

# 2025 Plan Highlights

For Alabamians who want a stand-alone  
Medicare Part D Prescription Drug Plan



## BlueRx<sup>SM</sup> (PDP)

BlueRx is a Medicare-approved Part D plan that helps pay for prescription drugs. You can pair it with a C Plus<sup>SM</sup> Medicare Select plan from Blue Cross and Blue Shield of Alabama, allowing you to have both your medical and prescription coverage from the same trusted company.

### Choose from two BlueRx plan options:

#### BlueRx Essential

- ✓ Low monthly premium
- ✓ \$590 deductible
- ✓ \$0 copay on Preferred Generics

#### BlueRx Enhanced Plus

- ✓ \$0 deductible
- ✓ Copays as low as \$2
- ✓ More brand-name drugs and more pharmacies

After your yearly out-of-pocket costs reach **\$2,000**, you pay **\$0** for the rest of the calendar year.

### Medicare Prescription Payment Plan (M3P)

A new payment option that is designed to help manage your out-of-pocket drug costs by spreading them across the calendar year (January-December) in monthly payments. This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.

### Have questions about BlueRx or need help enrolling?

Call **1-877-233-3555 (TTY 711)**, 8 a.m. – 8 p.m. CST\* or visit us online at **BCBSALMedicare.com** anytime!

\*We are available Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day.

BlueRx is a PDP with a Medicare contract. Enrollment in BlueRx (PDP) depends on contract renewal. This is a solicitation of insurance. Contact may be made by an issuer or insurance producer. C Plus<sup>SM</sup> is a Medicare Select Plan and is a private insurance plan regulated by the Alabama Department of Insurance. It is not connected with or endorsed by the U.S. government or the federal Medicare program. BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association. You must continue to pay your Medicare Part B premium. Members may enroll in BlueRx only during specific times of the year. For more information about enrollment periods, call toll free 1-877-233-3555 (TTY 711), 8 a.m. – 8 p.m., 7 days a week\*. You may be enrolled in only one Part D plan at a time. Medicare beneficiaries who are enrolled in a MA PFFS plan that includes Medicare prescription drugs or any MA coordinated care (HMO or PPO) plan will be automatically disenrolled from the HMO, PPO or MA PFFS plan if they enroll in a PDP. Medicare beneficiaries enrolled in a Private Fee-for-Service plan (PFFS) that does not include Medicare prescription drug coverage, a MA Medical Savings Account (MSA) plan or an 1876 Cost plan may enroll in a PDP and will not be automatically disenrolled from the PFFS, MSA or an 1876 Cost plan. Medicare beneficiaries may also enroll in BlueRx through the CMS Medicare Online Enrollment Center located at Medicare.gov.

## BlueRx plans at a glance — to make your decision easier

2025 PLAN PREMIUM	BlueRx ESSENTIAL	BlueRx ENHANCED PLUS
	\$63.20	\$129.30
Your Prescription Drug Costs		
DEDUCTIBLE	\$590	\$0
COPAY/COINSURANCE (for 30-day supply)	Standard Retail Cost-Sharing Pharmacy After deductible, you pay:  <div><div>Drug Tier Classifications</div><div>Tier 1 – Preferred Generic Tier 2 – Generic Tier 3 – Preferred Brand Tier 4 – Non-Preferred Drug Tier 5 – Specialty</div></div> <div><div>With BlueRx Essential, there is not a Preferred Pharmacy network option. To get the low copays above, simply fill your prescriptions at one of our many Standard network pharmacies.</div></div>	Preferred Retail Cost-Sharing Pharmacy You pay:  <div><div>Tier 1 .....\$2 Tier 2 .....\$10 Tier 3 .....\$40 Tier 4 .....45% Tier 5 .....33% Insulins .....\$35</div></div>
What happens when YOUR out-of-pocket Rx dollar spend reaches \$2,000		
CATASTROPHIC COVERAGE	Pay \$0 out-of-pocket	

Some BlueRx (PDP) covered drugs may be subject to Prior Authorization (PA), Step Therapy (ST) or have Quantity Limits (QL).