Connecticut | Massachusetts
Rhode Island | Vermont

Blue MedicareRx (PDP)

2027 SUMMARY OF BENEFITS

Blue MedicareRx Value Plus (PDP)

Blue MedicareRx Premier (PDP)

Independent Licensees of the Blue Cross and Blue Shield Association.
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Blue MedicareRx

VALUE PLUS (PDP)

Blue MedicareRx

PREMIER (PDP)

**A Medicare Prescription Drug Plan (PDP)
offered by ANTHEM INSURANCE CO. &
Blue Cross and Blue Shield of Massachusetts,
Blue Cross & Blue Shield of Rhode Island,
and Blue Cross and Blue Shield of Vermont
with a Medicare contract**

IT'S THAT EASY

To find out more about Medicare Prescription Drug Plans, scan the QR code or visit us at rxmedicareplans.com.

SUMMARY OF BENEFITS

January 1, 2027 – December 31, 2027

This booklet summarizes what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, call us and ask for the Evidence of Coverage.

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

rxmedicareplans.com

FOR MORE INFORMATION

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at **medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf** or get a copy by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

This document is available in other formats such as Braille and large print.

SUMMARY OF BENEFITS: INTRODUCTION

Who can join?

To join Blue MedicareRx Value Plus or Blue MedicareRx Premier, you must:

- Be entitled to Medicare Part A and/or be enrolled in Medicare Part B
- Be a U.S. citizen or be lawfully present in the United States
- Live in our service area

Our service area includes the following: Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont).

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at rxmedicareplans.com. Or, call us and we'll send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of five tiers. You'll need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what phase of the benefit you've reached. There are three benefit phases in your Medicare prescription drug coverage: annual deductible phase, initial coverage phase, and catastrophic coverage phase. For more information about formulary tiers and phases of the benefit, see the plan's formulary and the Evidence of Coverage on our website at **rxmedicareplans.com**, or contact Customer Care.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies.

You can see our plans' pharmacy directories at our website **rxmedicareplans.com**, or call us and we'll send you a copy of the pharmacy directory.

SUMMARY OF BENEFITS

Phase 1: Annual deductible phase

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
How much is the monthly premium?	$25.50 per month	$284.70 per month
How much is the deductible?	$700 per year for Part D prescription drugs.	This plan doesn't have a deductible.

Phase 2: Initial coverage phase

Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)	Both
After you pay your yearly deductible, you pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the total drug costs paid by you or others on your behalf.	You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the total drug costs paid by you or others on your behalf.	• You may get your drugs at network retail pharmacies and mail service pharmacies. • If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. • You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

	Blue MedicareRx Value Plus (PDP)		Blue MedicareRx Premier (PDP)	
Preferred retail cost sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred generic)	$0 copay	$0 copay	$1 copay	$3 copay
Tier 2 (Generic)	$3 copay	$9 copay	$7 copay	$21 copay
Tier 3 (Preferred brand)	17% of the cost	17% of the cost	$30 copay	$90 copay
Tier 4 (Non-preferred drug)	35% of the cost	35% of the cost	35% of the cost	35% of the cost
Tier 5 (Specialty tier)	25% of the cost	N/A	33% of the cost	N/A
Standard retail cost sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred generic)	$6 copay	$18 copay	$6 copay	$18 copay
Tier 2 (Generic)	$12 copay	$36 copay	$12 copay	$36 copay
Tier 3 (Preferred brand)	25% of the cost	25% of the cost	$40 copay	$120 copay
Tier 4 (Non-preferred drug)	46% of the cost	46% of the cost	44% of the cost	44% of the cost
Tier 5 (Specialty tier)	25% of the cost	N/A	33% of the cost	N/A
Mail service cost sharing				
Tier	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred generic)	$0 copay	$0 copay	$1 copay	$1 copay
Tier 2 (Generic)	$3 copay	$6 copay	$7 copay	$14 copay
Tier 3 (Preferred brand)	17% of the cost	17% of the cost	$30 copay	$60 copay
Tier 4 (Non-preferred drug)	35% of the cost	35% of the cost	35% of the cost	35% of the cost
Tier 5 (Specialty tier)	25% of the cost	N/A	33% of the cost	N/A

SUMMARY OF BENEFITS

Phase 3: Catastrophic coverage phase

	Blue MedicareRx Value Plus (PDP)	Blue MedicareRx Premier (PDP)
Catastrophic coverage	• You enter the catastrophic coverage stage when your out-of-pocket costs reach the $2,400 limit for the calendar year. Once you're in the catastrophic coverage stage, you'll stay in this payment stage until the end of the calendar year. • During this payment stage, you pay nothing for your covered Part D drugs.*	

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

*You won't be responsible for any amount once the out-of-pocket maximum is met.

If you believe that Blue MedicareRx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Blue MedicareRx (PDP)

Grievance Department Coordinator
P.O. Box 30016
Pittsburgh, PA 15222-0330
Phone: 1-866-884-9478
Fax: 1-866-217-3353

You can file a grievance by phone, by mail, or fax. If you need help filing a grievance, the Blue MedicareRx Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TTY: 1-800-537-7697

Complaint forms are available at
hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

You can file a complaint if you feel that you received inaccurate, misleading, or inappropriate information. Call Customer Care at the number listed on page 1 (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

Connecticut | Massachusetts
Rhode Island | Vermont

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to an Enrollment representative at the phone numbers listed below.

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 through 3/31, 8:00 a.m. to 8:00 p.m. ET, 7 days a week.

4/1 through 9/30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

Rhode Island residents:
1-800-505-2583 (TTY: **711**)
10/1 through 3/31, 8:00 a.m. to 8:00 p.m. ET, 7 days a week.

4/1 through 9/30, 8:00 a.m. to 8:00 p.m. ET, 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

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **rxmedicareplans.com** or call Customer Care to receive a copy of the EOC.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy isn't listed, you'll likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2028.

Effect on current coverage

- ☐ Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare®´ or a Medicare plan, you'll no longer receive benefits from that plan once your new coverage starts.

IT'S THAT EASY

To find out more about your benefits, scan the QR code or visit us at rxmedicareplans.com.

Independent Licensees of the Blue Cross and Blue Shield Association.

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 that 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.

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**.

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FOR QUESTIONS OR TO ENROLL:

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

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.

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. 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**.

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