

# 2015 Plan Information Blue MedicareRx<sup>SM</sup> (PDP)



Prescription coverage to fit your needs.



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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

2015  
prescription  
drug plans

We offer two plans for you to choose from: Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP). Some key features<sup>1</sup> of each plan include:

**Blue MedicareRx  
Value Plus**

**\$1**  
**copay**

for a 30-day supply of Tier 1 Preferred Generic drugs at a network retail pharmacy that offers preferred cost-sharing or a 90-day supply through mail order service

**- Also -**

**\$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

**- Also -**

**Plan coverage of Tier 1 Preferred Generic drugs and Tier 2 Non-preferred Generic drugs in the Coverage Gap**

1. Check pages 6 and 7 for more details on benefits provided by these plans.

# Why Blue MedicareRx?

Blue MedicareRx is a stand-alone prescription drug plan offered by Blue Cross & Blue Shield of Rhode Island in a joint enterprise with Blue Cross Blue Shield of Massachusetts, Anthem Insurance Companies, 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 a long-standing history of offering you high-quality service and support. Our representatives are available to answer your questions and offer suggestions, 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](http://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 4 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 plan you can trust and rely on for your Medicare Part D needs.



**68,000**  
pharmacies in our network

### 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	■	■
Network Retail Pharmacies with Preferred Cost-Sharing	■	
Mail-Order Service	■	■
Includes most Medicare Part D eligible generic drugs	■	■
Availability of most commonly-used generic drugs at the lowest copayment (Tier 1)	■	■
Standard Coverage Through Medicare Coverage Gap Discount Program	■	■
Additional Plan Coverage for Tier 1 Preferred Generic Drugs and Tier 2 Non-Preferred Generic Drugs in the Coverage Gap		■

# Pharmacy Network

## What pharmacies can I use?

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.

### Types of network pharmacies

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

## What is Preferred Cost-Sharing for the Blue Medicare Rx Value Plus Plan?

Out of the 68,000 pharmacies in our network, more than 15,000 of these pharmacies offer preferred cost-sharing for the Blue MedicareRx Value Plus plan. You pay lower copays at these pharmacies than at network pharmacies that offer standard cost-sharing.

## What Pharmacies offer preferred cost-sharing for Blue MedicareRx Value Plus?

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



Visit our Web site [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) to locate a pharmacy in our network.

Other pharmacies are available in our network.



### More for Less Blue MedicareRx Value Plus

Paul wants:

- ✓ lower monthly premium
- ✓ option to pay less at a network retail pharmacy that offers preferred cost-sharing

Paul's Choice:

Blue MedicareRx Value Plus Plan



# Formulary Coverage

We offer coverage for a comprehensive number 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.

You pay the same Tier 1 copayment for a 30-day retail supply and a 90-day mail order supply.

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.

2015 Drug Tier Label	Blue MedicareRx Value Plus	Blue MedicareRx Premier
Tier 1: Preferred Generic Drugs	Certain <b>generic drugs</b> that are available at the lowest copayment	
Tier 2: Non-Preferred Generic Drugs	Higher cost <b>generic drugs</b> available at a higher copayment than Tier 1 generic drugs	
Tier 3: Preferred Brand Drugs	Common <b>brand-name drugs</b> and some higher cost <b>generic drugs</b> , many of which may have lower cost options available on Tier 1 or Tier 2.	Common <b>brand-name drugs</b> , many of which may have lower cost options available on Tier 1 or Tier 2.
Tier 4: Non-Preferred Brand Drugs	Non-preferred <b>generic</b> and non-preferred <b>brand-name drugs</b> , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3.	Non-preferred <b>brand-name drugs</b> , many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3.
Tier 5: Specialty Tier Drugs	Unique and/or very high-cost drugs for which you pay a percentage of the total drug cost	

# 2015 Blue MedicareRx Plan Comparison Chart

	Blue MedicareRx Value Plus
<b>Monthly Premium<sup>2</sup></b>	\$40.30
<b>Annual Deductible</b>	\$0 (Tier 1 & Tier 2) \$320 (Tier 3, Tier 4 & Tier 5)
<b>Initial Coverage</b> A copayment or co-insurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$2,960. Any deductible, copayments, or co-insurance you pay counts toward the \$2,960.	<b>Network Retail Pharmacy with Preferred Cost-Sharing</b> <b>30-Day Supply Retail</b> Tier 1: \$1 Tier 2: \$6 Tier 3: \$35 Tier 4: 40% Tier 5: 25%  <b>90-Day Supply Mail-Order</b> Tier 1: \$1 Tier 2: \$12 Tier 3: \$70 Tier 4: 40% Tier 5: N/A <sup>3</sup>
<b>Coverage Gap</b> The cost for covered prescription drug expenses between \$2,960 in drug costs and \$4,700 in annual out-of-pocket costs.	<b>For covered generics</b> , you pay 65% of the costs. <b>For covered brands</b> , you pay 45% of the negotiated price (excluding the dispensing fee and vaccine administration fee, if any)
<b>Catastrophic Coverage</b> The cost for covered prescription drugs after you and others on your behalf have paid \$4,700 in annual out-of-pocket costs. You pay a flat-dollar amount or 5%, whichever is greater.	<b>For covered generics (including brand drugs treated as generic)</b> , you pay \$2.65 or 5% whichever is greater <b>For all other covered drugs</b> , you pay \$6.60 or 5% whichever is greater

2. You must continue to pay your Medicare Part B premium.
3. Specialty Tier drugs are not available at an extended day supply.



**Blue MedicareRx Premier**

\$110.20

\$0

**Network Retail Pharmacy  
with Standard Cost-Sharing**

**30-Day Supply Retail**

Tier 1: \$6  
Tier 2: \$16  
Tier 3: \$45  
Tier 4: 50%  
Tier 5: 25%

**30-Day Supply Retail**

Tier 1: \$4  
Tier 2: \$9  
Tier 3: \$30  
Tier 4: \$70  
Tier 5: 33%

**90-Day Supply Mail-Order**

Tier 1: \$4  
Tier 2: \$18  
Tier 3: \$60  
Tier 4: \$140  
Tier 5: N/A<sup>3</sup>

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 65% of the costs

For covered brands, you pay 45% of the negotiated price  
(excluding the dispensing fee and vaccine administration fee, if any)

For covered generics (including brand drugs treated as generic),  
you pay \$2.65 or 5% whichever is greater

For all other covered drugs, you pay \$6.60 or 5% whichever  
is greater

# What is Medicare Part D?

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 Shield of Rhode Island that contract with the Centers for Medicare and Medicaid Services.

## How Part D works (information provided below is specific to 2015)

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:



#### Annual Deductible (if applicable)

The Blue MedicareRx Value Plus plan has an annual deductible only on Tiers 3, 4 and 5.

The Blue MedicareRx Premier plan has no annual deductible.

Refer to the Plan Comparison Chart on pages 6 and 7 for more details.



#### Initial Coverage

There is a \$2,960 initial coverage limit (includes your copayments, co-insurance and payments made by the plan) for covered prescriptions.

4. 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.

## 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.<sup>4</sup>
- 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. If you get your coverage through your employer or union, contact your benefits administrator to compare your options.



### Coverage Gap<sup>5</sup>

There is a coverage gap that starts once total drug costs (member and plan payments) reach \$2,960 and ends when your out-of-pocket prescription drug costs reach \$4,700. When you are in the Coverage Gap stage, you pay 65% of the costs of generic drugs. For brand-name drugs, you pay 45% of the negotiated price (excluding the dispensing fee and vaccine administration fee, if any). You continue paying 65% for generic drugs and 45% of the negotiated price (excluding the dispensing fee and vaccine administration fee, if any) for brand-name drugs until yearly out-of-pocket costs paid by you and others on your behalf reach \$4,700. The payments made on your behalf (excludes payments made by Blue MedicareRx) count towards your True Out-of-Pocket Costs.



### Catastrophic Coverage

Takes effect after you and others on your behalf have paid \$4,700 in annual out-of-pocket prescription costs.

5. 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.

# 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 Web site at [www.RxMedicarePlans.com](http://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](http://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 2014.

- 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**.
- 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](http://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](http://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](http://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.



**The most coverage of any  
Blue MedicareRx plan.**

**Blue MedicareRx Premier**

Martha wants:

- ✓ a plan with no deductible
- ✓ more extensive coverage of her generic medications even after she's reached the coverage gap.

**Martha's Choice:**

Blue MedicareRx Premier.





# 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](http://www.RxMedicarePlans.com)**.

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**.



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