



Connecticut | Massachusetts  
Rhode Island | Vermont

2024 Blue MedicareRx  
Prescription Drug Plan (PDP)

# GETTING TO KNOW YOUR PRESCRIPTION DRUG COVERAGE

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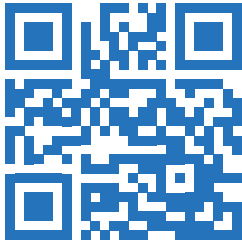
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# THANK YOU FOR CONSIDERING OUR 2024 PRESCRIPTION DRUG PLANS

## CONTENTS

- Medicare Part D, Explained . . . . . 1
- Plans That Work for You . . . . . 2
- 90-Day Supply for as Low as \$1 . . . . . 2
- Is Blue MedicareRx Right for You? . . . 3
- Our Pharmacy Network . . . . . 6
- Formulary Coverage . . . . . 8
- 2024 Blue MedicareRx Plan  
Comparison Chart . . . . . 9-10
- Frequently Asked Questions . . . . . 11



## **IT'S THAT EASY**

To find out more about Medicare Prescription Drug Plans, scan the QR code or visit us at [rxmedicareplans.com](https://rxmedicareplans.com).

# MEDICARE PART D, EXPLAINED

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 us, that contract with the Centers for Medicare & Medicaid Services (CMS).

## HOW PART D BENEFITS WORK

(Information provided below is specific to 2024)

In addition to the monthly premium, Medicare Part D plans have four different benefit stages that affect how much you owe for your prescriptions: Annual Deductible (if applicable), Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Here's how they work:	
<b>Annual Deductible (if applicable)</b>	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 9-10 for more details.
<b>Initial Coverage</b>	There is a \$5,030 initial coverage limit. This includes your copayments, co-insurance, and payments made by the plan for covered prescriptions.
<b>Coverage Gap</b>	There is a coverage gap that starts once total drug costs (member and plan payments) reach \$5,030 and ends when your out-of-pocket prescription drug costs reach \$8,000. 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 \$8,000. 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 9-10 for your costs in the Coverage Gap for each of the Blue MedicareRx plans.
<b>Catastrophic Coverage</b>	Takes effect after you and others on your behalf have paid \$8,000 in annual out-of-pocket prescription costs. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

## ARE YOU ELIGIBLE?

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

- You have Medicare Part A and/or Medicare Part B
- You're a United States citizen or are lawfully present in the United States
- You live in our geographic service area

# PLANS THAT WORK FOR YOU

Our Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) plans help complete your Medicare coverage by offering the comprehensive prescription drug benefits you need.

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

## GET A 90-DAY SUPPLY FOR AS LOW AS \$1

When you order a Tier 1 preferred generic prescription medication through our mail service 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

**\$2**

**\$1**

# IS Blue MedicareRx RIGHT FOR YOU?

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

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



## World-class Service and Support

We're here for you. Our experts 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 listed here.



## More Pharmacies to Choose from Nationwide

With approximately 63,000+ pharmacies in our network, you can enjoy peace of mind knowing you can use your coverage when and where you need it at national chains and independent pharmacies throughout the United States. Check page 5 for more details on our pharmacy network.

### 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, 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  
You can use our automated answering system outside of these hours.

#### Vermont Residents:

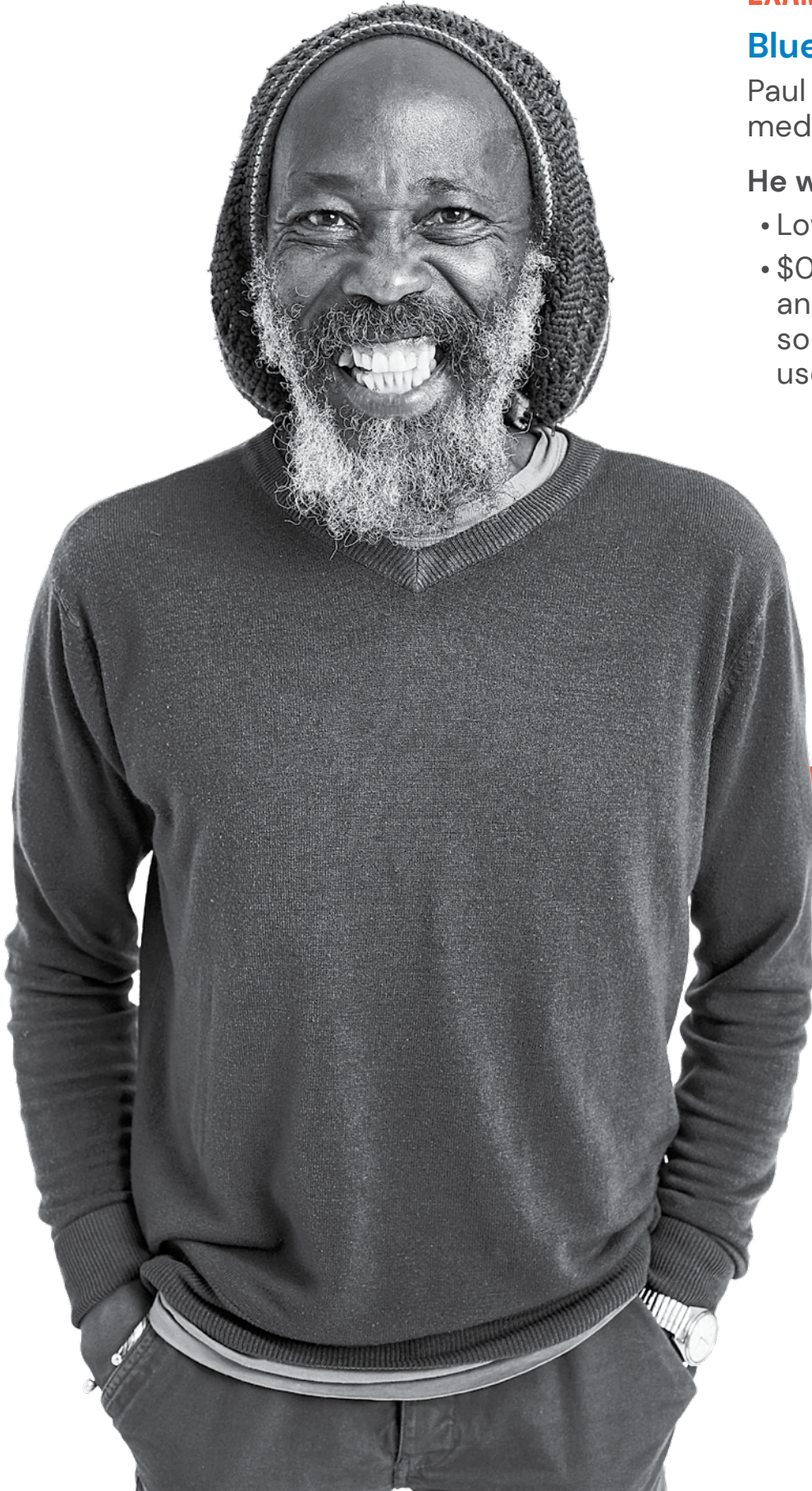
**1-888-496-4178 (TTY: 711)**  
24 hours a day, 7 days a week

**Online: [rxmedicareplans.com](https://rxmedicareplans.com)**

## You Can Trust Blue

Over seven million Medicare members nationwide are enrolled in a Blue Cross Blue Shield plan.\*

\*Data attributed to all Blue Cross Blue Shield Association plans across the country, CMS, Barclays Research, 2021, Quarter 2, Brand Protection Financial Services Reporting.



## 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

# 63,000+ PHARMACIES IN OUR NETWORK<sup>1</sup>

## TWO PLANS TO CHOOSE FROM

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 63,000+ network pharmacies nationwide, and mail service savings.

	Blue MedicareRx Value Plus	Blue MedicareRx Premier
Large Network of Retail Pharmacies	✓	✓
Network Retail Pharmacies with Preferred Cost Sharing	✓	✓
Mail 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		✓

1. Retail pharmacies may be added or removed throughout the year. For a current listing of pharmacies in your area, you can search our online directory at [rxmedicareplans.com](http://rxmedicareplans.com).



# OUR 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?

When you visit a network pharmacy that offers preferred cost sharing, you pay lower copays for your prescriptions than you would at other pharmacies. And it's easy for you to get these savings. 20,000+ of the pharmacies in our network offer preferred cost sharing, including:<sup>2</sup>



## TYPES OF NETWORK PHARMACIES

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

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

2. 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



# FORMULARY COVERAGE

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

2024 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 alternatives available in the lower tiers. Ask your doctor if they could work for you.

## CONVENIENT MAIL SERVICE

You can get prescription drugs shipped to your home through our network mail service delivery program. For refills of your mail service 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 service pharmacy receives the order.

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

# 2024 Blue MedicareRx PLAN COMPARISON CHART

	Blue MedicareRx Value Plus	
<b>Monthly Premium<sup>3</sup></b>	\$53.40	
<b>Annual Deductible</b>	\$0 (Tier 1 and Tier 2) \$545 (Tier 3, Tier 4, and 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 \$5,030. Any deductible, copayments, or co-insurance you pay counts toward the \$5,030.	<b>Network Retail Pharmacy with Preferred Cost Sharing</b> 30-Day Supply Retail Tier 1: \$2 Tier 2: \$13 Tier 3: \$42 Tier 4: 46% Tier 5: 25%	<b>Network Retail Pharmacy with Standard Cost Sharing</b> 30-Day Supply Retail Tier 1: \$8 Tier 2: \$20 Tier 3: \$47 Tier 4: 46% Tier 5: 25%
	90-Day Supply Mail Service Tier 1: \$2 Tier 2: \$26 Tier 3: \$84 Tier 4: 46% Tier 5: N/A <sup>4</sup>	
<b>Coverage Gap</b> The cost for covered prescription drug expenses between \$5,030 in drug costs and \$8,000 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).	
<b>Catastrophic Coverage</b> The cost for covered prescription drugs after you and others on your behalf have paid \$8,000 in annual out-of-pocket costs.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

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

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

## Blue MedicareRx Premier

\$155.80

\$0

### 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: 44%

Tier 5: 33%

90-Day Supply Mail Service

Tier 1: \$1

Tier 2: \$14

Tier 3: \$60

Tier 4: 35%

Tier 5: N/A<sup>4</sup>

### 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 Service

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).

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

# 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](https://rxmedicareplans.com).
- Completing 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, 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

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](https://rxmedicareplans.com)

Call 1-800-MEDICARE (1-800-633-4227),  
TTY: 1-877-486-2048, 24 hours a day, 7 days a week.  
Visit the CMS Medicare Online Enrollment Center  
located at [medicare.gov](https://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, days a week.
- The Social Security Administration at 1-800-772-1213, TTY: 1-800-325-0778 between 8:00 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](https://www.rxmedicareplans.com), or call us at the number on the back page. We must give you at least 30 days' advance notice of a change, and a 30-day refill of the drug you're 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](https://www.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 MORE  
INFORMATION,  
OR TO ENROLL:**

**Connecticut Residents:**

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

**Massachusetts Residents:**

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**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**

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**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**

**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](https://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 & 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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