



Summary of Benefits

for Blue Cross MedicareRx – Value, Plus & Gold Plans

Section 1:

Introduction to the Summary of Benefits

for Blue Cross MedicareRx – Value, Plus & Gold Plans

January 1, 2007 – December 31, 2007

Thank you for your interest in Blue Cross MedicareRx. Our plans are offered by Blue Cross of California, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call Blue Cross MedicareRx and ask for the "Evidence of Coverage."

You Have Choices in Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Cross MedicareRx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Blue Cross MedicareRx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Is Blue Cross MedicareRx Available?

The service area for this plan includes: California. You must live in this area to join this plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one and wish to switch to another, you may do so only during certain times of the year. Please call Customer Service for more information.

Who Is Eligible to Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

You cannot enroll in Blue Cross MedicareRx Plus or Blue Cross MedicareRx Gold plans if your current or former employer helps pay for your drugs.

Does My Plan Cover Medicare Part B or Part D Drugs?

Blue Cross MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where Can I Get My Prescriptions?

Blue Cross MedicareRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Blue Cross MedicareRx has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

What Is a Prescription Drug Formulary

Blue Cross MedicareRx uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.bluecrossmedicarerx.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What Should I Do If I Have Other Insurance in Addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan, and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Blue Cross MedicareRx. Get this information before you decide to enroll in this plan.

How Can I Get Help With My Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Blue Cross MedicareRx, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

What Are My Protections in This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90-days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Blue Cross MedicareRx you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request.

If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs.

You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

Customer Service Hours: 8 a.m. to 8 p.m., 7 days a week, Pacific

Current members should call 1-800-928-6201.
(TTY/TDD 1-877-247-1657)

(TTY/TDD 1-800-297-1538)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

Section 2:

Summary of Benefits

for Blue Cross MedicareRx – Value, Plus & Gold Plans

If you have any questions about this plan's benefits or costs, please contact Blue Cross MedicareRx for details.

Benefit Category	Original Medicare	Value	Plus	Gold
<i>Prescription Drugs</i>				
Premium		You pay \$19 each month for your Medicare Part D prescription benefits.	You pay \$25 each month for your Medicare Part D prescription benefits.	You pay \$34.60 each month for your Medicare Part D prescription benefits.
Drugs Covered Under Medicare Part D (Prescription Drug Benefit)	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made.</p> <p>We will send a formulary to you and you can see our complete formulary on our Web site at www.bluecrosscamedicarerx.com.</p> <p>People who have limited incomes, who live in long term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made.</p> <p>We will send a formulary to you and you can see our complete formulary on our Web site at www.bluecrosscamedicarerx.com.</p> <p>People who have limited incomes, who live in long term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made.</p> <p>We will send a formulary to you and you can see our complete formulary on our Web site at www.bluecrosscamedicarerx.com.</p> <p>People who have limited incomes, who live in long term care facilities or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>

Benefit Category**Original Medicare****Value****Plus****Gold****Mail-Order Pharmacy**

- **\$7.50** for a three-month (90-day) supply of **Generic** drugs you get through a preferred mail-order pharmacy
- **\$67.50** for a three-month (90-day) supply of **Preferred Brand** drugs you get through a preferred mail-order pharmacy
- **\$150** for a three-month (90-day) supply of **Non-Preferred Brand** drugs you get through a preferred mail-order pharmacy
- **25%** coinsurance for a three-month (90-day) supply of **Non-Specialty Injectable** drugs you get through a preferred mail-order pharmacy
- **25%** coinsurance for a three-month (90-day) supply of **Specialty Injectable** drugs you get through a preferred mail-order pharmacy

- **\$15** for a three-month (90-day) supply of **Generic** drugs you get through a non-preferred mail-order pharmacy
- **\$81** for a three-month (90-day) supply of **Preferred Brand** drugs you get through a non-preferred mail-order pharmacy
- **\$180** for a three-month (90-day) supply of **Non-Preferred Brand** drugs you get through a non-preferred mail-order pharmacy

- **\$15** for a three-month (90-day) supply of **Generic** drugs you get through a preferred mail-order pharmacy
- **\$75** for a three-month (90-day) supply of **Preferred Brand** drugs you get through a preferred mail-order pharmacy
- **\$150** for a three-month (90-day) supply of **Non-Preferred Brand** drugs you get through a preferred mail-order pharmacy
- **25%** coinsurance for a three-month (90-day) supply of **Non-Specialty Injectable** drugs you get through a preferred mail-order pharmacy
- **25%** coinsurance for a three-month (90-day) supply of **Specialty Injectable** drugs you get through a preferred mail-order pharmacy

- **\$30** for a three-month (90-day) supply of **Generic** drugs you get through a non-preferred mail-order pharmacy
- **\$90** for a three-month (90-day) supply of **Preferred Brand** drugs you get through a non-preferred mail-order pharmacy
- **\$180** for a three-month (90-day) supply of **Non-Preferred Brand** drugs you get through a non-preferred mail-order pharmacy

- **\$15** for a three-month (90-day) supply of **Generic** drugs you get through a preferred mail-order pharmacy
- **\$75** for a three-month (90-day) supply of **Preferred Brand** drugs you get through a preferred mail-order pharmacy
- **\$150** for a three-month (90-day) supply of **Non-Preferred Brand** drugs you get through a preferred mail-order pharmacy
- **25%** coinsurance for a three-month (90-day) supply of **Non-Specialty Injectable** drugs you get through a preferred mail-order pharmacy
- **25%** coinsurance for a three-month (90-day) supply of **Specialty Injectable** drugs you get through a preferred mail-order pharmacy

- **\$30** for a three-month (90-day) supply of **Generic** drugs you get through a non-preferred mail-order pharmacy
- **\$90** for a three-month (90-day) supply of **Preferred Brand** drugs you get through a non-preferred mail-order pharmacy
- **\$180** for a three-month (90-day) supply of **Non-Preferred Brand** drugs you get through a non-preferred mail-order pharmacy

Benefit Category	Original Medicare	Value	Plus	Gold
Mail-Order Pharmacy (continued)		<ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of Non-Specialty Injectable drugs you get through a non-preferred mail-order pharmacy • 25% coinsurance for a three-month (90-day) supply of Specialty Injectable drugs you get through a non-preferred mail-order pharmacy 	<ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of Non-Specialty Injectable drugs you get through a non-preferred mail-order pharmacy • 25% coinsurance for a three-month (90-day) supply of Specialty Injectable drugs you get through a non-preferred mail-order pharmacy 	<ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of Non-Specialty Injectable drugs you get through a non-preferred mail-order pharmacy • 25% coinsurance for a three-month (90-day) supply of Specialty Injectable drugs you get through a non-preferred mail-order pharmacy
Coverage After You Reach Your Initial Coverage Limit		<p>After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.</p>	<p>After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.</p>	<p>You pay the following:</p> <p>In-Network Retail Pharmacy</p> <ul style="list-style-type: none"> • \$10 for a one-month (30-day) supply of Generic drugs • \$30 for a three-month (90-day) supply of Generic drugs <p>Mail-Order Pharmacy</p> <ul style="list-style-type: none"> • \$15 for a three-month (90-day) supply of Generic drugs you get through a preferred mail-order pharmacy • \$30 for a three-month (90-day) supply of Generic drugs you get through a non-preferred mail-order pharmacy <p>For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3,850.</p>

Benefit Category	Original Medicare	Value	Plus	Gold
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or 5% coinsurance.
General Information		<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness, while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx for certain prescription drugs.</p> <p>Some of the drugs covered by this plan do not count toward your out-of-pocket expenses.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx for certain prescription drugs.</p> <p>Some of the drugs covered by this plan do not count toward your out-of-pocket expenses.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>



Blue Cross of California is an Independent Licensee of the Blue Cross Association. Anthem Insurance Companies, Inc (AICI) is the legal entity under contract with the Centers for Medicare and Medicaid Services (CMS) and licensed under state law or under a federal waiver program to offer the applicable Medicare Prescription Drug (Part D) plans in this region. AICI has partnered with affiliated companies to provide services for these plans.

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