



## Be confident in your Part D choice

### Ready for a Part D plan you can rely on?

We want to make choosing your new Part D plan as simple as possible. Let's face it, making sense of a prescription drug plan can seem overwhelming, especially when you're trying to understand the ins and outs of Medicare and Part D. But it doesn't have to be. In fact, we think by the time you're finished with this packet, you'll have made your choice.

**Blue Cross MedicareRx (PDP)** are Part D prescription drug plans with a Medicare contract. With Blue Cross MedicareRx (PDP) plans, you get set fees for generic prescriptions, so you know upfront what you can expect to pay. And all the copayments and coinsurance amounts are listed in the Summary of Benefits, so you don't have any surprises later.

### What can Anthem Blue Cross Life and Health Insurance Company (Anthem) do for you?

Blue Cross MedicareRx (PDP) gives you access to a broad pharmacy network with coast to coast coverage. The pharmacy network includes most national chains and local pharmacies, and you can feel confident that your Anthem Member ID card will be accepted and honored without question when you use any Anthem Blue Cross MedicareRx (PDP) plan pharmacy.

That's the security that comes with Anthem.

### See the value for yourself

Blue Cross MedicareRx (PDP) coverage gives you:

- Coverage that can begin as soon as your effective date with no preexisting condition limitations except for End-Stage Renal Disease
- Benefits designed with set fees, taking the guesswork out of what you'll pay for most prescriptions
- Virtually no paperwork
- Dedicated member service staff
- A robust pharmacy network that reaches from coast to coast via national chains

**Welcome to Anthem Blue Cross Life and Health Insurance Company.**

## When comparing Part D drug plans there are two important questions to answer:

### Which plan covers your prescription drugs?

Your plan from Anthem uses a formulary drug list that covers more than three thousand drugs – so you're sure to find the prescriptions you need on our large formulary.

### Which plan protects you from the high cost of prescriptions?

With your Anthem Part D plan, in addition to brand-name drug coverage you have everyday low copayments for generic drugs. And you can save even more by using our mail-order pharmacy.

What's more, Standard Part D plans have a gap in coverage after your drug costs reach \$2,830, which means you'd have to pay for all your drugs on your own after you reach that limit. Anthem offers a plan that covers you for preferred generic drugs, right through the coverage gap. So you don't have to fall into this coverage gap.

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### The answer is Anthem

Together with our affiliates, we serve more than 34 million members and we make sure you're treated with the recognition you deserve. When you join Anthem, you're becoming part of one of the most recognized names in health care coverage.

### Your Anthem

#### Part D drug plan will include:

- coverage for both short and long-term prescription needs
- coverage for both brand-name and generic drugs
- a dedicated website that gives you additional resources and tools for making the most of your coverage

**We even offer a plan that provides coverage for preferred generic drugs once you've reached your annual initial coverage limit, with your same everyday low copayments.**

## Using your benefits

### Retail plan pharmacies for short-term prescriptions

Retail plan pharmacies can fill your prescription for a 30-day supply of medication. At some pharmacies you can even fill a 90-day supply, in order to help you avoid multiple trips to the pharmacy.

Your plan includes access to a large pharmacy network with more than 62,000 retail pharmacies available across the country. As a reminder, you will have to use a network pharmacy to receive plan benefits. Anthem will only pay for your prescriptions if you use an out-of-network pharmacy in certain cases, such as a medical emergency or when a network pharmacy is unavailable.

### Mail-order pharmacy services for long-term prescriptions

For prescriptions that you take on an ongoing basis, we offer the convenience of ordering through our preferred mail-order pharmacy. You will get the most from your prescription drug benefits when you use our mail order pharmacy. You may order through the mail, by phone or online at our website.

### Accessing your pharmacy benefits is simple!

- ✓ Visit one of our participating plan pharmacies
  - ✓ Show your ID card
  - ✓ Pay the required amount
- You're finished!** ✓

Anthem takes care of the rest, including virtually all paperwork that would normally be filed.

### The types of pharmacies included in our network are:

- Retail pharmacies
- Mail-order pharmacies
- Long-term care pharmacies
- Home infusion pharmacies

Generally, benefits are only available at our network pharmacies except under emergency circumstances. For more information about our mail-order or other network pharmacies, please call 1-866-892-5340 TTY 1-800-241-6894 seven days a week, 8 a.m. to 8 p.m.

## **Brand name vs. generic drugs — don't be fooled by TV promises!**

Sure, brand name drugs get the flashy TV ads, but that's mainly why they cost so much. A brand-name drug is usually available only from one manufacturer and may have patent protection. A generic drug has the same active ingredients as its brand-name counterpart. Even though it may look different, the Food and Drug Administration (FDA) requires the generic drug to work the same as its corresponding brand name medication, and generic drugs undergo the same FDA scrutiny before being made available to the public. Because brand name drugs are more expensive, your copayments are higher, so it's a good idea to ask your doctor about generic alternatives. Check your Summary of Benefits for more information about the copayments for generic and brand-name drugs.

## **Web tools to keep you connected**

With Blue Cross MedicareRx (PDP) from Anthem, you get access to premier online tools and resources, because we know how important it is to find the information you need to make decisions about your health. When you become a member, you can register and login to enjoy a more personalized experience.

## **Assistance if you need help paying for prescriptions**

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help call:

- 1-800-Medicare (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call 1-800-325-0778; or
- Your State Medical Assistance (Medicaid) Office.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

## Ready to enroll?

We're glad to hear it. There are a few things to go over before you join.

### Know for sure if you're eligible for Part D:

Anyone who meets the following criteria is eligible for Medicare Prescription Drug coverage, and membership in our plan:

- You are entitled to Medicare Part A or are enrolled in Part B.
- Your permanent residence is within our service area.
- You are not enrolled or do not plan to stay enrolled in another Medicare Prescription drug plan.

Eligible individuals may only enroll in one Medicare prescription drug plan at a time and may not also be enrolled in a Medicare Advantage Plan (HMO, PPO) at the same time, unless they are a member of a Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan which does not have Part D coverage built in. If you are enrolled in a Medicare Advantage HMO or PPO plan without prescription drug coverage, you'll be disenrolled if you join a Medicare Part D prescription drug plan.

### You also have to live in our plan's service area to join.

A service area is the area where Blue Cross MedicareRx (PDP) accepts and enrolls members. Check your Summary of Benefits for more information.

### It's also a good idea to make sure your drugs are covered before you enroll.

We have a large formulary, so your drugs are probably covered, but it's always a good idea to make sure before you enroll. So, a sample list of our plan's most commonly used covered drugs is included with this packet. For a full listing of covered drugs, visit [www.medicarerx.anthem.com](http://www.medicarerx.anthem.com) or call 1-866-892-5340 (TTY/TDD: 1-800-241-6894), seven days a week, 8 a.m. to 8 p.m.. If drugs are removed from the drug list during the year, we will notify affected members of the change in writing or online at [www.medicarerx.anthem.com](http://www.medicarerx.anthem.com) at least 60 days before the change is effective.

## When you enroll:

Part D has different enrollment periods throughout the year, and there are several different types of enrollment periods. When you sign up, it will have to be during one of these three enrollment periods:

### Initial Enrollment Period

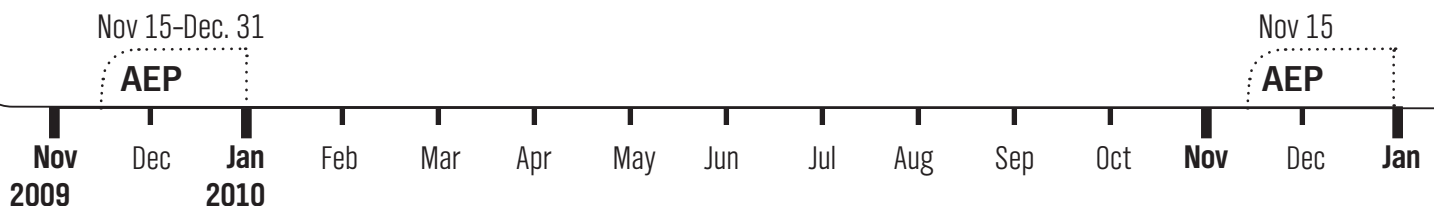
The Initial Enrollment Period is a seven month period that includes the month during which you first become eligible plus the three months before and the three months after the month in which you become eligible. You first become eligible for Medicare the month you have your 65<sup>th</sup> birthday or the month you qualify due to disability or End Stage Renal Disease. For example, if you turn 65 June 16, 2010, then your Initial Enrollment Period is **March 1, 2010 through September 30, 2010**. Generally, people who are *first* eligible for Medicare after **January 31, 2010** will have the same Initial Enrollment Period for Medicare Part D as they do for Medicare Part B. If you do not enroll during your seven-month Initial Enrollment Period, you will have an opportunity to join a Prescription Drug Plan once a year from **November 15 through December 31**. However, delaying enrollment after the Initial Enrollment Period may result in a late enrollment penalty.

### Special Enrollment Period

A Special Enrollment Period is available in certain situations, such as when an individual permanently moves outside the service area, the Medicare Prescription drug plan organization breaks its contract with an individual or does not renew its contract with CMS (Centers for Medicare and Medicaid Services), or under other exceptional conditions determined by CMS. During this time, eligible individuals may enroll in or change Medicare Prescription drug plans. If a person believes they may be eligible to enroll during a Special Enrollment Period due to certain circumstances, they should contact the plan for more information.

### Annual Coordinated Election Period (AEP)

The Annual Coordinated Election Period occurs **November 15 through December 31** of every year. During this time, individuals may enroll in or change Medicare Prescription drug plans. Coverage will be effective **January 1** of the next year.



**If you already have drug coverage, you have some options.**

If you have a plan that includes prescription drug coverage and you join a Medicare Part D Prescription drug plan you must let your insurer know. If you have a Medicare Supplement plan that includes prescription drug coverage, in some cases, you can buy a different plan without prescription drug coverage sold by your Medicare Supplement insurer. If you are currently enrolled in a Medicare Advantage plan with prescription drug coverage and you enroll in a stand-alone prescription drug plan you will be automatically disenrolled from your Medicare Advantage plan.

**Make sure you avoid the “late enrollment penalty.”**

Enrollment in Medicare’s prescription drug coverage is your choice. If you already have prescription drug coverage and you are comfortable with those benefits, you may choose not to enroll in a Medicare Prescription drug plan. However, if you decide not to enroll in a Medicare Prescription drug plan during your initial enrollment period, you may be subject to a late enrollment penalty if you do enroll at a later date.

This penalty was designed to encourage people to sign up for coverage at the youngest possible age, which helps keep overall costs of the drug program more affordable. It is similar to the late enrollment penalty for Medicare Part B.

The late penalty is currently one percent of the national average monthly premium for each month you were eligible but were not enrolled in a Medicare prescription drug plan. The penalty will be added to your premium for as long as you are enrolled in Medicare’s prescription drug coverage. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

In some instances, people can delay enrollment in Medicare’s prescription drug coverage without paying a penalty. For example, you may have creditable coverage as an individual or through an employer group policy. Creditable coverage is a drug benefit of equal or greater value than Medicare’s standard prescription drug coverage. If you have creditable coverage, your current insurer should send you information about your options, and you may choose not to enroll in a Medicare prescription drug plan. A late penalty will not apply as long as you have creditable coverage.

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## **After you've joined:**

**We'll send you your new Anthem Blue Cross Life and Health Insurance Company ID card and you can start using your Part D benefits as soon as your effective date of enrollment. Here are a few things to remember:**

### **We take steps to ensure your medical safety.**

The prescription drug benefits our members receive are designed to afford them access to safe and effective medications. Our claims processing systems are designed to screen medications for potential drug interactions, appropriate dosing, diagnosis and more.

Additionally, our Medication Therapy Management Program focuses on the education of certain members with chronic diseases. Certain members have access to disease-specific materials that are designed to help them better understand their conditions and focus on what they can do to live healthier lifestyles. The program also alerts physicians to potential medication therapy issues and options, helping to ensure our members receive access to clinically studied and recognized care.

### **We renew our contract with Medicare annually.**

Our plans are prescription drug plans with a Medicare contract. Since contracts with Medicare are renewed annually, prescription drug plans cannot guarantee availability of coverage beyond the end of their current contract year.

If our Medicare contract is terminated or if we stop offering Blue Cross MedicareRx (PDP) benefits, we will give you written notice of when that change will be effective. We will also provide you with information about alternative prescription drug plans in your area, and the steps you need to take to continue your prescription drug coverage with Medicare. At that time, you would be eligible for a Special Enrollment Period, and could choose a new prescription drug plan without being subject to a late enrollment penalty.

**Remember, if you ever disagree with a claim decision or have a concern, you have options.**

We do our best to give you all the information you need to make the most of your benefits, and we listen to any concerns. You have the right to make a complaint if you have concerns or problems related to your prescription drug coverage or the service you receive. “Appeals” and “Grievances” are the two different types of complaints you can make.

**An “appeal”** is the type of complaint you make when you want us to reconsider and change a decision we have made about your prescription drug benefits, and/or what we will pay for a prescription drug. For example, you can file an appeal if we do not cover or pay for a prescription drug you think we should cover.

**A “grievance”** is the type of complaint you make if you have any other type of problem with the service you receive from us or one of our network pharmacies. For example, you would file a grievance if you have a problem with the waiting times when you fill a prescription, the way your network pharmacist or others behave, the availability of pharmacy staff by phone or otherwise, or the cleanliness or condition of a network pharmacy.

We have procedures to help ensure that appeals and grievances are answered in a timely manner. More information about these procedures is available in our Evidence of Coverage and other member materials.

## We're here to help.

We are dedicated to providing you with outstanding service.  
If you have any questions, you can reach us three ways:

**1 By phone:**

Call your local agent, or call us at 1-866-892-5340 from 8 a.m. to 8 p.m., seven days a week, (TTY/TDD: 1-800-241-6894).

**2 By the web:**

Visit us at [www.medicarerx.anthem.com](http://www.medicarerx.anthem.com).

**3 By mail:**

Materials may be available in alternative formats including large print and audio. To order an alternative format call the number above or write to:

**Blue Cross MedicareRx (PDP)**

Box 34160

Louisville, KY

40232-9732

You can also call Medicare for questions about how Medicare works at 1-800-MEDICARE (1-800-633-4227) or TTY/TDD: 1-877-486-2048, 24 hours a day, 7 days a week.

Medicare beneficiaries may enroll in Blue Cross MedicareRx (PDP) through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [Medicare.gov](http://Medicare.gov). For more information contact the Blue Cross MedicareRx (PDP) at 1-866-892-5340.

Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al numero telefónico que se muestra en este material.

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A Medicare approved Part D sponsor.

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