

# **BlueRx Enhanced Plus (PDP) offered by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company**

## **Annual Notice of Changes for 2020**

You are currently enrolled as a member of **BlueRx Enhanced Plus**. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### **What to do now**

#### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1 and 1.3 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost-sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2020 Drug List and look in Section 1.3 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Think about your overall health care costs.
    - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
    - How much will you spend on your premium and deductibles?
    - How do your total plan costs compare to other Medicare coverage options?
  - Think about whether you are happy with our plan.
- 2. COMPARE:** Learn about other plan choices
- Check coverage and costs of plans in your area.
    - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
    - Review the list in the back of your Medicare & You handbook.
    - Look in Section 2.2 to learn more about your choices.
  - Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.
- 3. CHOOSE:** Decide whether you want to change your plan
- If you want to **keep BlueRx Enhanced Plus**, you don’t need to do anything. You will stay in **BlueRx Enhanced Plus**.
  - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**
- If you don’t join another plan by **December 7, 2019**, you will stay in **BlueRx Enhanced Plus**.
  - If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

### **Additional Resources**

- Please contact our **Member Services** number at **1-800-327-3998 (AL)/1-888-311-7508 (TN)** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., seven (7) days a week. From April 1 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day.
- To receive this material in an alternative, large print format, contact **Member Services** at **1-800-327-3998 (AL)/1-888-311-7508 (TN)**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., seven (7) days a week. From April 1 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day.

## About BlueRx Enhanced Plus

- **BlueRx Enhanced Plus (PDP)** is a Part D plan with a Medicare Contract. Enrollment in **BlueRx Enhanced Plus (PDP)** depends on contract renewal.
  - When this booklet says “we,” “us,” or “our,” it means **Blue Cross and Blue Shield of Alabama and UTIC Insurance Company**. When it says “plan” or “our plan,” it means **BlueRx Enhanced Plus**.
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This information is not a complete description of benefits. Call our **Member Services at 1-800-327-3998 (AL)/1-888-311-7508 (TN)** (TTY users should call **711**) for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums, deductible and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

## Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator 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 <https://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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Foreign Language Assistance

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-630-6823 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-630-6823 (TTY: 711)번으로 전화해 주십시오.

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-855-630-6823 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-630-6823 (TTY: 711).

**Arabic:** انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-630-6823 (الهاتف النصي: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-630-6823 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-630-6823 (ATS: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-630-6823 (TTY: 711).

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-630-6823 પર કોલ કરો (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-630-6823 (TTY: 711).

**Hindi:** ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-630-6823 (TTY: 711) पर कॉल करें।

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສັງຄັດ, ແມ່ນມີອັບໄຫວ້ທ່ານ. ໂທ 1-855-630-6823 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-630-6823 (телетайп: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-630-6823 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-630-6823 (TTY: 711).

**Turkish:** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-630-6823 (TTY: 711) irtibat numaralarını arayın.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-630-6823 (TTY: 711).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-630-6823 (TTY: 711) まで、お電話にてご連絡ください。

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for **BlueRx Enhanced Plus** in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.bluerxalatenn.com](http://www.bluerxalatenn.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	<b>\$119.90</b>	<b>\$126.70</b>
<b>Part D prescription drug coverage</b> (See Section 1.3 for details.)	Deductible: <b>\$0</b>  Copayment/Coinsurance during the Initial Coverage Stage: <b>Drug Tier 1:</b> <i>Preferred cost-sharing:</i> You pay <b>\$2</b> per prescription. <i>Standard cost-sharing:</i> You pay <b>\$9</b> per prescription. <b>Drug Tier 2:</b> <i>Preferred cost-sharing:</i> You pay <b>\$8</b> per prescription. <i>Standard cost-sharing:</i> You pay <b>\$15</b> per prescription. <b>Drug Tier 3:</b> <i>Preferred cost-sharing:</i> You pay <b>\$40</b> of the total cost. <i>Standard cost-sharing:</i> You pay <b>\$47</b> of the total cost.	Deductible: <b>\$0</b>  Copayment/Coinsurance during the Initial Coverage Stage: <b>Drug Tier 1:</b> <i>Preferred cost-sharing:</i> You pay <b>\$2</b> per prescription. <i>Standard cost-sharing:</i> You pay <b>\$9</b> per prescription. <b>Drug Tier 2:</b> <i>Preferred cost-sharing:</i> You pay <b>\$10</b> per prescription. <i>Standard cost-sharing:</i> You pay <b>\$17</b> per prescription. <b>Drug Tier 3:</b> <i>Preferred cost-sharing:</i> You pay <b>\$40</b> of the total cost. <i>Standard cost-sharing:</i> You pay <b>\$47</b> of the total cost.

Cost	2019 (this year)	2020 (next year)
<b>Part D prescription drug coverage (continued)</b>	<p><b>Drug Tier 4:</b>  <i>Preferred cost-sharing:</i>            You pay <b>45%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>50%</b> of the total cost.</p> <p><b>Drug Tier 5:</b>  <i>Preferred cost-sharing:</i>            You pay <b>33%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>33%</b> of the total cost.</p>	<p><b>Drug Tier 4:</b>  <i>Preferred cost-sharing:</i>            You pay <b>45%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>50%</b> of the total cost.</p> <p><b>Drug Tier 5:</b>  <i>Preferred cost-sharing:</i>            You pay <b>33%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>33%</b> of the total cost.</p>

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$119.90	\$126.70

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

### Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [www.bluerxalatenn.com](http://www.bluerxalatenn.com). You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2020 *Pharmacy Directory* to see which pharmacies are in our network.**

### Section 1.3 – Changes to Part D Prescription Drug Coverage

#### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Current formulary exceptions may still be covered, depending on the circumstance. You can call Member Services to confirm coverage duration.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the *Evidence of Coverage*.)

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven't received this insert by September 30, 2019, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at [www.bluerxalatenn.com](http://www.bluerxalatenn.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2019 (this year)	2020 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1: Preferred Generic:</b>  <i>Preferred cost-sharing:</i>            You pay <b>\$2</b> per prescription.  <i>Standard cost-sharing:</i>            You pay <b>\$9</b> per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1: Preferred Generic:</b>  <i>Preferred cost-sharing:</i>            You pay <b>\$2</b> per prescription.  <i>Standard cost-sharing:</i>            You pay <b>\$9</b> per prescription.</p>

Stage	2019 (this year)	2020 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>		
<p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p><b>Tier 2: Generic:</b>  <i>Preferred cost-sharing:</i>            You pay <b>\$8</b> per prescription.  <i>Standard cost-sharing:</i>            You pay <b>\$15</b> per prescription.</p>	<p><b>Tier 2: Generic:</b>  <i>Preferred cost-sharing:</i>            You pay <b>\$10</b> per prescription.  <i>Standard cost-sharing:</i>            You pay <b>\$17</b> per prescription.</p>
	<p><b>Tier 3: Preferred Brand:</b>  <i>Preferred cost-sharing:</i>            You pay <b>\$40</b> per prescription.  <i>Standard cost-sharing:</i>            You pay <b>\$47</b> per prescription.</p>	<p><b>Tier 3: Preferred Brand:</b>  <i>Preferred cost-sharing:</i>            You pay <b>\$40</b> per prescription.  <i>Standard cost-sharing:</i>            You pay <b>\$47</b> per prescription.</p>
	<p><b>Tier 4: Non-Preferred Brand:</b>  <i>Preferred cost-sharing:</i>            You pay <b>45%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>50%</b> of the total cost.</p>	<p><b>Tier 4: Non-Preferred Brand:</b>  <i>Preferred cost-sharing:</i>            You pay <b>45%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>50%</b> of the total cost.</p>
	<p><b>Tier 5: Specialty:</b>  <i>Preferred cost-sharing:</i>            You pay <b>33%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>33%</b> of the total cost.</p>	<p><b>Tier 5: Specialty:</b>  <i>Preferred cost-sharing:</i>            You pay <b>33%</b> of the total cost.  <i>Standard cost-sharing:</i>            You pay <b>33%</b> of the total cost.</p>
	<p>Once your total drug costs have reached <b>\$3,820</b>, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached <b>\$4,020</b>, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in BlueRx Enhanced Plus

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan by December 7, you will automatically stay enrolled as a member of our plan for 2020.

### Section 2.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare prescription drug plan timely,
- -OR - You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -OR - You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, **Blue Cross and Blue Shield of Alabama and UTIC Insurance Company** offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### **Step 2: Change your coverage**

- To change to a different Medicare prescription drug plan, enroll in the new plan. You will automatically be disenrolled from **BlueRx Enhanced Plus**.

- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from **BlueRx Enhanced Plus**.
  - You will automatically be disenrolled from **BlueRx Enhanced Plus** if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
  - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep **BlueRx Enhanced Plus** for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from **BlueRx Enhanced Plus**. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from **BlueRx Enhanced Plus**. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 3 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

#### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

### SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Alabama, the SHIP is called Alabama State Health Insurance Assistance Program. In Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program.

Alabama and Tennessee's State Health Insurance Assistance Programs are independent (not connected with any insurance company or health plan). They are state programs that get money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the State Health Insurance Assistance Programs at the numbers below. You can learn more about your State Health Insurance Assistance Program by visiting their website below.

Alabama's SHIP	Tennessee's SHIP
<p><b>Alabama Department for Senior Services</b>            201 Monroe Street, Suite 350            Montgomery, Alabama 36104            1-800-AGELINE (1-800-243-5463)  <a href="http://www.alabamaageline.gov">www.alabamaageline.gov</a></p>	<p><b>Tennessee Commission on Aging and Disability</b>            502 Deaderick Street, 9th Floor            Nashville, Tennessee 37243-0860            1-877-801-0044  <a href="http://www.tn.gov/aging">http://www.tn.gov/aging</a></p>

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY 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 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Alabama has a program called Alabama SenioRx Prescription Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).



- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. In Alabama, Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Alabama AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Alabama AIDS Drug Assistance Program at 1-866-574-9964. In Tennessee, Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Tennessee Department of Health at 1-615-741-7500.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from BlueRx Enhanced Plus

Questions? We're here to help. Please call **Member Services** at **1-800-327-3998 (AL)/1-888-311-7508 (TN)**. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven (7) days a week. From April 1 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day. Calls to these numbers are free.

#### **Read your 2020 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for **BlueRx Enhanced Plus**. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.bluerxalatenn.com](http://www.bluerxalatenn.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.bluerxalatenn.com](http://www.bluerxalatenn.com). As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).



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## Section 6.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Review and Compare Your Coverage Options.”)

### **Read *Medicare & You 2020***

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.

**BlueRx (PDP) is a Part D plan with a Medicare contract.  
Enrollment in BlueRx (PDP) depends on contract renewal.**



BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.