

2017 Plan Information

Blue MedicareRxSM (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.

Thank you for your
interest in our

2017
prescription
drug plans



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

Blue MedicareRx Value Plus

\$0
annual
deductible

**on Tier 1 Preferred
Generic drugs and
Tier 2 Generic drugs**

– Also –

**Cost savings through
preferred cost-sharing at
participating network
retail pharmacies**

Blue MedicareRx Premier

\$0
annual
deductible

on all covered drugs

– Also –

**Additional plan coverage
of Tier 1 Preferred Generic
drugs and Tier 2 Generic
drugs in the Coverage Gap**

**Cost savings through
preferred cost-sharing
at participating network
retail pharmacies**

1. See page 3 for more details on benefits provided by these plans.

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 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.

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: **711**), 24 hours a day, 7 days a week. Or visit us online anytime at **RxMedicarePlans.com**.

More pharmacies to choose from nationwide

With more than 67,000 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.



67,000+
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 67,000 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.

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 MedicareRx plans?

More than 36,000 of the total 67,000+ pharmacies in our network offer preferred cost-sharing for both 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:



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

¹Other pharmacies are available in our network.

Example



More for Less Blue MedicareRx Value Plus

Paul wants:

- ✓ 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

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.

2017 Drug Tier Label	Blue MedicareRx Value Plus covers:	Blue MedicareRx Premier covers:
Tier 1: Preferred Generic	Certain generic drugs that are 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	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.	Common brand-name 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.	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 or high-cost drugs for which you pay a percentage of the total drug cost.	

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.

Save with 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 called ReadyFill at Mail.® 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 be charged for only a 30-day supply purchased from a retail preferred cost-sharing pharmacy.

2017 Blue MedicareRx Plan Comparison Chart

	Blue MedicareRx Value Plus
Monthly Premium²	\$43.10
Annual Deductible	\$0 (Tier 1 and Tier 2) \$280 (Tier 3, Tier 4, and Tier 5)
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 \$3,700. Any deductible, copayments, or co-insurance you pay counts toward the \$3,700.	Network Retail Pharmacy with Preferred Cost-Sharing 30-Day Supply Retail Tier 1: \$3 Tier 2: \$8 Tier 3: \$35 Tier 4: 40% Tier 5: 27%
	90-Day Supply Mail-Order Tier 1: \$3 Tier 2: \$16 Tier 3: \$70 Tier 4: 40% Tier 5: N/A ³
Coverage Gap The cost for covered prescription drug expenses between \$3,700 in drug costs and \$4,950 in annual out-of-pocket costs.	For covered generics , you pay 51% of the costs For covered brand-names , you pay 40% 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 \$4,950 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 \$3.30 or 5%, whichever is greater For all other covered drugs , you pay \$8.25 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											
	\$127.70											
	\$0											
Network Retail Pharmacy with Standard Cost-Sharing 30-Day Supply Retail Tier 1: \$8 Tier 2: \$20 Tier 3: \$45 Tier 4: 50% Tier 5: 27%	Network Retail Pharmacy with Preferred Cost-Sharing 30-Day Supply Retail Tier 1: \$4 Tier 2: \$9 Tier 3: \$30 Tier 4: \$70 Tier 5: 33%	Network Retail Pharmacy with Standard Cost-Sharing 30-Day Supply Retail Tier 1: \$9 Tier 2: \$14 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%										
	90-Day Supply Mail-Order Tier 1: \$4 Tier 2: \$18 Tier 3: \$60 Tier 4: \$140 Tier 5: N/A³											
	For covered generics, on Tier 1 and Tier 2 you pay: <table><tr><td>30-Day Supply Retail with Preferred Cost-Sharing</td><td>30-Day Supply Retail with Standard Cost-Sharing</td><td>90-Day Supply Mail-Order</td></tr><tr><td>Tier 1: \$4</td><td>Tier 1: \$9</td><td>Tier 1: \$4</td></tr><tr><td>Tier 2: \$9</td><td>Tier 2: \$14</td><td>Tier 2: \$18</td></tr></table> For covered generics on other tiers, you pay 51% of the costs For covered brands, you pay 40% of the negotiated price (excluding the dispensing fee)			30-Day Supply Retail with Preferred Cost-Sharing	30-Day Supply Retail with Standard Cost-Sharing	90-Day Supply Mail-Order	Tier 1: \$4	Tier 1: \$9	Tier 1: \$4	Tier 2: \$9	Tier 2: \$14	Tier 2: \$18
30-Day Supply Retail with Preferred Cost-Sharing	30-Day Supply Retail with Standard Cost-Sharing	90-Day Supply Mail-Order										
Tier 1: \$4	Tier 1: \$9	Tier 1: \$4										
Tier 2: \$9	Tier 2: \$14	Tier 2: \$18										
	For covered generics (including drugs treated as generics), you pay \$3.30 or 5%, whichever is greater For all other covered drugs, you pay \$8.25 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 (CMS).

How Part D works

(Information provided below is specific to 2017)

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 6-7 for more details.



Initial Coverage

There is a \$3,700 initial coverage limit. This includes your copayments, co-insurance, and payments made by the plan for covered prescriptions.

Am I eligible?

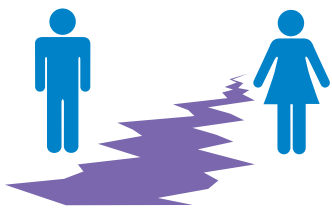
You are eligible for Medicare prescription drug coverage and Blue MedicareRx membership if:

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

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 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.



Coverage Gap

There is a coverage gap that starts once total drug costs (member and plan payments) reach \$3,700 and ends when your out-of-pocket prescription drug costs reach \$4,950. When you are in the Coverage Gap stage, you pay 51% of the costs of generic drugs. For brand-name drugs, you pay 40% of the negotiated price (excluding the dispensing fee). You continue paying 51% for generic drugs and 40% 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 \$4,950. 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 6-7 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 \$4,950 in annual out-of-pocket prescription costs.

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**.
- Completing an application over the phone by calling us at **1-800-505-2583**, TTY: **711**.
- 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**.

Q: When can I enroll?

A: You can 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 (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 **1-800-505-2583**, TTY: **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 1% 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: **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 **RxMedicarePlans.com**, or call **1-800-505-2583**, TTY: **711**. If drugs are removed from the list during the year, we will notify affected members of the change in writing and online at **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: 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 **RxMedicarePlans.com**, or call **1-800-505-2583**, TTY: **711** for details about how to request a prescription drug exception and to find out about our transition supply policy.

Example



The most coverage of any Blue MedicareRx plan.

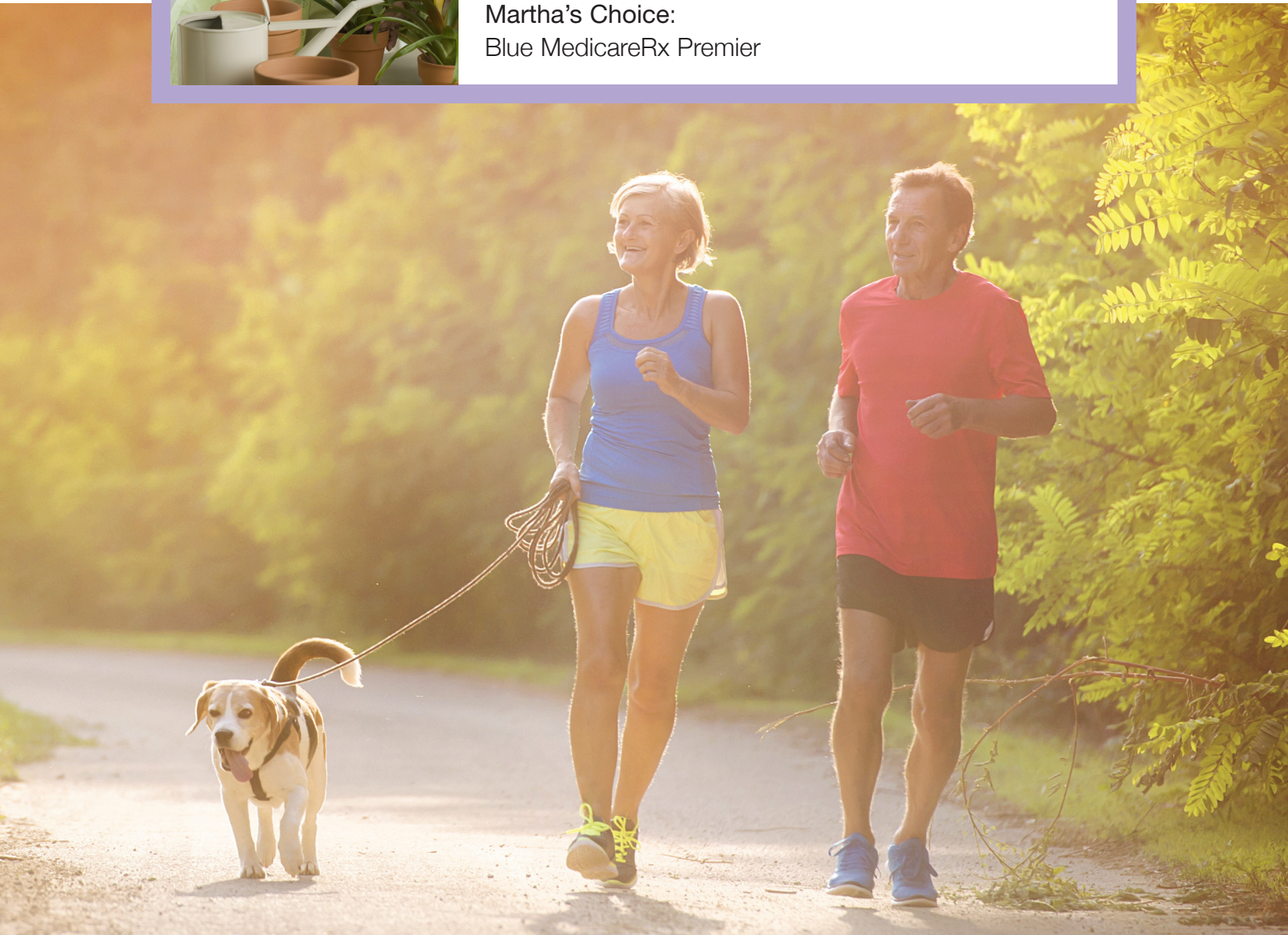
Blue MedicareRx Premier

Martha wants:

- ✓ 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



We're here when you need us.

We're dedicated to providing you with outstanding service. If you have any questions about Blue MedicareRx, please call 1-800-505-2583, TTY: 711, or visit us online at [RxMedicarePlans.com](https://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, deductibles, premiums and/or copayments/co-insurance may change on January 1 of each year.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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: **711**.



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