a week**. Or visit us online anytime at www.RxMedicarePlans.com.

More pharmacies to choose from nationwide

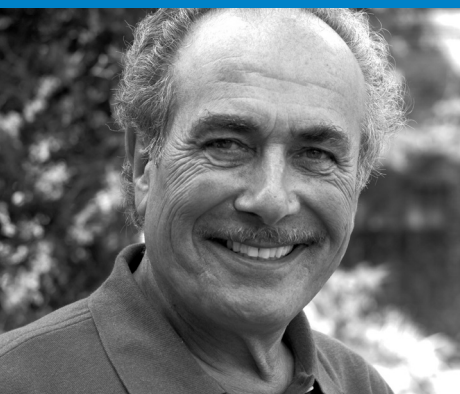
With more than 68,000 pharmacies in our network—including national chains and independent pharmacies—you'll have the freedom to travel anywhere in the United States with the confidence that you can use your coverage when and where you need it. Check page 10 for more details on our pharmacy network.

You'll have the security of knowing that Blue Cross & Blue Shield of Rhode Island has been providing peace of mind to members for more than 75 years. Be a part of a family you can trust and rely on for your Medicare Part D needs.

Plans that fit your needs

We offer you a choice of two Blue MedicareRx plans with different premiums, coverage levels, and out-of-pocket costs: Blue MedicareRx Value Plus and Blue MedicareRx Premier. Our Blue MedicareRx plans offer great service, access to more than 68,000 network pharmacies nationwide and mail-order savings.

	Blue MedicareRx Value Plus	Blue MedicareRx Premier
Large network of Retail Pharmacies	●	●
Preferred Network Retail Pharmacies	●	
Mail-Order Service	●	●
Includes most Medicare Part D eligible generic drugs	●	●
Standard Coverage Through Medicare Coverage Gap Discount Program	●	●
Plan Coverage for Tier 1 Preferred Generic Drugs and Tier 2 Non-Preferred Generic Drugs in the Coverage Gap		●



More for Less

Plan | Blue MedicareRx Value Plus

Paul wants a plan with a lower monthly premium and an option to save on his prescription copays if he goes to a preferred network retail pharmacy, so he chooses the Blue MedicareRx Value Plus plan.



We're here when you need us.

We are dedicated to providing you with outstanding service. If you have any questions about Blue MedicareRx, please call 1-800-505-2583, TTY/TDD: 711. Or visit us online at www.RxMedicarePlans.com.

Frequently Asked Questions

Enrolling in a Blue MedicareRx Plan

Q: How can I enroll?

A: You can enroll by:

- Filling out and mailing a paper application.
- Filling out an online application on our website at www.RxMedicarePlans.com.
- Completing an application by phone. Call us at **1-800-505-2583**, **TTY/TDD: 711**.
- Calling **1-800-MEDICARE (1-800-633-4227)**, TTY: 1-877-486-2048, 24 hours a day, 7 days a week or visiting www.medicare.gov.

Q: When can I enroll?

A: You may enroll in a Blue MedicareRx plan only during specific times of the year.

Initial Enrollment Period

The Initial Enrollment Period is the period when you first become Medicare eligible because:

- You turn 65 (3 months before your birthday month and 3 months after)
- You qualify due to disability or end-stage renal disease (3 months before to 3 months after your 25th month of disability)

Annual Election Period

The Annual Election Period occurs October 15 through December 7 in 2013.

- During this time, you may enroll in or change Medicare prescription drug plans. Coverage will be effective January 1 of the following year.

Special Enrollment Period

A Special Enrollment Period is available in certain situations, such as:

- Permanently moving into our plan's service area, losing employer group prescription drug coverage, qualifying for Extra Help, or if you become eligible for both Medicare and Medicaid. If you think you may be eligible for a Special Enrollment Period, contact your current plan or call us at **1-800-505-2583**, **TTY/TDD: 711**.



The most coverage of any Blue MedicareRx plan.

Plan | Blue MedicareRx Premier

Tom wants a plan with no deductible and more extensive coverage of her generic medications even after she's reached the coverage gap, so she chooses Blue MedicareRx Premier.

- Medicare Advantage enrollees may disenroll from their plan and return to Original Medicare between January 1 and February 14. If you are a Medicare Advantage enrollee and you decide to leave the plan to return to Original Medicare during this period, you may join a standalone prescription drug plan like Blue MedicareRx.

Q: What is the late enrollment penalty?

A: If you choose not to enroll in a Medicare Prescription Drug Plan during your initial enrollment period, you may be subject to a late enrollment penalty when you do enroll. The penalty is one percent of the national average monthly premium for each month you were eligible but were not enrolled. The penalty will be added to your premium for as long as you are enrolled in a Medicare Prescription Drug Plan.

Q: Is financial assistance available?

A: If you need financial assistance covering your Prescription Drug Plan costs, you may be eligible to receive Extra Help, including reduced premiums, deductibles, copayments, and co-insurance. If you qualify for Extra Help, Medicare will tell us how much assistance you will receive when you enroll in our plan, and we will inform you of the amount you will be responsible for paying.

To see if you qualify for Extra Help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week
- The Social Security Administration at **1-800-772-1213 (TTY: 1-800-325-0778)** between 7:00 a.m. and 7:00 p.m. ET, Monday through Friday
- Your state Medicaid office

Drug Coverage

Q: What drugs are covered?

A: For a full listing of covered drugs, visit www.RxMedicarePlans.com or call **1-800-505-2583, TTY/TDD: 711**. If drugs are removed from the list during the year, we will notify affected members of the change in writing and online at www.RxMedicarePlans.com at least 60 days before the change is effective.

Q: What if I'm currently taking a drug that is not on the drug list?

A: If you're taking a drug that is not on our formulary, you should first contact us and confirm that your drug is not covered. You can ask us for a list of similar drugs that are covered by our plan. You can also ask us to make an exception to cover your drug. We encourage you to talk to your doctor to determine the course of action that best suits your needs. We may cover your drug in certain cases during the first 90 days you are a member of our plan. Visit www.RxMedicarePlans.com or call **1-800-505-2583, TTY/TDD: 711** for details about how to request a formulary exception and to find out about our transition supply policy.



Pharmacy Network

What pharmacies can I use?

Blue MedicareRx has a broad network of more than 68,000 pharmacies. You must use a network pharmacy to access your prescription drug benefits, except under non-routine circumstances (e.g., a medical emergency or urgent care, or when a network pharmacy is unavailable). Quantity limitations and restrictions may apply.

What is a Preferred Pharmacy Network?

Out of the 68,000 pharmacies in our network, more than 14,000 are considered preferred network retail pharmacies for the Blue MedicareRx Value Plus plan. You pay lower co-pays at these pharmacies than at other network pharmacies.

What Pharmacies are included in the Preferred Network for Blue MedicareRx Value Plus?

Enjoy cost-savings in the form of lower co-pays at the preferred network retail pharmacies which include:

- CVS
- Health Mart
- Kinney
- Medicap
- Medicine Shoppe
- Stop & Shop

Types of network pharmacies:

- Retail pharmacies
- Mail-order pharmacies
- Long-term care pharmacies
- Home-infusion pharmacies
- Indian Health and Indian Tribal pharmacies

Visit our website www.RxMedicarePlans.com to locate a pharmacy in our network.

Formulary Coverage:

We offer coverage for an extensive list of generic and brand-name drugs. The chart below outlines the drug/formulary tiering structure for the Blue MedicareRx plans.

Remember:

In general, many drugs on the higher tiers have lower-cost options available on the lower tiers. Ask your doctor if they could work for you.

Save with convenient mail-order service.

Have your prescriptions delivered right to your home and save time and money. Your copayment for a 90-day supply of Tier 1 Preferred Generic drugs through mail-order service will be the same as a 30-day supply at retail. Overall, your copayment for a 90-day supply through mail-order service will be significantly less than three 30-day copayments at a retail pharmacy.

2014 Drug Tier Label	What it includes for Blue MedicareRx Value Plus	What it includes for Blue MedicareRx Premier
Tier 1: Preferred Generic	Certain generic drugs that are available at the lowest copayment	
Tier 2: Non-Preferred Generic	Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	
Tier 3: Preferred Brand	Many common brand-name drugs and some higher cost generic drugs , many of which may have lower cost options available on Tier 1 or Tier 2.	Many common brand-name drugs , many of which may have lower cost options available on Tier 1 or Tier 2.
Tier 4: Non-Preferred Brand	Non-preferred generic and non-preferred brand-name drugs , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3.	Non-preferred brand-name drugs , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3.
Tier 5: Specialty	Unique and/or very high-cost drugs of which you pay a percentage of the total drug cost	

2014 Blue MedicareRx Plan Comparison Chart

	Blue MedicareRx Value Plus	Blue MedicareRx Premier
Monthly Premium³	\$33.30	\$99.70
Annual Deductible	\$0 (Tier 1 & Tier 2) \$225 (Tier 3, Tier 4 & Tier 5)	\$0
Initial Coverage⁴ A copayment or co-insurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$2,850. Any deductible, copayments, or co-insurance you pay counts toward the \$2,850.	Preferred Network Pharmacy 30-Day Supply Retail Tier 1: \$1 Tier 2: \$6 Tier 3: \$35 Tier 4: \$85 Tier 5: 27%	Other Network Pharmacy 30-Day Supply Retail Tier 1: \$4 Tier 2: \$12 Tier 3: \$45 Tier 4: \$95 Tier 5: 27%
	90-Day Supply Mail-Order Tier 1: \$1 Tier 2: \$12 Tier 3: \$70 Tier 4: \$170 Tier 5: N/A ⁵	30-Day Supply Retail Tier 1: \$4 Tier 2: \$9 Tier 3: \$30 Tier 4: \$70 Tier 5: 33%
Coverage Gap The cost for covered prescription drug expenses between \$2,850 in drug costs and \$4,550 in annual out-of-pocket costs.	For covered generics, you pay 72% of the costs. For covered brands, you pay 47.5% of the negotiated price (excluding dispensing fees)	For covered generics, you pay: 30-Day Supply Retail Tier 1: \$4 Tier 2: \$9 90-Day Supply Mail-Order Tier 1: \$4 Tier 2: \$18
		For covered generics on other tiers, you pay 72% of the costs For covered brands, you pay 47.5% of the negotiated price (excluding dispensing fees)
Catastrophic Coverage The cost for covered prescription drugs after you and others on your behalf have paid \$4,550 in annual out-of-pocket costs. You pay a flat-dollar amount or 5%, whichever is greater.	Covered Generics (including brand drugs treated as generic) \$2.55 or 5% whichever is greater All others: \$6.35 or 5% whichever is greater.	Covered Generics (including brand drugs treated as generic) \$2.55 or 5% whichever is greater All others: \$6.35 or 5% whichever is greater.

3. You must continue to pay your Medicare Part B premium.

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

5. Specialty Tier drugs are not available at an extended day supply.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.

Limitations, copayments, and restrictions may apply.

Materials are available in large print format.

To order by mail, write to:

Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2699

To order by phone call:

Blue MedicareRx at **1-800-505-2583, TTY/TDD: 711.**

