

2027 SUMMARY OF BENEFITS

Enhanced Plus & Essential

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

January 1, 2027 – December 31, 2027

This booklet is a summary of drug services covered by BlueRx (PDP). For a complete list of covered services, limitations and/or exclusions, please view the Evidence of Coverage (EOC) at BCBSALMedicare.com/Documents (AL) / BlueRxAlaTenn.com/Documents (TN) or call us at **1-800-327-3998** (AL) / **1-888-311-7508** (TN). **TTY users call 711.**

This document is available in other formats such as braille, large print or audio. This document may be available in a non-English language.

Table of Contents

In this Summary of Benefits, you will learn:

What Should You Know About BlueRx (PDP)? 1

Monthly Plan Premiums for BlueRx (PDP) 2

Prescription Drug Benefits..... 3

Legal & Support Information

Keep-Me Contact Sheet 5

Pre-Enrollment Checklist 6

Disclosures 7

Notice of Nondiscrimination 12



What Should You Know About BlueRx (PDP)?

Who can join?

To join **BlueRx (PDP) Enhanced Plus** or **Essential**, you must:

- Be enrolled in Medicare Part A and/or Medicare Part B
- Live in our service area. Our service area includes the following states: Alabama and Tennessee

Which pharmacies can I use?

The BlueRx pharmacy network includes over 55,000 pharmacies nationwide. You can see our plan's pharmacy directory at our website BCBSALMedicare.com/Directory (AL) / BlueRxAlaTenn.com/Directory (TN).

For information about our **Mail-Order Pharmacy Services**, please call Walgreens Mail Service at **1-800-731-3588 (TTY 711)**, Amazon Pharmacy at **1-855-745-5725 (TTY 711)** or Express Scripts® Pharmacy at **1-833-715-0967 (TTY 711)**. **Note:** Injectable GLP-1s (e.g. Ozempic) are not available through Express Scripts.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan allows you to divide your out-of-pocket drug costs into monthly payments throughout the calendar year (January-December). It can help with budgeting, but it doesn't reduce your total drug costs. Visit [Medicare.gov](https://www.Medicare.gov) or call **1-833-246-9619 (TTY 711)** for more information.

What drugs are covered?

You can see our plan's formulary (list of Part D prescription drugs) at our website BCBSALMedicare.com/Documents (AL) / BlueRxAlaTenn.com/Documents (TN).

How can I learn about Original Medicare?

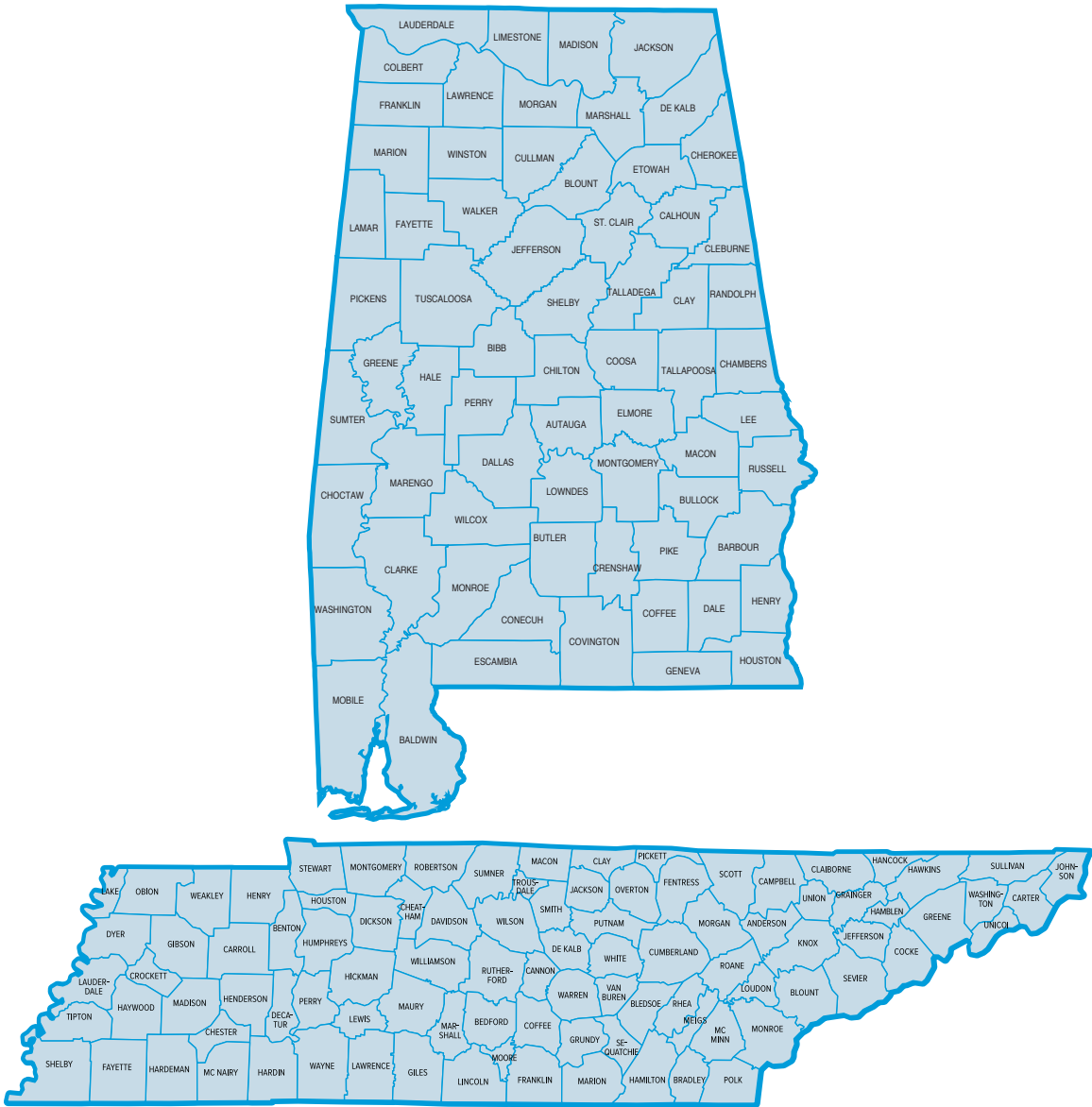
If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [Medicare.gov](https://www.Medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Monthly Plan Premiums for BlueRx (PDP) — Enhanced Plus & Essential

Our service area includes the state of Alabama and the state of Tennessee. Premiums vary by plan. You must continue to pay your Medicare Part B premium (if applicable).

Enhanced Plus	Essential
\$157.60	\$61.10

Both plans are offered in all counties within these states.





Part D Prescription Drug Benefit Information

People with limited income and resources may qualify for “Extra Help” from Medicare to assist with prescription drug costs. Your cost sharing may be lower if you qualify for “Extra Help”.

The Deductible Stage

The Deductible Stage is the first payment stage for your drug coverage. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. Until you meet your yearly Part D deductible, you will pay full price for your covered prescription drugs. The deductible applies to Tier 3, Tier 4 and Tier 5 for Enhanced Plus and all tiers for Essential.

Enhanced Plus	Essential
\$250 (applies to tiers 3, 4 & 5)	\$700 (applies to all tiers)

After you pay your annual drug deductible, you leave the Deductible Stage and move on to the Initial Coverage Stage.

The Initial Coverage Stage

During the Initial Coverage Stage, our plan pays its share of the cost of your covered drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. You can still use a pharmacy that isn’t in your plan’s network, but it may cost more. What you pay might also change depending on whether you choose a 30 day or up to a 100 day supply. **Please see page 4 for your share of the cost when you get a covered Part D prescription drug.**

You stay in the Initial Coverage Stage until your total out-of-pocket costs reach **\$2,400**. You then move to the Catastrophic Coverage Stage.

The Catastrophic Coverage Stage

In the Catastrophic Coverage Stage, **you pay nothing** for covered Part D drugs. Once you’re in the Catastrophic Coverage Stage, you’ll stay in this payment stage until the end of the calendar year.



WANT TO LEARN MORE?

Scan the QR code to watch short videos about certain parts of your Part D Prescription Drug coverage.

Your Cost-Sharing at Retail, Mail-Order and Long-Term Care (LTC) During the Initial Coverage Stage

Your share of the cost when you get a covered Part D prescription drug

BlueRx requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to the plan's formulary to determine if your drugs are subject to any limitations.

Enhanced Plus

Tier 1 – Preferred Generic

Tier 2 – Generic

Tier 3 – Preferred Brand

Tier 4 – Non-Preferred Drug

Tier 5 – Specialty
(limited to a one-month supply)

30 day Retail	30 day Mail-Order	31 day LTC	Up to a 100 day Retail	Up to a 100 day Mail-Order
\$0	\$0	\$0	\$0	\$0
\$2	\$2	\$2	\$4	\$4
15%	15%	15%	15%	15%
40%	40%	40%	40%	40%
30%	30%	30%	Not Available	Not Available

You won't pay more than \$35 for a one-month supply or \$70 for up to a 100 day supply of each covered Part D insulin product, even if you haven't paid your deductible. Insulins on Tier 5 are limited to a one-month supply.

Essential

Tier 1 – Preferred Generic

Tier 2 – Generic

Tier 3 – Preferred Brand

Tier 4 – Non-Preferred Drug

Tier 5 – Specialty
(limited to a one-month supply)

30 day Retail	30 day Mail-Order	31 day LTC	Up to a 100 day Retail	Up to a 100 day Mail-Order
\$2	\$2	\$2	\$4	\$4
\$9	\$9	\$9	\$18	\$18
19%	19%	19%	19%	19%
40%	40%	40%	40%	40%
25%	25%	25%	Not Available	Not Available

You won't pay more than \$35 for a one-month supply or \$70 for up to a 100 day supply of each covered Part D insulin product, even if you haven't paid your deductible. Insulins on Tier 5 are limited to a one-month supply.

Keep-Me Contact Sheet

Contact Name	Phone Number	Website
Before you enroll	1-877-233-3555 (AL) (TTY 711) 1-855-617-6760 (TN) (TTY 711)	BCBSALMedicare.com (AL) BlueRxAlaTenn.com (TN)
After you enroll	1-800-327-3998 (AL) (TTY 711) 1-888-311-7508 (TN) (TTY 711)	BCBSALMedicare.com (AL) BlueRxAlaTenn.com (TN)
Find a pharmacy	1-800-327-3998 (AL) (TTY 711) 1-888-311-7508 (TN) (TTY 711)	BCBSALMedicare.com/Directory (AL) BlueRxAlaTenn.com/Directory (TN)
Mail-Order Pharmacy Services	Walgreens Mail Service 1-800-731-3588 (TTY 711)	Walgreensmailservice.com
	Amazon Pharmacy 1-855-745-5725 (TTY 711)	Pharmacy.amazon.com/medicaremyw
	Express Scripts Pharmacy 1-833-715-0967 (TTY 711)	Express-scripts.com/rx
Medicare	1-800-633-4227 (TTY 1-877-486-2048)	Medicare.gov
Medicare Prescription Payment Plan	1-833-246-9619 (TTY 711)	BCBSALMedicare.com/M3P (AL) BlueRxAlaTenn.com/M3P (TN)

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to Member Services at **1-800-327-3998 (AL) / 1-888-311-7508 (TN) or, for TTY users, 711, 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.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit BCBSALMedicare.com/Documents (AL) / BlueRxAlaTenn.com/Documents (TN) or call **1-800-327-3998 (AL) / 1-888-311-7508 (TN) or, for TTY users, 711** for 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 is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit BCBSALMedicare.com/Documents (AL) / BlueRxAlaTenn.com/Documents (TN) or call Member Services for a copy of our Pharmacy Directory.
- ☐ Review the formulary to make sure your drugs are covered. Visit BCBSALMedicare.com/Documents (AL) / BlueRxAlaTenn.com/Documents (TN) or call Member Services for a copy of our Drug Formulary.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium (if applicable). This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.
- ☐ Your current drug coverage will end once your new drug coverage starts. For example, if you are in Tricare or a Medicare plan with prescription drug coverage, you will no longer receive benefits from that plan once your new coverage starts.

Disclosures

Express Scripts Pharmacy, Walgreens Mail Service and Amazon Pharmacy are independent companies providing mail pharmacy services to members of Blue Cross and Blue Shield of Alabama and UTIC Insurance Company.

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

Benefits, premiums, deductibles and copayments/coinsurance may change on January 1 of each year.

Limitations, copayments and restrictions may apply.

This image shows a full page of blank, white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.

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This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook paper. The lines are thin and light blue, set against a plain white background. There is no handwriting or other markings on the page.

Notice of Nondiscrimination

Discrimination is Against the Law

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 (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary 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 assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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>.

Visit AlabamaBlue.com/NoticeofNondiscrimination to view an electronic version of this notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意：如果您说普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服，以易读格式向您提供信息。请拨打 1-855-216-3144（TTY: 711）或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-216-3144 (TTY: 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-216-3144 (TTY: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें।

Japanese: ご案内：日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີແມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ: Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: Paunawa: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT: Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

For more information, please call us at the phone numbers below
or visit us at [BCBSALMedicare.com](https://www.BCBSALMedicare.com) (AL) / [BlueRxAlaTenn.com](https://www.BlueRxAlaTenn.com) (TN).

If you are not a member of this plan, call toll-free **1-877-233-3555** (AL) / **1-855-617-6760** (TN).
TTY users should call **711**.

If you are a member of this plan, call toll-free **1-800-327-3998** (AL) / **1-888-311-7508** (TN).
TTY users should call **711**.

**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
and UTIC Insurance Company, independent licensees
of the Blue Cross and Blue Shield Association.