



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

## 2027 Plan Highlights



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

- ✓ Keep your Original Medicare (Parts A & B)
- ✓ Helps lower cost of prescription drugs
- ✓ Helps avoid or limit Part D penalties
- ✓ Can be paired with a supplement plan of your choice

### Choose from two BlueRx plan options:

#### BlueRx Essential

- Lower monthly premium
- \$2 copay on Preferred Generics

#### BlueRx Enhanced Plus

- \$0 deductible for Tiers 1 and 2
- Copays as low as \$0

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

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

<sup>1</sup> 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. BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association. You may be enrolled in only one Part D plan at a time. Medicare beneficiaries who are enrolled in a MA Private Fee-for-Service (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 PFFS plan 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<br>ESSENTIAL                                                                                                              | BlueRx<br>ENHANCED PLUS                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2027 PLAN PREMIUM</b>                                                                                                                                                                                                                              | <b>\$61.10</b>                                                                                                                   | <b>\$157.60</b>                                                                                                                                     |
| <b>Your Prescription Drug Costs</b>                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                                                                                     |
| <b>DEDUCTIBLE</b>                                                                                                                                                                                                                                     | <b>\$700</b>                                                                                                                     | <b>\$250 (Excludes Tiers 1 &amp; 2)</b>                                                                                                             |
| <b>COPAY (\$) / COINSURANCE (%)</b><br>(for 30-day supply) <div> <b>Drug Tier Classifications</b><br/> Tier 1 – Preferred Generic<br/> Tier 2 – Generic<br/> Tier 3 – Preferred Brand<br/> Tier 4 – Non-Preferred Drug<br/> Tier 5 – Specialty </div> | <b>After deductible, you pay:</b><br>Tier 1 .....\$2<br>Tier 2 .....\$9<br>Tier 3 .....19%<br>Tier 4 .....40%<br>Tier 5 .....25% | <b>You pay:</b><br>Tier 1 .....\$0<br>Tier 2 .....\$2<br><b>After deductible, you pay:</b><br>Tier 3 .....15%<br>Tier 4 .....40%<br>Tier 5 .....30% |
|                                                                                                                                                                                                                                                       | <b>Your Costs for Formulary Insulins</b>                                                                                         |                                                                                                                                                     |
|                                                                                                                                                                                                                                                       | No more than <b>\$35</b>                                                                                                         | No more than <b>\$35</b>                                                                                                                            |
| <b>What happens when YOUR out-of-pocket Rx dollar spend reaches \$2,400</b>                                                                                                                                                                           |                                                                                                                                  |                                                                                                                                                     |
| <b>CATASTROPHIC COVERAGE</b>                                                                                                                                                                                                                          | <b>Pay \$0 out-of-pocket</b>                                                                                                     |                                                                                                                                                     |

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

### Convenient Extended Day Supply

Get up to a 100-day extended supply on Tiers 1 – 4.

### Medicare Prescription Payment Plan

A 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.