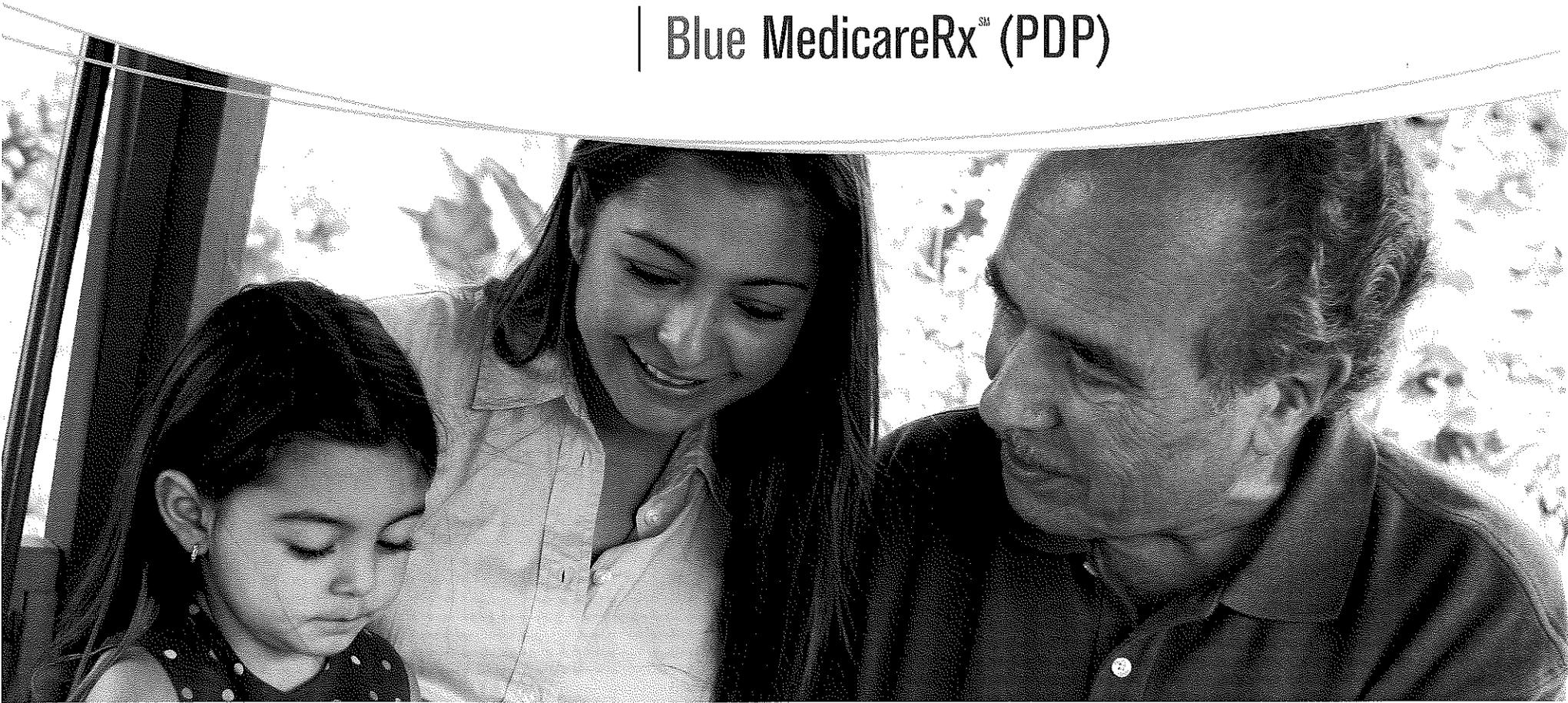
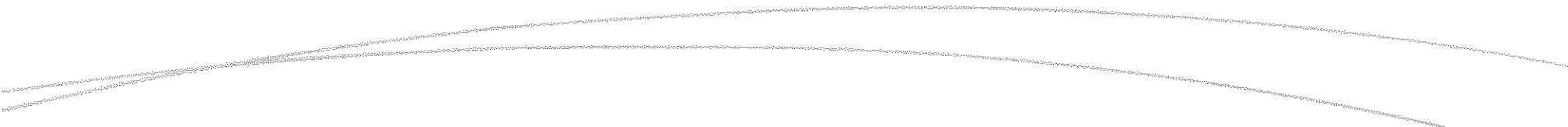


| Blue MedicareRxSM (PDP)



2012 Summary of Benefits Blue MedicareRxSM (PDP)

Group Prescription Drug Plan
\$10/\$20



Section 1: Introduction

Introduction to the Summary of Benefits for Your Blue MedicareRx Plan

For January 1, 2012 – December 31, 2012

Thank you for your interest in our Blue MedicareRx plan. Our plan is offered by Blue Cross & Blue Shield of Rhode Island, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the "Evidence of Coverage."

You Have Choices In Your Medicare Prescription Drug Coverage

You are being offered this Blue MedicareRx plan as part of your former employer's retiree benefits. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. You can choose from this Blue MedicareRx plan offered by your former employer, or an Individual (non-group) Medicare Prescription Drug Plan. Another option is to get your prescription drug coverage through an Individual (non-group) Medicare Advantage Plan (MA) that offers prescription drug coverage. If you enroll in an Individual (non-group) plan, you may not be eligible to enroll in your employer's retiree plan in the future. Please contact your former employer's group administrator for information on eligibility requirements for your retiree plan.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by our Blue MedicareRx plan to the benefits offered by other Medicare Prescription Drug Plans or MA Plans with prescription drug coverage.

Where Is This Blue MedicareRx Plan Available?

As a member of your former employer's retiree plan, you may enroll in this plan as long as you live in the United States.

Who Is Eligible To Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan. Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where Can I Get My Prescriptions?

This Blue MedicareRx plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at Groups.RxMedicarePlans.com. Our Customer Care number is listed on the back cover of this booklet.

Does My Plan Cover Medicare Part B or Part D Drugs?

This Blue MedicareRx plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

What Is a Prescription Drug Formulary?

This Blue MedicareRx plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at Groups.RxMedicarePlans.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What Should I Do If I Have Other Insurance In Addition To Medicare?

If you also have a Medicare Supplement Insurance plan through your former employer, your Medicare Supplement Insurance plan benefits will work with your Medicare Part D Plan. If you have an Individual (non-group) Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY/TTD users should call **1-877-486-2048**, 24 hours a day/7 days a week; and see www.medicare.gov “Programs for People with Limited Income and Resources” in the publication *Medicare & You*.
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**; or
- Your State Medicaid Office.

What Are My Protections In This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may continue in their entire

service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of this Blue MedicareRx plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue MedicareRx for more details.

Section 2: Summary of Benefits

For questions about this plan's benefits or costs, contact Blue MedicareRx for details.

Prescription Drugs: Drugs covered under your Medicare Part D Prescription Drug Plan

Blue MedicareRx Plan		
Initial Coverage Level		<i>You pay the following until your out-of-pocket costs for covered drugs reach \$4,700¹:</i>
30-day supply at a network Retail pharmacy		
Tier 1	Generic Drugs*	\$10
Tier 2	Brand and Specialty Drugs	\$20
90-day supply at a network Retail pharmacy ²		
Tier 1	Generic Drugs	\$30
Tier 2	Brand and Specialty Drugs	\$60
Not all drugs on these tiers are available at this extended day supply. Please contact the plan for more information.		
90-day supply through network Mail-Order pharmacy		
Tier 1	Generic Drugs	\$15
Tier 2	Brand and Specialty Drugs	\$50
Not all drugs on these tiers are available at this extended day supply. Please contact the plan for more information.		
Catastrophic Coverage		<i>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</i>
Generics (including brand drugs treated as generic)		\$2.60 or 5%
All other drugs		\$6.50 or 5%

¹All covered drugs are on the Blue MedicareRx formulary/drug list. Your copayment or coinsurance for some covered drugs may be lower due to the Medicare Coverage Gap Discount Program. More information on this program is in the General Information section.

²Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

*Certain generic benzodiazepines and generic barbiturates are included in this cost-sharing tier for the purpose of assigning a copayment amount. These drugs are not normally covered in a Medicare Prescription Drug Plan.

General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. Your co-payment/coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Brand or Specialty drug. However, if you go to an out-of-network pharmacy, you are responsible for the difference between the amount charged at the out-of-network pharmacy and what your plan would have paid at a network pharmacy.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached year-to-date "total drug costs" of \$2,930 and are not already receiving "Extra Help." A 50% discount on your cost share will be available for those brand name drugs from manufacturers that have agreed to pay the discount.

If you have reached year-to-date "total drug costs" of \$2,930, we will automatically apply the discount when your pharmacy bills you for your prescription and your Explanation of Benefits (EOB) will show any discount provided. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid this amount. Once your out-of-pocket costs reach \$4,700, you will move to the Catastrophic phase and the Medicare Coverage Gap Discount Program will no longer be applicable.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Care.

Please call Blue MedicareRx for more information about our plan.

Visit us at Groups.RxMedicarePlans.com or, call us:

Customer Care Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
24 hours a day

Current members should call toll-free **1-888-620-1748**. (TTY/TDD **1-866-236-1069**)

Prospective members should call toll-free **1-800-505-2583**. (TTY/TDD **1-877-232-8432**)

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**.

TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

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