



BlueRxSM (PDP) – Enhanced Plus & Essential

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

January 1, 2025 – December 31, 2025

This is a summary of drug services covered by BlueRx (PDP). This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Call us at the phone number on the back cover of this booklet to request an *Evidence of Coverage (EOC)*. You may also email bcbsalmedicare@bcbsal.org or view the information at BluerxAlaTenn.com/Documents.

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

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What Should You Know About BlueRx (PDP)

Who can join?

To join **BlueRx (PDP)**, you must:

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

Which pharmacies can I use?

This Medicare Part D Prescription Drug plan has a network of pharmacies. You can see our plan's pharmacy directory at our website BluerxAlaTenn.com/Directory.

What drugs are covered?

You can see our plan's formulary (list of Part D prescription drugs) and any restrictions on our website, BluerxAlaTenn.com/Documents. You can also call us to mail you the formulary or we can look up your drugs for you.

Please be aware:

Prior authorization for certain drugs is required for in-network providers. Step Therapy may also apply. Please visit our website or contact Member Services for details.

- Limitations, copayments and restrictions may apply.
- Benefits, premiums, deductibles and copayments/coinsurance may change on January 1 of each year.
- You must continue to pay your Medicare Part B premium.
- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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 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.

Premiums & Benefits for BlueRx (PDP) – Enhanced Plus & Essential

	Enhanced Plus	Essential
Monthly Plan Premium	\$129.30	\$63.20
Deductible	Your yearly deductible for Part D prescription drugs is \$0 .	Your yearly deductible for Part D prescription drugs is \$590 .

Initial Coverage Stage

After you pay your yearly drug deductible, you pay copays and coinsurance until your total yearly drug costs reach **\$2,000**. You may get your drugs at network retail pharmacies and our home delivery pharmacy service.

The pharmacy network for our **BlueRx Enhanced Plus** includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your costs may be less for your covered drugs if you use a pharmacy in our preferred network. Our Preferred Pharmacies for **Enhanced Plus** include **Walmart, Walgreens, Publix, Kroger, Costco, Sam's Club** and many local independent pharmacies. The network pharmacies listed may change at any time; members will receive notice when necessary.

The **BlueRx Essential** pharmacy network has over 1,000 pharmacies that offer standard cost-sharing, including **CVS, Walgreens, Walmart, Publix, Kroger, Costco, Sam's Club** and many local independent pharmacies. The network pharmacies listed may change at any time. **BlueRx** members will receive notice when necessary. **With BlueRx Essential, copay savings are available for 100-day supplies when obtained through the Home Delivery Pharmacy Service by mail.**

For additional information about other pharmacies in our network, please contact Member Services at **1-800-327-3998 (AL)/1-888-311-7508 (TN) (TTY 711)** or go to our website at BluerxAlaTenn.com/Directory. For more information about our **Home Delivery Pharmacy Services**, please call Walgreens Mail Service at **1-800-731-3588**, Amazon Pharmacy at **1-855-793-5326** or Express Scripts® Pharmacy at **1-833-715-0967**.

Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.

Preferred Retail Cost-Sharing & Home Delivery Pharmacy Service for BlueRx Enhanced Plus

	Enhanced Plus	
	30-day supply	100-day supply
Tier 1 Preferred Generic	\$2 copay	\$4 copay
Tier 2 Generic	\$10 copay	\$20 copay
Tier 3 Preferred Brand	\$40 copay	\$80 copay
Tier 4 Non-Preferred Drug¹	45% coinsurance	45% coinsurance
Tier 5 Specialty¹	33% coinsurance	33% coinsurance

¹Tiers 4 and 5 have coinsurance applied and do not have a reduced copay for drugs purchased at a Preferred Retail Pharmacy or with a Home Delivery Service.

Home Delivery for BlueRx Essential

	Essential ²	
	30-day supply	100-day supply
Tier 1 Preferred Generic	\$0 copay	\$0 copay
Tier 2 Generic	\$4 copay	\$8 copay
Tier 3 Preferred Brand	24% coinsurance	24% coinsurance
Tier 4 Non-Preferred Drug	39% coinsurance	39% coinsurance
Tier 5 Specialty	25% coinsurance	25% coinsurance

²BlueRx Essential preferred cost-sharing can **only** be obtained through Home Delivery Pharmacy Service by mail.

Standard Retail Cost-Sharing

	Enhanced Plus ³		Essential	
	30-day supply	100-day supply	30-day supply	100-day supply
Tier 1 Preferred Generic	\$9 copay	\$27 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$17 copay	\$51 copay	\$4 copay	\$12 copay
Tier 3 Preferred Brand	\$47 copay	\$141 copay	24% coinsurance	24% coinsurance
Tier 4 Non-Preferred Drug	50% coinsurance	50% coinsurance	39% coinsurance	39% coinsurance
Tier 5 Specialty	33% coinsurance	33% coinsurance	25% coinsurance	25% coinsurance

³For Enhanced Plus 100-day supply **only**, Tiers 1, 2 & 3 have reduced copays for Home Delivery. Contact Member Services or refer to your EOC for more information.

Insulins

Your out-of-pocket costs for insulins will be no more than **\$35** for one-month supply covered by your plan no matter what cost-sharing tier it's on.

Long-Term Care

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy but may pay more than you pay at an in-network pharmacy. Cost-sharing may differ relative to the pharmacy's status as preferred or non-preferred, home delivery pharmacy service, Long Term Care (LTC) or home infusion, and 30-day or 100-day supply.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through our home delivery pharmacy service) reach **\$2,000**, you pay **\$0** for the rest of the calendar year.

For detailed information about your costs in these stages, look at Chapter 4, Section 5, in the *Evidence of Coverage (EOC)* online at BluerxAlaTenn.com/Documents.

The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. To learn more about this payment option, please visit [Medicare.gov](https://www.Medicare.gov) or contact BlueRx's Medicare Prescription Payment Plan Support Line at **1-833-696-2087 (TTY 711)**, 7 a.m. – 7 p.m. CST Monday – Friday. During AEP (October 15 – December 7), 7 a.m. – 10 p.m. CST 7 days a week.

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>.

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: أضيأ رفوتت امك .ةيناجملا ةيوجلل ا ةدعاسملا تامدخ لك رفوتت ،ةيبرعلا ثدحتت تنك اذا :هابتنا لصلتا .أناجم اهيلل لوصولا لهسي تاقيسي سننتب تامولعمل ريفوتل ةبسانملا ةيفاضلإا تامدخل او تادعاسملا ءالمعلا ةمدخب لاصلتالا وأ (711 :يصلنل افتاهل) 1-855-216-3144 مقرلاب .

Chinese: 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务，以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨 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 (Durchwahl: 711) oder den Kundendienst an.

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

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नशुल्क 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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. 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: ATTENTION: 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.

Contact Reference

Contact name	Phone number (TTY 711)	Website
Before you enroll	1-877-233-3555 (AL) 1-855-617-6760 (TN)	BluerxAlaTenn.com
After you enroll	1-800-327-3998 (AL) 1-888-311-7508 (TN)	BluerxAlaTenn.com
Your agent/broker (use this space to write down your agent/broker's phone number)		
Find a network pharmacy	1-800-327-3998 (AL) 1-888-311-7508 (TN)	BluerxAlaTenn.com/Directory
Home Delivery Pharmacy Services	Walgreens Mail Service 1-800-731-3588 Amazon Pharmacy 1-855-793-5326 Express Scripts Pharmacy 1-833-715-0967	BluerxAlaTenn.com/Directory
Medicare	1-800-633-4227 TTY:1-877-486-2048	Medicare.gov

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 BluerxAlaTenn.com/Documents 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Visit BluerxAlaTenn.com/Documents or call Member Services for a copy of our Pharmacy Directory.
- Review the formulary to make sure your drugs are covered. Visit BluerxAlaTenn.com/Documents 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. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2026.
- Your current drug coverage will end once your new drug coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

Disclosures

Amazon Pharmacy and Express Scripts® Pharmacy are independent companies providing mail-order medication delivery services for Blue Cross and Blue Shield of Alabama members.

Walgreens, an independent company, provides mail-order medication delivery services and specialty pharmacy services for Blue Cross and Blue Shield of Alabama members.

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

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.