

# Summary of Benefits Blue MedicareRx<sup>SM</sup> (PDP)

Group Prescription Drug Plan

\$10/\$25/\$40 Plan

# **Section 1 - Introduction**

## **Introduction to the Summary of Benefits for Your Blue MedicareRx (PDP) Plan**

**For January 1, 2010 - December 31, 2010**

Thank you for your interest in our Blue MedicareRx (PDP) plan. Our plan is offered by Anthem Insurance Companies, Inc., a Medicare Prescription Drug Plan sponsor 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 our benefits, please call us and ask for the "Evidence of Coverage".

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

You are being offered this Blue MedicareRx (PDP) plan as part of your former employer's retiree benefits. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. You can choose from this Blue MedicareRx (PDP) plan offered by your former employer, or an Individual (non-group) Medicare Prescription Drug Plan (PDP). Another option is to get your prescription drug coverage through an Individual (non-group) Medicare Advantage Plan (MA) that offers prescription drug coverage. If you enroll in an Individual (non-group) plan, you may not be eligible to enroll in your employer's retiree plan in the future. Please contact your former employer's group administrator for information on eligibility requirements for your retiree plan.

## **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 our Blue MedicareRx (PDP) plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## **Where Is This Blue MedicareRx (PDP) Plan Available?**

As a member of your former employer's retiree plan, you may enroll in this plan as long as you live in the United States.

## **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.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

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

This Blue MedicareRx (PDP) plan 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?**

This Blue MedicareRx (PDP) plan has formed a network of pharmacies. 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](https://www.Groups.RxMedicarePlans.com).

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

This Blue MedicareRx (PDP) plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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 Web site at [Groups.RxMedicarePlans.com](https://www.Groups.RxMedicarePlans.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements 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 also have a Medicare Supplement Insurance plan through your former employer, your Medicare Supplement Insurance plan benefits will work with your Medicare Part D Plan. If you have an Individual (non-group) Medigap (Medicare Supplement Insurance) 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 policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

## **How Can I Get Help With My Prescription 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 this Blue MedicareRx (PDP) plan, 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 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of this Blue MedicareRx (PDP) plan, 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, **Qualidigm, 1-800-553-7590 or 1-860-632-2008**.

## **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 (PDP) for more details.

# Section 2 - Summary of Benefits

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

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

Blue MedicareRx (PDP)		
<b>Annual Deductible</b>		<b>\$0</b>
<b>Drug Coverage</b>		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$4,550 <sup>1</sup> :
<b>30-day supply at a network Retail pharmacy</b>		
<b>Tier 1</b>	Generic*	<b>\$10</b>
<b>Tier 2</b>	Preferred Brand	<b>\$25</b>
<b>Tier 3</b>	Non-Preferred Brand	<b>\$40</b>
<b>90-day supply at a network Retail pharmacy<sup>2</sup></b>		
<b>Tier 1</b>	Generic	<b>\$30</b>
<b>Tier 2</b>	Preferred Brand	<b>\$75</b>
<b>Tier 3</b>	Non-Preferred Brand	<b>\$120</b>
<b>90-day supply through network Mail-Order pharmacy</b>		
<b>Tier 1</b>	Generic	<b>\$20</b>
<b>Tier 2</b>	Preferred Brand	<b>\$50</b>
<b>Tier 3</b>	Non-Preferred Brand	<b>\$80</b>
<b>Catastrophic Coverage</b>		After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:
	Generic (including brand drugs treated as generic)	\$2.50 or 5%
	All other drugs	\$6.30 or 5%

<sup>1</sup>All covered drugs are on the Blue MedicareRx (PDP) formulary/drug list.

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

\*Certain generic benzodiazepines and generic barbiturates are included in this cost-sharing tier for the purpose of assigning a copayment amount. These drugs are not normally covered in a Medicare Prescription Drug Plan.

## **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 (PDP) 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 is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand or Non-Preferred Brand 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.



Visit us at [Groups.RxMedicarePlans.com](https://www.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](https://www.medicare.gov) on the web.

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

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