



Connecticut | Massachusetts
Rhode Island | Vermont

Blue MedicareRx Prescription Drug Plan (PDP)



2021 PRESCRIPTION DRUG PLAN INFORMATION

TOP-RATED AND AFFORDABLE COVERAGE TO FIT YOUR NEEDS

Independent licensees of the Blue Cross and Blue Shield Association.

S2893_2024_M

Thank you for your interest in our
2021 Prescription Drug Plans.

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TWO PLANS TO CHOOSE FROM

Our Blue MedicareRx Value Plus (PDP), and Blue MedicareRx Premier (PDP) plans include the following features:

Blue MedicareRx Value Plus	Blue MedicareRx Premier
<p>\$0</p> <hr/> <p>ANNUAL DEDUCTIBLE on Tier 1 preferred generic drugs and Tier 2 generic drugs</p> <p>– Also –</p> <p>Cost savings through preferred cost sharing at participating network retail pharmacies</p>	<p>\$0</p> <hr/> <p>ANNUAL DEDUCTIBLE on all covered drugs</p> <p>– Also –</p> <p>Additional plan coverage of Tier 1 preferred generic drugs and Tier 2 generic drugs in the Coverage Gap</p> <p>Cost savings through preferred cost sharing at participating network retail pharmacies</p>

Get a 90-Day Supply for as Low as \$1

When you order a Tier 1 preferred generic prescription medication through our mail order pharmacy, you'll pay the same amount for a 90-day supply as you would for a 30-day supply purchased from a preferred cost-sharing retail pharmacy. See below:

	Blue MedicareRx Value Plus	Blue MedicareRx Premier
Preferred Generic Prescription Drug Plan Copayment for a 90-day supply	\$1	\$1

WHY CHOOSE Blue MedicareRx?

Our Blue MedicareRx plans are standalone prescription drug plans that give you the flexibility, service, and support that you need in a Medicare Part D plan.

They're offered to residents of Connecticut, Massachusetts, Rhode Island, and Vermont who qualify for Medicare.



Great service and support

Through Blue MedicareRx, your prescription drug coverage is backed by the Blue Cross and Blue Shield Association 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, we make it easy for you to get the coverage that's right for you. Just call us at one of the numbers below.

Contact Us:

Connecticut Residents:
1-866-832-9702 (TTY: 711)
24 hours a day, 7 days a week

Massachusetts Residents:
1-800-678-2265 (TTY: 711)
10/1–3/31, 8:00 a.m. to 8:00 p.m., 7 days a week;
4/1–9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday

Rhode Island Residents:
1-800-505-2583 (TTY: 711)
10/1–3/31, 7 days a week, 8:00 a.m. to 8:00 p.m.;
4/1–9/30, Monday through Friday 8:00 a.m. to 8:00 p.m.
You can use our automated answering system outside
of these hours.

Vermont Residents:
1-888-496-4178 (TTY: 711)
24 hours a day, 7 days a week

Online: rxmedicareplans.com



More pharmacies to choose from nationwide

With more than 65,000+ 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 5 for more details on our pharmacy network.

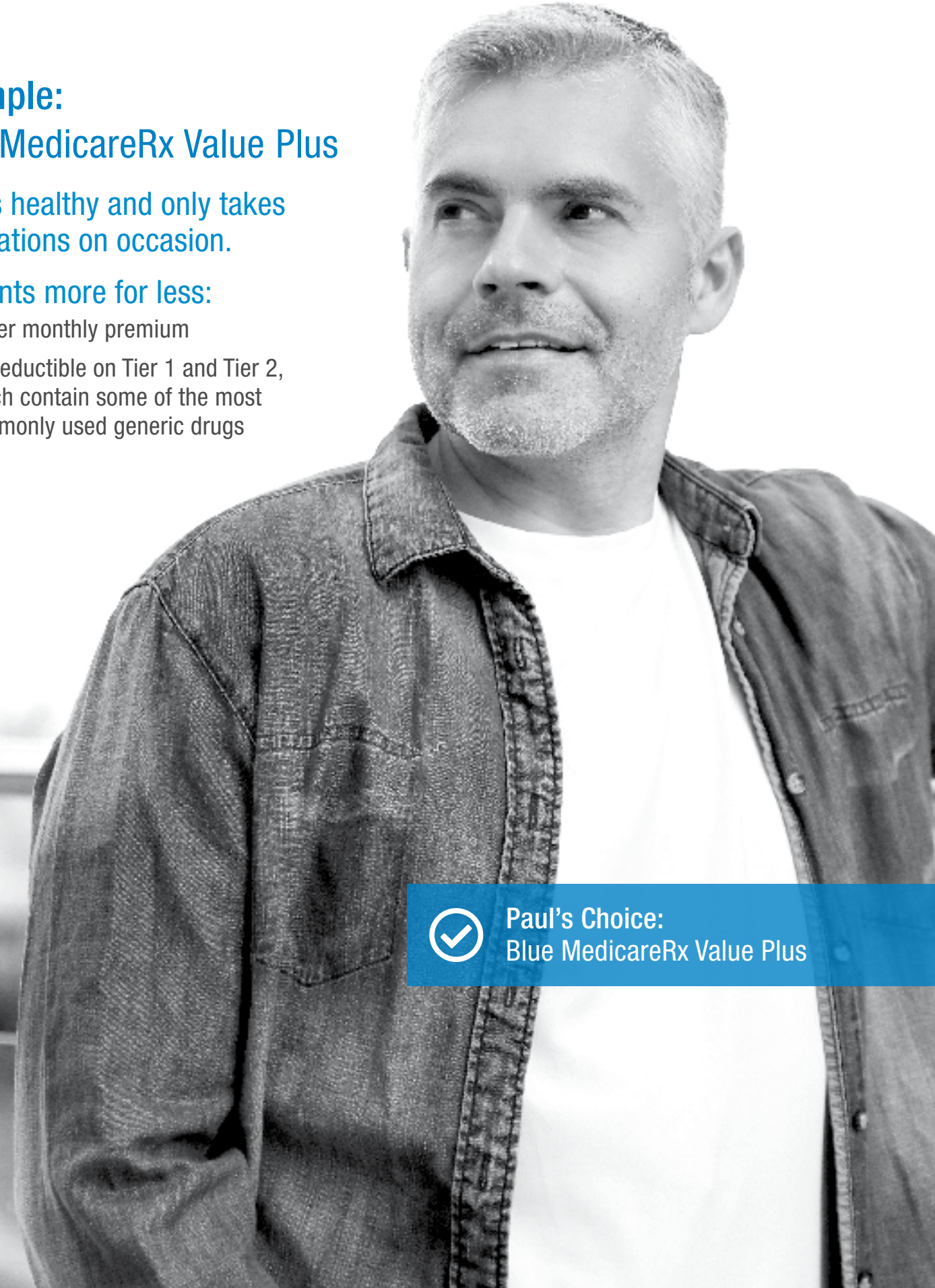
You'll have the security of knowing that the Blue Cross and Blue Shield Association has been providing peace of mind to nearly seven million Medicare members like you nationwide.

Example:
Blue MedicareRx Value Plus

Paul is healthy and only takes medications on occasion.

He wants more for less:

- Lower monthly premium
- \$0 deductible on Tier 1 and Tier 2, which contain some of the most commonly used generic drugs



 **Paul's Choice:**
Blue MedicareRx Value Plus



**65,000+
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 65,000+ 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	✓	✓
Some of the most commonly used generics are available at the lowest copayment (Tier 1)	✓	✓
Additional Plan Coverage for Tier 1 preferred generic drugs and Tier 2 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.

What is preferred cost sharing for the Blue MedicareRx plans?

More than 21,000+ of the total 65,000+ pharmacies in our network offer preferred cost sharing for both of the Blue MedicareRx plans. You pay lower copays at these pharmacies than at network pharmacies that offer standard cost sharing.

Which pharmacies offer preferred cost sharing?¹

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



Types of network pharmacies

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

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

1. Other pharmacies are available in our network.

Example: Blue MedicareRx Premier

Martha takes several expensive drugs and reaches the coverage gap.

She wants the most coverage:

- A plan with no annual deductible
- More extensive coverage of her generic medications even after she's reached the coverage gap

 Martha's Choice:
Blue MedicareRx Premier

2021 Blue MedicareRx PLAN COMPARISON CHART

	Blue MedicareRx Value Plus		Blue MedicareRx Premier		
Monthly Premium²	\$50.50		\$135.00		
Annual Deductible	\$0 (Tier 1 and Tier 2) \$445 (Tier 3, Tier 4, and Tier 5)		\$0		
Initial Coverage A copayment or co-insurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$4,130. Any deductible, copayments, or co-insurance you pay counts toward the \$4,130.	Network Retail Pharmacy with Preferred Cost Sharing 30-Day Supply Retail Tier 1: \$1 Tier 2: \$6 Tier 3: \$36 Tier 4: 40% Tier 5: 25%	Network Retail Pharmacy with Standard Cost Sharing 30-Day Supply Retail Tier 1: \$6 Tier 2: \$20 Tier 3: \$47 Tier 4: 50% Tier 5: 25%	Network Retail Pharmacy with Preferred Cost Sharing 30-Day Supply Retail Tier 1: \$1 Tier 2: \$7 Tier 3: \$30 Tier 4: 35% Tier 5: 33%		Network Retail Pharmacy with Standard Cost Sharing 30-Day Supply Retail Tier 1: \$6 Tier 2: \$12 Tier 3: \$40 Tier 4: 45% Tier 5: 33%
	90-Day Supply Mail Order Tier 1: \$1 Tier 2: \$12 Tier 3: \$72 Tier 4: 40% Tier 5: N/A ³		90-Day Supply Mail Order Tier 1: \$1 Tier 2: \$14 Tier 3: \$60 Tier 4: 35% Tier 5: N/A ³		
Coverage Gap The cost for covered prescription drug expenses between \$4,130 in drug costs and \$6,550 in annual out-of-pocket costs.	For covered generics, you pay 25% of the costs. For covered brand-names, you pay 25% of the negotiated price (excluding the dispensing fee).		For covered generics, on Tier 1 and Tier 2 you pay:		
			30-Day Supply Retail with Preferred Cost Sharing Tier 1: \$1 Tier 2: \$7	30-Day Supply Retail with Standard Cost Sharing Tier 1: \$6 Tier 2: \$12	90-Day Supply Mail Order Tier 1: \$1 Tier 2: \$14
			For covered generics on other tiers, you pay 25% of the costs. For covered brands, you pay 25% of the negotiated price (excluding the dispensing fee).		
Catastrophic Coverage The cost for covered prescription drugs after you and others on your behalf have paid \$6,550 in annual out-of-pocket costs. You pay a flat-dollar amount, or 5%, whichever is greater.	For covered generics (including drugs treated as generics), you pay \$3.70 or 5%, whichever is greater. For all other covered drugs, you pay \$9.20 or 5%, whichever is greater.		For covered generics (including drugs treated as generics), you pay \$3.70 or 5%, whichever is greater. For all other covered drugs, you pay \$9.20 or 5%, whichever is greater.		

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

3. Specialty Tier drugs aren't available at an extended day supply.

FORMULARY COVERAGE

We offer coverage for a comprehensive number of generic and brand-name drugs. The chart below outlines the formulary tiering structure for the Blue MedicareRx plans.

2021 Drug Tier Label	Blue MedicareRx Value Plus covers:	Blue MedicareRx Premier covers:
Tier 1: Preferred Generic	Certain generic drugs available at the lowest copayment.	
Tier 2: 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.	
Tier 4: Non-preferred Drug	Higher cost generic and non-preferred drugs, many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3.	
Tier 5: Specialty Tier	Unique and/or very high-cost brand and some generic drugs for which you pay a percentage of the total drug cost, which may require special handling and/or close monitoring.	

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

Convenient mail order service: You can get prescription drugs shipped to your home through our network mail order delivery program. For refills of your mail order prescriptions, you have the option to sign up for an automatic refill program. Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order.

You'll pay the same amount for a 90-day supply of a Tier 1 prescription drug ordered through mail order as you would pay for a 30-day supply purchased from a retail preferred cost sharing pharmacy.

WHAT IS MEDICARE PART D?

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

How Part D works:

(Information provided below is specific to 2021)

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 7-8 for more details.
Initial Coverage	There is a \$4,130 initial coverage limit. This includes your copayments, co-insurance, and payments made by the plan for covered prescriptions.
Coverage Gap	There is a coverage gap that starts once total drug costs (member and plan payments) reach \$4,130 and ends when your out-of-pocket prescription drug costs reach \$6,550. When you're in the Coverage Gap stage, you pay 25% of the costs of generic drugs. For brand-name drugs, you pay 25% of the negotiated price (excluding the dispensing fee). You continue paying 25% for generic drugs and 25% of the negotiated price (excluding the dispensing fee) for brand-name drugs until yearly out-of-pocket costs paid by you and others on your behalf reach \$6,550. The payments made on your behalf (excludes payments made by Blue MedicareRx) count toward your out-of-pocket costs. Refer to the Plan Comparison Chart on pages 7-8 for your costs in the Coverage Gap for each of the Blue MedicareRx plans.
Catastrophic Coverage	Takes effect after you and others on your behalf have paid \$6,550 in annual out-of-pocket prescription costs.

Am I eligible?

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

- You have Medicare Part A or Medicare Part B (or you have both Part A and Part B)
 - » and—you're a United States citizen or are lawfully present in the United States
 - » and—you live in our geographic service area

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 a secure online application on our website at rxmedicareplans.com.
- Complete an application by phone:

Contact Us:	
Connecticut Residents: 1-866-832-9702 (TTY: 711) 24 hours a day, 7 days a week	Massachusetts Residents: 1-800-678-2265 (TTY: 711) 10/1–3/31, 8:00 a.m. to 8:00 p.m., 7 days a week; 4/1–9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday
Rhode Island Residents: 1-800-505-2583 (TTY: 711) 10/1–3/31, 7 days a week, 8:00 a.m. to 8:00 p.m.; 4/1–9/30, Monday through Friday 8:00 a.m. to 8:00 p.m. You can use our answering system outside of these hours.	Vermont Residents: 1-888-496-4178 (TTY: 711) 24 hours a day, 7 days a week
Online: rxmedicareplans.com	

Calling **1-800-MEDICARE (1-800-633-4227)**, TTY: **1-877-486-2048**, 24 hours a day, 7 days a week. Visiting the CMS Medicare Online Enrollment Center located at [medicare.gov](https://www.medicare.gov).

Q: When can I enroll?

A: You can enroll in a Blue MedicareRx plan only during specific times of the year unless you're newly 65.

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'll receive when you enroll in our plan, and we'll inform you of the amount you'll be responsible for paying. To see if you qualify for Extra Help, call:

- **1-800-MEDICARE (1-800-633-4227)**, TTY: **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.

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 or had a continuous period of 63 days or more without "creditable" prescription drug coverage, ("Creditable" means the drug coverage is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage) you may be subject to a late enrollment penalty when you do enroll. The penalty is 1% of the national average monthly premium for each month you were eligible, but weren't enrolled. The penalty will be added to your premium for as long as you're enrolled in a Medicare Prescription Drug Plan.

Drug Coverage

Q: What if I already have drug coverage?

A: 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, enrolling in this plan will automatically disenroll you from your current plan.

If you get your health care 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.

Q: What drugs are covered?

A: For a full list of covered drugs, visit rxmedicareplans.com, or call us at the number on the back page. We must give you at least 30 days' advance notice of the change or give you notice of the change and a 30-day refill of the drug you are taking at a network pharmacy.

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

A: You should first contact us and confirm that your drug isn't 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 that you're a new member of our plan. Visit rxmedicareplans.com, or call us at the number on the back page for details about how to request a prescription drug exception and to find out about our transition supply policy.

Common Terms

Initial Enrollment Period

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

- You turn 65 (beginning 3 months before your birthday and extending to 3 months after your birthday).
- 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 from October 15 through December 7 each year. 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 the number on the back page.
- Medicare Advantage enrollees may disenroll from their plan and return to Original Medicare between January 1 and March 31. If you're 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.

FOR QUESTIONS, OR TO ENROLL:

Connecticut Residents:

1-866-832-9702 (TTY: 711) 24 hours a day, 7 days a week

Massachusetts Residents:

1-800-678-2265 (TTY: 711)

10/1–3/31, 8:00 a.m. to 8:00 p.m., 7 days a week;

4/1–9/30, 8:00 a.m. to 8:00 p.m., Monday through Friday

Rhode Island Residents:

1-800-505-2583 (TTY: 711) Monday through Friday, 8:00 a.m. to 8:00 p.m.

(Open 7 days a week, 8:00 a.m. to 8:00 p.m. from

October 1 – March 31.) You can use our automated answering system outside of these hours.

Vermont Residents:

1-888-496-4178 (TTY: 711) 24 hours a day, 7 days a week

VISIT RXMEDICAREPLANS.COM

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont. Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

This information is not a complete description of benefits. Call Customer Care for more information.

For residents of Connecticut: **1-888-620-1747**; Massachusetts: **1-888-543-4917**;

Rhode Island: **1-888-620-1748**; Vermont: **1-888-620-1746**. TTY users call: **711**

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.

Blue MedicareRx complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.



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