

Medi-CareFirst<sup>®</sup>    
BlueCross BlueShield

*More to feel good about.<sup>SM</sup>*



**BlueRx**  
Medicare Prescription Drug Plans

## 2010 Blue Rx (PDP) *Summary of Benefits*

**Contract (S5766)**

*Effective January 1, 2010 - December 31, 2010*

# Welcome

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## Section 1 Introduction to Summary of Benefits

Thank you for your interest in Blue Rx (PDP). Our plan is offered by First Care, Inc./Medi-CareFirst BlueCross BlueShield, 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 Blue Rx (PDP) and ask for the "Evidence of Coverage."



# Section 1

## *Introduction to Summary of Benefits (continued)*

### You Have Choices In Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Rx (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

### 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 Blue Rx (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### Where Is Blue Rx (PDP) Available?

The service area for this plan includes: Mid-Atlantic (Delaware, District of Columbia and Maryland). You must live in one of these areas to join this plan.

### 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.

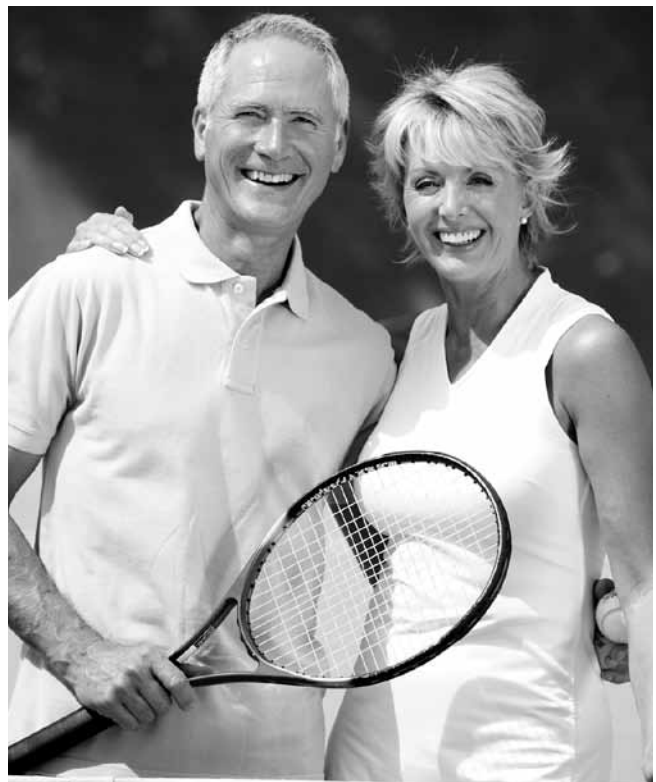
If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may

not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

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

Blue Rx (PDP) 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.



## Where Can I Get My Prescriptions?

Blue Rx (PDP) 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 <http://www.medi-carefirst.com>. Our customer service number is listed at the end of this introduction.

## What Is A Prescription Drug Formulary?

Blue Rx (PDP) 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 <http://www.medi-carefirst.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 have a Medigap (Medicare Supplement) 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 supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Blue Rx (PDP). Get this information before you decide to enroll in this plan.

## How Can I Get Extra Help With My Prescription Drug Plan Costs?

If you qualify for extra help with your Medicare Prescription Drug Plan costs, your premium and costs at the pharmacy will be lower. When you join Blue Rx (PDP), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

# Section 1

## *Introduction to Summary of Benefits (continued)*

### What Are My Protections In This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, 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 Blue Rx (PDP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision.

You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. 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:

#### **In Maryland:**

Delmarva Foundation, Inc.  
410-822-0697  
TTY/TDD users call 800-735-2258

#### **In Delaware:**

Quality Insights of Delaware  
302-478-3600  
TTY/TDD users call 800-232-5460

#### **In The District of Columbia:**

Delmarva Foundation, Inc.  
202-293-9650  
TTY/TDD users call 800-735-2258

As a member of Blue Rx (PDP), 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.

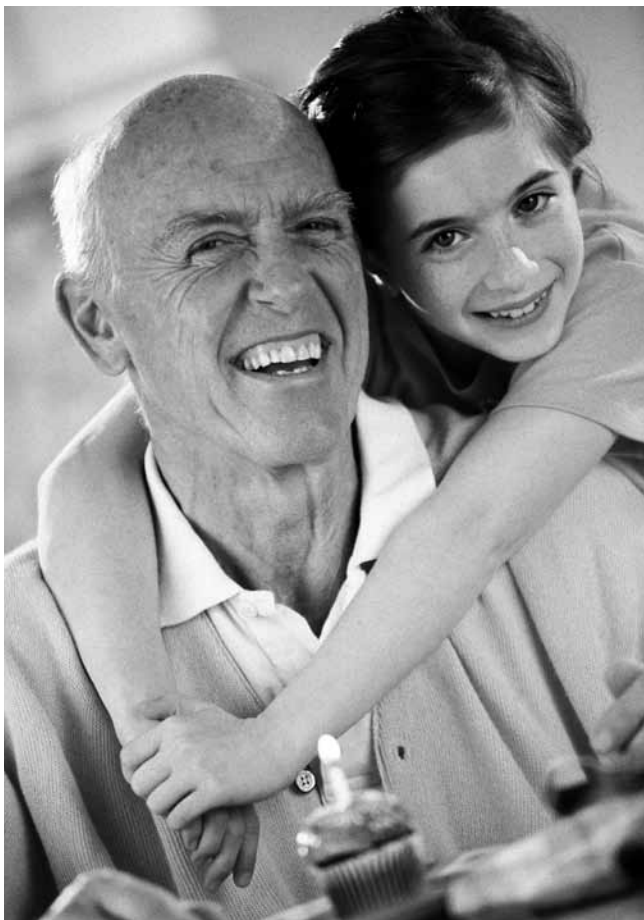
Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

# Section 1

## *Introduction to Summary of Benefits (continued)*

### What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may 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 Rx (PDP) for more details.



Please call Medi-CareFirst BlueCross BlueShield for more information about Blue Rx (PDP)

Visit us at [www.medi-carefirst.com](http://www.medi-carefirst.com) or call us:

#### **Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Open 24 hours Eastern Standard time.

#### **Current members should call:**

Toll-free 800-693-1434  
TTY/TDD 800-693-0765

#### **Prospective members should call:**

Toll-free 888-784-0790  
TTY/TDD 888-784-0868

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](http://www.medicare.gov) on the Web.

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

# Section 2

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Medi-CareFirst BlueCross BlueShield for details.

Benefit	Original Medicare	Blue Rx Standard (PDP)	Blue Rx Enhanced (PDP)
<b>Prescription Drugs</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p><b>Drugs Covered under Medicare Part D General</b>            This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at: <a href="http://www.medi-carefirst.com">http://www.medi-carefirst.com</a> on the Web.</p>	<p><b>Drugs Covered under Medicare Part D General</b>            This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at: <a href="http://www.medi-carefirst.com">http://www.medi-carefirst.com</a> on the Web.</p>
		Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>■ have limited incomes,</li> <li>■ live in long term care facilities, or</li> <li>■ have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>	Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> <li>■ have limited incomes,</li> <li>■ live in long term care facilities, or</li> <li>■ have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul>
		\$74.40 Monthly Premium	\$ 120.20 Monthly Premium
		The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).	The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
		Total yearly drug costs are the total drug costs paid by both you and the plan.	Total yearly drug costs are the total drug costs paid by both you and the plan.
		Some drugs have quantity limits.	Some drugs have quantity limits.

# Section 2

## Summary of Benefits

Benefit	Original Medicare	Blue Rx Standard (PDP)	Blue Rx Enhanced (PDP)
		Your provider must get prior authorization from Blue Rx Standard (PDP) for certain drugs	Your provider must get prior authorization from Blue Rx Enhanced (PDP) for certain drugs.
		You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a> .	You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a> .
		If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. If you request a tier exception in this plan, you will pay Non-Preferred Brand cost-sharing.	If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. If you request a tier exception in this plan, you will pay Non-Preferred Brand cost-sharing.
		<b>In-Network</b> \$150 yearly deductible	<b>In-Network</b> \$0 yearly deductible
		<b>Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	<b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:
		<b>Retail Pharmacy</b> Generic <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-DAY) supply of drugs in this tier</li> <li>■ \$20 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.	<b>Retail Pharmacy</b> Generic <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-DAY) supply of drugs in this tier</li> <li>■ \$20 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.

# Section 2

## Summary of Benefits (continued)

Benefit	Original Medicare	Blue Rx Standard (PDP)	Blue Rx Enhanced (PDP)
		<p><b>Retail Pharmacy (continued)</b></p> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs in this tier</li> <li>■ \$60 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$70 copay for a one-month (34-day) supply of drugs in this tier</li> <li>■ \$140 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Self-Injectables</p> <ul style="list-style-type: none"> <li>■ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> <li>■ 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p><b>Retail Pharmacy (continued)</b></p> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs in this tier</li> <li>■ \$60 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$70 copay for a one-month (34-day) supply of drugs in this tier</li> <li>■ \$140 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Self-Injectables</p> <ul style="list-style-type: none"> <li>■ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> <li>■ 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
		<p><b>Long Term Care Pharmacy</b></p> <p>Generic</p> <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$70 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Non-Self-Injectables</p> <ul style="list-style-type: none"> <li>■ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>	<p><b>Long Term Care Pharmacy</b></p> <p>Generic</p> <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>■ \$70 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Non-Self-Injectables</p> <ul style="list-style-type: none"> <li>■ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>

# Section 2

## Summary of Benefits

Benefit	Original Medicare	Blue Rx Standard (PDP)	Blue Rx Enhanced (PDP)
		<p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b>Coverage Gap</b> The plan covers all generics (100% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p><b>Retail Pharmacy</b> Generic</p> <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of all drugs covered in this tier</li> <li>■ \$20 copay for a three-month (90 day) supply of all drugs covered in this tier</li> </ul> <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Long Term Care Pharmacy</b> Generic</p> <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of all drugs covered in this tier</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
		<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul>
		<p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Blue Rx Standard (PDP).</p>	<p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Blue Rx Enhanced (PDP).</p>

# Section 2

## Summary of Benefits (continued)

Benefit	Original Medicare	Blue Rx Standard (PDP)	Blue Rx Enhanced (PDP)
		<p><b>Out-of-Network Initial Coverage</b>            After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <ul style="list-style-type: none"> <li>Generic               <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>Preferred Brand               <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>Non-Preferred Brand               <ul style="list-style-type: none"> <li>■ \$70 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>Non-Self-Injectables               <ul style="list-style-type: none"> <li>■ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> </ul>	<p><b>Out-of-Network Initial Coverage</b>            You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <ul style="list-style-type: none"> <li>Generic               <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>Preferred Brand               <ul style="list-style-type: none"> <li>■ \$30 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>Non-Preferred Brand               <ul style="list-style-type: none"> <li>■ \$70 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> <li>Non-Self-Injectables               <ul style="list-style-type: none"> <li>■ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> </li> </ul>
		<p><b>Out-of-Network Coverage Gap</b>            After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue Rx Standard (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue Rx Standard (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b>Out-of-Network Coverage Gap</b>            You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>Generic               <ul style="list-style-type: none"> <li>■ \$10 copay for a one-month (34-day) supply of all drugs covered in this tier</li> </ul> </li> <li>Preferred Brand               <ul style="list-style-type: none"> <li>■ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue Rx Enhanced (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue Rx Enhanced (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> </li> </ul>

# Section 2

## Summary of Benefits

Benefit	Original Medicare	Blue Rx Standard (PDP)	Blue Rx Enhanced (PDP)
			<p><b>Out-of-Network Coverage Gap (continued)</b></p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> <li>■ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue Rx Enhanced (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue Rx Enhanced (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p>Non-Self-Injectables</p> <ul style="list-style-type: none"> <li>■ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue Rx Enhanced (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue Rx Enhanced (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>
		<p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>■ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul>	<p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>■ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul>

# Section 3

## Important Plan Information

### Medi-CareFirst BlueCross BlueShield: Gives You Choice. Saves You Money.

Medi-CareFirst BlueCross BlueShield (Medi-CareFirst) is a Prescription Drug Plan that is approved by Medicare. Medi-CareFirst will offer two plans in 2010 that can reduce your prescription drug costs:

- Blue Rx Standard (PDP)
- Blue Rx Enhanced (PDP)

The primary difference between the plans: Blue Rx Enhanced (PDP) covers all generic drugs for a \$10 copay in the “coverage gap” – the phase in the standard Medicare Part D plan during which all prescription drug costs are paid by the member. Blue Rx Enhanced (PDP) can provide substantial cost savings to those who have relatively high annual prescription drug costs. The Blue Rx Enhanced (PDP) plan has a higher monthly premium since it provides continuous coverage (see chart below for additional information about Blue Rx (PDP) plans).

	Blue Rx Standard Plan (PDP)	Blue Rx Enhanced Plan (PDP)
	<b>You Pay In-Network<sup>1</sup></b>	
<b>Monthly Premium<sup>2</sup></b>	\$74.40	\$120.20
<b>Annual Deductible</b>	\$150.00	\$0
<b>Initial Coverage Limit –</b> Amount you and your plan pay for the initial \$2,830 in total drug costs	<b>34-Day Supply</b> \$10 for Generic (Tier 1) \$30 for Preferred Brand (Tier 2) \$70 for Non-Preferred Brand (Tier 3) 25% coinsurance for Non-Self-Injectables (Tier 4) <sup>3</sup>	
	<b>90-Day Supply<sup>4</sup></b> \$20 for Generic (Tier 1) \$60 for Preferred Brand (Tier 2) \$140 for Non-Preferred Brand (Tier 3) 25% coinsurance for Non-Self-Injectables (Tier 4) <sup>3</sup>	
<b>“Coverage Gap” –</b> You pay 100% of costs after <b>Initial Coverage Limit</b> until you have spent \$4,550 out-of-pocket	<b>34-Day Supply</b> Generic: 100% of all costs Brand: 100% of all Costs	<b>34-Day Supply</b> Generic: \$10 Brand: 100% of all costs
	<b>90-Day Supply<sup>4</sup></b> Generic: 100% of all costs Brand: 100% of all costs	<b>90-Day Supply<sup>4</sup></b> Generic: \$20 Brand: 100% of all costs
<b>Catastrophic Coverage –</b> Amount you pay after your out-of-pocket expenses reach \$4,550	\$2.50 for Generic Drugs or Brand-Name Drugs treated as Generic \$6.30 for all other drugs <b>OR</b> 5%, whichever is greater	

<sup>1</sup> The copays listed are for in-network pharmacies. You must use in-network pharmacies to receive plan benefits, except under non-routine circumstances.

<sup>2</sup> If you missed your Initial Enrollment Period you will likely pay an additional 1% of the national average premium for each month in which you did not have coverage that was at least as good as the Medicare Prescription Drug Program.

<sup>3</sup> Self-Administered Medical Injectables are covered under Tiers 2 and 3.

<sup>4</sup> 90-day supply is for “maintenance medications” taken regularly for an ongoing condition such as high blood pressure or diabetes.

# Section 3

## Important Plan Information

### Blue Rx (PDP) Rated 4.5 out of 5 Stars<sup>1</sup>

Medi-CareFirst's Blue Rx Standard (PDP) plan and Blue Rx Enhanced (PDP) plan have both been rated 4.5 stars out of 5 for plan quality and performance by the Centers for Medicare and Medicaid Services.<sup>1</sup> This summary score is important because it makes it easy for you to compare all drug plans based on these criteria. It is a summary of the plans' performance in four categories:

- Drug plan customer service
- Member complaints and staying with the drug plan
- The member experience with the drug plan
- Drug pricing and patient safety

For more information on our rating, go to [www.medicare.gov](http://www.medicare.gov).

### Blue Rx Standard (PDP) and Blue Rx Enhanced (PDP) Both Feature:

- A large network of 1,400 pharmacies in our MD, DE and DC region. Access to 60,000 pharmacies nationally.
- An open drug formulary. An open formulary means Medi-CareFirst covers all drugs that are approved by Medicare and are not available over-the-counter. This coverage gives you more predictability. Our formulary features four drug tiers, or types, of drugs (Generic – Tier 1; “Preferred” Brand – Tier 2; “Non-Preferred.”

Brand – Tier 3; and “Non-Self-Injectables” – Tier 4).

- The lower the tier, the lower your cost (For example, copays for drugs in Tier 1 are lower than copays for drugs in Tier 3.)
- Use of lower-cost Generic and Preferred Brand Name drugs is encouraged, helping you to save on your overall health care expenses.

You will receive a copy of our Abridged Formulary (a partial list of covered drugs and their Tier placement) upon enrollment. You may also look up drugs on our formulary on our Web site: [www.medi-carefirst.com](http://www.medi-carefirst.com). We recommend sharing this formulary with your doctor to ensure you are prescribed the most cost-effective, medically-appropriate drug.

### Where To Get Prescriptions Filled

You may use your Medi-CareFirst card to get your prescriptions filled at any retail pharmacy in our network. For current information about Medi-CareFirst network pharmacies in your area, visit our Web site [www.medi-carefirst.com](http://www.medi-carefirst.com), call Customer Service at (800) 693-1434 (TTY/TDD: (800) 693-0765) or write (Argus Health Systems, Dept. #303, P.O. Box 419019, Kansas City, MO 64141). Our network includes the following major retail chains:

Acme	Rite Aid	BJ's
Safeway	Costco	CVS
Shopper's Club	Food Lion	Sam's
Giant	Super Fresh	Target
Walgreens	The Medicine Shoppe	Weis
Walmart	Happy Harry's	Kmart
	NeighborCare	

<sup>1</sup> The Centers for Medicare and Medicaid Services 2009, Medicare Prescription Drug Finder, [www.medicare.gov/mpdpf](http://www.medicare.gov/mpdpf)

# Section 3

## Important Plan Information (continued)

### National Network of Pharmacies

If you are traveling anywhere in the U.S., or you have an emergency outside the region, you are still covered through Medi-CareFirst's nationwide network of 60,000 pharmacies. You will have access to covered Part D drugs at out-of-network pharmacies when you can't reasonably be expected to obtain such drugs at a network pharmacy. However, you will pay the full cost and must submit a claim for us to reimburse you for our share of the cost.

Check our Web site [www.medi-carefirst.com](http://www.medi-carefirst.com) for the most current information about our network of regional pharmacies or about buying prescriptions at pharmacies outside our network. You can also call our Claims Customer Service at 800-693-1434 (TTY/TDD: 800-693-0765), 24 hours a day, 7 days a week.

### 34-Day Supply for One Month

Medi-CareFirst provides a 34-day supply of a prescription drug rather than the typical 30-day supply for the same cost. This provides members with more than an extra month's supply over the course of a year. Make sure to tell your doctor about this provision.

### Three-Month Supply for Two Monthly Copays

Medi-CareFirst gives you the option to purchase a three-month (90-day) supply of maintenance drugs at a retail pharmacy in our network at a cost savings. Maintenance drugs are drugs that you take regularly for an ongoing condition, such as high blood pressure. Our Blue Rx (PDP) plans provide the three-month supply for the equivalent of a two-month supply copay.

### Medication Therapy Management Program

Medi-CareFirst contracts with Outcomes Pharmaceutical Health Care to offer a free service called Medication Therapy Management (MTM) to all Medi-CareFirst members. This free program can be especially helpful to those with chronic conditions. Specially trained MTM pharmacists are identified in communities throughout Maryland, Delaware and the District of Columbia. These pharmacists do much more than dispense drugs. They help you get the best results from your medication while keeping out-of-pocket costs down.

Your MTM pharmacist will perform a Comprehensive Medication Check-up to review your medications, identify any duplications or potential interaction problems, and help to organize your medication schedule. The pharmacist will confer with you and your doctor to resolve any problems and consult with you on the most effective non-prescription (over-the-counter) treatments.

To find an MTM pharmacist in your area, see the Pharmacy Directory on our website [www.medi-carefirst.com](http://www.medi-carefirst.com) or call Claims Customer Service at 800-693-1434 (TTY/TDD: 800-693-0765), 24 hours a day, 7 days week. MTM pharmacies are also listed in our member Welcome Book's Pharmacy Directory.

### Stay Informed With Our Web Tools

To make important decisions about your health, you need access to information. When you become a member of Blue Rx (PDP) from Medi-CareFirst, you have access to comprehensive

# Section 3

## Important Plan Information

online tools and resources 24 hours a day, 7 days a week.

As a Blue Rx (PDP) member, you can view your benefits information, check our formulary to see if a drug is covered, find a pharmacy, take quizzes to keep you knowledgeable about your healthcare and view money saving tips. You'll be able to play brain games and find information on how to stay healthy and active, including daily healthy recipes, dietary information, health and fitness tips and news, and health management programs that give you the ability to make better decisions about your health care.

We also want you to stay connected so we have included information on how to use the latest social networks and technologies to stay in touch with family and friends. And, we have included ways to make your computer easier to see, hear and use.

### Extra Help – Premiums and Drug Costs

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:

- 800-MEDICARE (TTY/TDD: 877-486- 2048), 24 hours a day, 7 days a week, or
- The Social Security Administration at 800-772-1213 between 7 a.m. and 7 p.m. Monday through Friday (TTY/TDD: 800-325-0778), or
- Your state Medicaid office
- Maryland and Delaware residents may also be eligible for extra help. Maryland residents can call the Maryland Senior Prescription Drug Assistance Program at

800-215-8038, Monday through Friday, 9 a.m. to 5 p.m weekdays. TTY/TDD users should call 800-877-5156. Delaware residents can call the Delaware Prescription Drug Assistance or Delaware Chronic Renal Disease programs at 800-996-9969, Monday through Friday, 8 a.m. to 4:30 p.m. weekdays. TTY/TDD users should call 800-232-5470.

### Prior Authorization

Medi-CareFirst requires you to obtain advance approval, or prior authorization, for certain prescription drugs from our plan before you fill your prescriptions. If you don't receive approval, Medi-CareFirst may not cover the drug. Medi-CareFirst members receive an Abridged Formulary — a partial list of covered drugs — that notes which drugs require prior authorization. You can also check the drug formulary for this information on our Web site at [www.medi-carefirst.com](http://www.medi-carefirst.com). If you try to fill your prescription prior to receiving approval, your pharmacist may contact your physician to begin the authorization process. To avoid delay, your physician should start the prior authorization process before you go to the pharmacy.

### Quantity Limits

For certain drugs, Medi-CareFirst limits the amount of the drug covered under the plan. For example, the plan provides up to 120 tablets per 30-day prescription for Oxycontin ER. These limits are set to ensure that these medications are used appropriately, and other treatment alternatives are regularly reconsidered by your physician. These limits are often a normal part of a physician's prescription management program for patients.

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## Important Plan Information (continued)

### Fraud and Abuse Monitoring and Reporting

As Medi-CareFirst members, we want your help in fighting fraud. Let us know when you encounter such situations as:

- An Explanation of Benefits (EOB) showing prescriptions you did not receive or providers or dates of service that are not correct; or
- A suspicion that someone is using your ID card.

You can also help prevent fraud by keeping your member ID in a safe place. If your ID is stolen, report it immediately.

To report suspected fraud you can call our fraud hotline at 410-998-5480 or toll-free at 800-336-4522 (TTY/TDD: 800-735-2258). Phone calls can remain anonymous. You can also report fraud on-line at [www.medi-carefirst.com](http://www.medi-carefirst.com).

### Exceptions, Appeals and Grievances

We want to know about your concerns, or your need for drugs not usually covered by the plan. The following programs are available to all members:

#### Exceptions

An exception is a request to Medi-CareFirst to pay for a drug that is not covered, pay for a drug at a lower-cost tier, or waive coverage restrictions or quantity limits.

To request an exception to Medi-CareFirst's formulary, call Claims Customer Service for assistance at 800-693-1434 (TTY/TDD: 800-693-0765), 24 hours a day, 7 days a week.

Exception requests are reviewed by Medi-CareFirst pharmacists. Generally, exception requests are approved if the alternative drugs included on the plan's formulary or the lower-tier drug would not be as effective in treating your condition, and/or it would cause you to have adverse medical effects. Exception requests that do not meet the above criteria may be denied by the Medical Director. If an exception request is denied, we will notify you and your physician by mail. All denial notifications include a basis for the decision and a description of your right to file an appeal.

#### Appeals

An appeal is a request to reconsider and change a decision made about a drug authorization or claim. If you do not agree with a decision, you have the right to appeal. To begin the appeals process, or to follow up on an appeal, call Claims Customer Service for assistance at 800-693-1434 (TTY/TDD: 800-693-0765), 24 hours a day, 7 days a week. You may write to the Appeals Unit via fax at 410-605-2566, or mail:

**Medi-CareFirst  
Central Appeals Unit  
PO Box 17636  
Baltimore, MD 21297**

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The appeals process has five levels:

- 1) Medi-CareFirst's Central Appeals Unit (CAU)
- 2) Independent Review by an entity contracted through federal CMS
- 3) Administrative Law Judge (ALJ) Hearing
- 4) Medicare Appeals Council
- 5) Federal Court

### Grievances

A grievance is a complaint about the service you receive from Medi-CareFirst or from pharmacies in our network. For example, if you are dissatisfied with the service provided by the Medi-CareFirst staff when you call, you may file a grievance. If you have a grievance, you are encouraged to call Claims Customer Service at 800-693-1434 (TTY/TDD: 800-693-0765) 24 hours a day, 7 days a week with any problems, and we'll work to resolve it on that call.

If we can't solve your problem during that call, we will review the grievance internally and contact you with a response, in writing if you prefer.

You can fax a grievance to 816-843-1501, or mail:

**Medicare Prescription Drug Plan  
Claims Customer Service  
c/o Argus Health Systems, Dept. #303  
P.O. Box 419019  
Kansas City, MO 64141**

### Detailed Information Available in Your Evidence of Coverage (EOC)

Once you enroll in Medi-CareFirst, you will receive the Evidence of Coverage providing definitions and a detailed description of the plan's benefits; copays; enrollment and eligibility requirements; exceptions, appeals, and grievance procedures; drug limitations and exclusions; and other plan rules.

### Contract Duration and Renewal/Non-renewal

By law, all Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the Plan may refuse to renew its contract with the Federal government or the Federal government may refuse to renew the contract. Termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. If the Plan is not continued, members receive a letter at least 90 days before coverage ends explaining options for Medicare Prescription Drug coverage in this region.

**Benefits, formulary, pharmacy, network premium and/or copayments/co-insurance may change on January 1, 2011. Please contact Medi-CareFirst for details.**







# Medicare<sup>Rx</sup>

Prescription Drug Coverage

A Medicare approved Part D Sponsor.

Medi-CareFirst<sup>®</sup>   
BlueCross BlueShield

10455 Mill Run Circle  
Owings Mills, MD 21117  
[www.medi-carefirst.com](http://www.medi-carefirst.com)

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