Maximize your Part D coverage.

Look inside for:
• Information about your prescription drug plan (PDP)
• Getting started
• What happens next
Get to know Blue Cross Group MedicareRx℠

Let’s talk about your retiree group Medicare prescription drug benefit, including how it works, how to enroll, and what to expect once your coverage begins.

Blue Cross Group MedicareRx helps you stay healthy and protects you against high pharmacy costs.

Unlike Original Medicare, Part D covers common outpatient medications, like those used to treat diabetes, high blood pressure, high cholesterol, depression, and osteoporosis.

It offers:
- A comprehensive drug list (formulary).
- Convenient home delivery and online ordering.
- A nationwide network of pharmacies.
- The confidence of knowing you are covered by one of the state's leading health insurers.

How does Medicare Part D work?

Copay and Deductible

You may have a copay or coinsurance for your prescriptions. Some plans have a deductible you will need to meet before benefits start. After spending a government-set amount on medications, you may reach or even go past the coverage gap in a year. Copays and coinsurances can change during these stages. Review the Summary of Benefits to understand deductibles and the coverage gap in your employer-sponsored plan.

Formulary

In Medicare Part D plans, prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions.

Before you enroll, you can search for your medicines at www.myprime.com.

• Select ‘Medicines,’ then
• ‘Find a Medicine,’ followed by
• ‘Continue without sign in.’

Follow the prompts to search your medicines.
Part D coverage generally has four stages.

Review the Summary of Benefits for details about the retiree group plan available to you.

1. **Annual Deductible**
   You pay this amount for your prescriptions before the plan starts to pay.

2. **Initial Coverage Limit**
   You may pay a copay or coinsurance for each eligible prescription. The plan pays the rest until total costs reach the Initial Coverage Limit. This is an amount determined by the Centers for Medicare and Medicaid Services (CMS). It may change each year. Only the retail cost of a prescription drug goes toward the Initial Coverage Limit. So even if the retail cost is $100, and your copay is $10, the amount that counts toward your Initial Coverage Limit will be the $100 retail cost.

3. **Coverage Gap**
   Also called the ‘donut hole,’ this stage starts after you and the plan have spent up to the Initial Coverage Limit. While you are in the Coverage Gap, what you pay for drugs may change, based on your Part D plan. Review the Summary of Benefits for details about your plan.

4. **Catastrophic Coverage**
   When your out-of-pocket costs for covered drugs reach an amount that is set by CMS each year, you will enter Catastrophic Coverage. During this phase, you may pay a small copay or coinsurance for covered drugs for the rest of the calendar year.

Enroll in your Medicare prescription drug plan today!

It only takes a few minutes to get covered. Let’s get started.

1. If you haven’t signed up for Original Medicare Part A and Part B yet, contact your local Social Security office or go to [www.ssa.gov](http://www.ssa.gov) to enroll online.

2. Review the Summary of Benefits and search your medicines online.

3. **It’s time to enroll!** Follow the enrollment instructions provided by your benefit administrator.

4. Watch your mailbox for your enrollment acknowledgment and confirmation letters, followed by your new member ID card.

5. Your Welcome Kit, Evidence of Coverage, and Formulary will arrive shortly after that.

Talk to your benefit administrator if you have questions about your plan.
What happens after you enroll?

1. **Medicare Approval**
   Medicare must approve your enrollment before you are officially a member.

2. **Acknowledgment and Confirmation Letters, Member ID Card**
   Within 10–14 days of receiving your enrollment we’ll send you an acknowledgment letter. After your enrollment is approved by Medicare, you’ll get a confirmation letter, followed by your Blue Cross Group MedicareRx member ID card. Show your new card to your pharmacy.

3. **Welcome Kit**
   You will receive your Welcome Kit in the mail. It includes information to help you get the most from your plan:
   - Welcome guide.
   - Evidence of Coverage.
   - Formulary.

4. **Blue Access for Members™ (BAM™)**
   Be sure to register for BAM right away at www.bluememberok.com. It is your online portal for benefit and claims information, as well as links to your full formulary, pharmacy finder, and online ordering. You can even access your member ID card via BAM.

Questions about your plan?
Talk to your benefit administrator or refer to the Summary of Benefits for details.
Call the Enrollment Helpline at 1-888-984-4102 TTY 711.
We are open September 15 – January 31 - daily, 8:00 a.m. to 9:00 p.m. CT
February 1 – August 30 - Monday through Friday, 8:00 a.m. to 8:00 p.m. local time.
Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Get more from your Medicare.

This information is not a complete description of benefits.
MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

*Medicare Part D Plan Notice:*
Prescription drug plans provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC’s plans depends on contract renewal.