



**BlueCross BlueShield
of Texas**

Blue Cross MedicareRx (PDP)SM Pre-Enrollment Kit

[Summary of Benefits](#)

[Enrollment Form](#)

[Plan Comparison Chart](#)

[PDP Plan Rating Flyer](#)

Thank you for using the electronic PDP Producer Sales Kit.

This sales kit is designed to allow producers to easily access benefit information without having to maintain significant amounts of printed inventory. To ensure compliance with CMS guidelines, please make sure you complete the following when using the electronic sales kit:

- Make copies of the completed enrollment form. Provide one to the prospective member and maintain a copy for your record retention.
- The PDP Decision Guide is not included in the electronic sales kit; however it is available for download from the Producer supply portal from **www.yourcmsupplyportal.com**.
- When you provide a prospect an enrollment form, you are required to provide the Summary of Benefits (including the multi-language insert) and the star rating flyer (if available).

Medicare Part D Plan Notice:

Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.



BlueCross BlueShield
of Texas

Blue Cross MedicareRx (PDP)SM

Summary of Benefits

January 1, 2015 – December 31, 2015

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
You have choices about how to get your Medicare prescription drug benefits	<ul style="list-style-type: none"> • One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Cross MedicareRx Basic (PDP)SM. • Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. 	<ul style="list-style-type: none"> • One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Cross MedicareRx Value (PDP)SM. • Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. 	<ul style="list-style-type: none"> • One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Cross MedicareRx Plus (PDP)SM. • Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross MedicareRx Basic (PDP) covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov. • 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 http://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. 	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross MedicareRx Value (PDP) covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov. • 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 http://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. 	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross MedicareRx Plus (PDP) covers and what you pay.</p> <ul style="list-style-type: none"> • If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov. • 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 http://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.

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
Sections in this booklet	<ul style="list-style-type: none"> • Things to Know About Blue Cross MedicareRx Basic (PDP) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Prescription Drug Benefits 	<ul style="list-style-type: none"> • Things to Know About Blue Cross MedicareRx Value (PDP) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Prescription Drug Benefits 	<ul style="list-style-type: none"> • Things to Know About Blue Cross MedicareRx Plus (PDP) • Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services • Prescription Drug Benefits
	<p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-285-2249 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-888-285-2249 (TTY/TDD users should call 711).</p>	<p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-285-2249 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-888-285-2249 (TTY/TDD users should call 711).</p>	<p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-888-285-2249 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-888-285-2249 (TTY/TDD users should call 711).</p>
Hours of Operation	<p>Things to Know About Blue Cross MedicareRx Basic (PDP)</p> <ul style="list-style-type: none"> • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. 	<p>Things to Know About Blue Cross MedicareRx Value (PDP)</p> <ul style="list-style-type: none"> • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. 	<p>Things to Know About Blue Cross MedicareRx Plus (PDP)</p> <ul style="list-style-type: none"> • From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time. • From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
	Blue Cross MedicareRx Basic (PDP) Phone Numbers and Website <ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711). • If you are not a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711). • Our website: getbluetx.com/pdp/sb 	Blue Cross MedicareRx Value (PDP) Phone Numbers and Website <ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711). • If you are not a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711). • Our website: getbluetx.com/pdp/sb 	Blue Cross MedicareRx Plus (PDP) Phone Numbers and Website <ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711). • If you are not a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711). • Our website: getbluetx.com/pdp/sb
Who can join?	<p>To join Blue Cross MedicareRx Basic (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following: Texas.</p>	<p>To join Blue Cross MedicareRx Value (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following: Texas.</p>	<p>To join Blue Cross MedicareRx Plus (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following: Texas.</p>
Which drugs are covered?	<p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (getbluetx.com/pdp/sb). Or, call us and we will send you a copy of the formulary.</p>	<p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (getbluetx.com/pdp/sb). Or, call us and we will send you a copy of the formulary.</p>	<p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (getbluetx.com/pdp/sb). Or, call us and we will send you a copy of the formulary.</p>

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
How will I determine my drug costs?	Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.	Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.	Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.
Which pharmacies can I use?	<p>We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan’s pharmacy directory at our website (getbluetx.com/pdp/sb). Or, call us and we will send you a copy of the pharmacy directory.</p>	<p>We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan’s pharmacy directory at our website (getbluetx.com/pdp/sb). Or, call us and we will send you a copy of the pharmacy directory.</p>	<p>We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan’s pharmacy directory at our website (getbluetx.com/pdp/sb). Or, call us and we will send you a copy of the pharmacy directory.</p>
	If you have any questions about this plan’s benefits or costs, please contact HISC - Blue Cross Blue Shield of Texas for details.	If you have any questions about this plan’s benefits or costs, please contact HISC - Blue Cross Blue Shield of Texas for details.	If you have any questions about this plan’s benefits or costs, please contact HISC - Blue Cross Blue Shield of Texas for details.

SECTION II - SUMMARY OF BENEFITS

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
How much is the monthly premium?	\$26.20 per month.	\$55.10 per month.	\$119.50 per month.
How much is the deductible?	\$320 per year for Part D prescription drugs.	\$275 per year for Part D prescription drugs.	This plan does not have a deductible.
	Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an independent licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.	Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an independent licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.	Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an independent licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.
PRESCRIPTION DRUG BENEFITS			
Initial Coverage	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

	Blue Cross MedicareRx Basic (PDP) SM			Blue Cross MedicareRx Value (PDP) SM			Blue Cross MedicareRx Plus (PDP) SM		
Initial Coverage (continued)	Preferred Retail Cost-Sharing			Preferred Retail Cost-Sharing			Preferred Retail Cost-Sharing		
	Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	\$1 copay	\$3 copay	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
	Tier 2 (Non-Preferred Generic)	\$6 copay	\$18 copay	Tier 2 (Non-Preferred Generic)	\$6 copay	\$18 copay	Tier 2 (Non-Preferred Generic)	\$2 copay	\$6 copay
	Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	Tier 3 (Preferred Brand)	\$39 copay	\$117 copay	Tier 3 (Preferred Brand)	\$33 copay	\$99 copay
	Tier 4 (Non-Preferred Brand)	\$90 copay	\$270 copay	Tier 4 (Non-Preferred Brand)	\$85 copay	\$255 copay	Tier 4 (Non-Preferred Brand)	\$80 copay	\$240 copay
	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost

	Blue Cross MedicareRx Basic (PDP) SM			Blue Cross MedicareRx Value (PDP) SM			Blue Cross MedicareRx Plus (PDP) SM		
Initial Coverage (continued)	Standard Retail Cost-Sharing			Standard Retail Cost-Sharing			Standard Retail Cost-Sharing		
	Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply	Tier	One-month Supply	Three-month Supply
	Tier 1 (Preferred Generic)	\$6 copay	\$18 copay	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
	Tier 2 (Non-Preferred Generic)	\$11 copay	\$33 copay	Tier 2 (Non-Preferred Generic)	\$11 copay	\$33 copay	Tier 2 (Non-Preferred Generic)	\$7 copay	\$21 copay
	Tier 3 (Preferred Brand)	\$45 copay	\$135 copay	Tier 3 (Preferred Brand)	\$44 copay	\$132 copay	Tier 3 (Preferred Brand)	\$40 copay	\$120 copay
	Tier 4 (Non-Preferred Brand)	\$95 copay	\$285 copay	Tier 4 (Non-Preferred Brand)	\$95 copay	\$285 copay	Tier 4 (Non-Preferred Brand)	\$95 copay	\$285 copay
	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	Tier 5 (Specialty Tier)	33% of the cost	33% of the cost

	Blue Cross MedicareRx Basic (PDP) SM		Blue Cross MedicareRx Value (PDP) SM		Blue Cross MedicareRx Plus (PDP) SM	
Initial Coverage (continued)	Standard Mail Order Cost-Sharing		Standard Mail Order Cost-Sharing		Standard Mail Order Cost-Sharing	
	Tier	Three-month Supply	Tier	Three-month Supply	Tier	Three-month Supply
	Tier 1 (Preferred Generic)	\$18 copay	Tier 1 (Preferred Generic)	\$15 copay	Tier 1 (Preferred Generic)	\$15 copay
	Tier 2 (Non-Preferred Generic)	\$33 copay	Tier 2 (Non-Preferred Generic)	\$33 copay	Tier 2 (Non-Preferred Generic)	\$21 copay
	Tier 3 (Preferred Brand)	\$135 copay	Tier 3 (Preferred Brand)	\$132 copay	Tier 3 (Preferred Brand)	\$120 copay
	Tier 4 (Non-Preferred Brand)	\$285 copay	Tier 4 (Non-Preferred Brand)	\$285 copay	Tier 4 (Non-Preferred Brand)	\$285 copay
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>		<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>		<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>	

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$2,960.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.</p>

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM			
Coverage Gap Gap (continued)			Preferred Retail Cost-Sharing			
			Tier	Drugs Covered	One-month Supply	Three-month Supply
			Tier 1 (Preferred Generic)	All	\$0 copay	\$0 copay
			Tier 2 (Non-Preferred Generic)	All	\$2 copay	\$6 copay
			Tier 3 (Preferred Brand)	Some	\$33 copay	\$99 copay
			Tier 4 (Non-Preferred Brand)	Some	\$80 copay	\$240 copay
			Tier 5 (Specialty Tier)	Some	33% of the cost	33% of the cost

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM			
Coverage Gap (continued)			Standard Retail Cost-Sharing			
			Tier	Drugs Covered	One-month Supply	Three-month Supply
			Tier 1 (Preferred Generic)	All	\$5 copay	\$15 copay
			Tier 2 (Non-Preferred Generic)	All	\$7 copay	\$21 copay
			Tier 3 (Preferred Brand)	Some	\$40 copay	\$120 copay
			Tier 4 (Non-Preferred Brand)	Some	\$95 copay	\$285 copay
			Tier 5 (Specialty Tier)	Some	33% of the cost	33% of the cost

	Blue Cross MedicareRx Basic (PDP) SM	Blue Cross MedicareRx Value (PDP) SM	Blue Cross MedicareRx Plus (PDP) SM		
Coverage Gap (continued)			Standard Mail Order Cost-Sharing		
			Tier	Drugs Covered	Three-month Supply
			Tier 1 (Preferred Generic)	All	\$15 copay
			Tier 2 (Non-Preferred Generic)	All	\$21 copay
			Tier 3 (Preferred Brand)	Some	\$120 copay
			Tier 4 (Non-Preferred Brand)	Some	\$285 copay
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs. 		

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-285-2249. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-285-2249. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-285-2249。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-285-2249。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-285-2249. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-285-2249. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-285-2249 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-285-2249. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-285-2249 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-285-2249. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-888-285-2249. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-285-2249 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-285-2249. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-285-2249. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-285-2249. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-285-2249. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-285-2249 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



**BlueCross BlueShield
of Texas**

Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

Blue Cross MedicareRxSM Medicare Prescription Drug Plan Individual Enrollment Form

Please contact Blue Cross MedicareRx if you need information in another language or format (Braille).

To enroll in Blue Cross MedicareRx, please provide the following information:

Please check which plan you want to enroll in:

☐ Blue Cross MedicareRx Basic (PDP)SM
 ☐ Blue Cross MedicareRx Value (PDP)SM
 ☐ Blue Cross MedicareRx Plus (PDP)SM
 \$26.20 per month \$55.10 per month \$119.50 per month

LAST name: FIRST name: Middle Initial:
 ☐ Mr. ☐ Mrs. ☐ Ms.

Birth Date: Sex: Home Phone Number:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ M ☐ F ()
 (M M / D D / Y Y Y Y)

Permanent Residence Street Address (P.O. Box is not allowed):

City: State: ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):

Street Address: City: State: ZIP Code:

Emergency Contact:

Phone Number: Relationship to You:

E-mail Address:

Please Provide Your Medicare Insurance Information

Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card.
- OR –
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

MEDICARE  HEALTH INSURANCE

SAMPLE ONLY

Name: _____

Medicare Claim Number _____ Sex _____

____ - ____ - ____ - ____ - ____ - ____

is Entitled To _____ Effective Date _____

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Prescription Drug Plan only during the annual enrollment period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

<input type="checkbox"/> I am new to Medicare.	
<input type="checkbox"/> I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date).	/ /
<input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).	/ /
<input type="checkbox"/> I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.	
<input type="checkbox"/> I get extra help paying for Medicare prescription drug coverage.	
<input type="checkbox"/> I no longer qualify for extra help paying for my Medicare prescription drug coverage. I stopped receiving extra help on (insert date).	/ /
<input type="checkbox"/> I live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date).	/ /
<input type="checkbox"/> I recently left a PACE program on (insert date).	/ /
<input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date).	/ /
<input type="checkbox"/> I am leaving employer or union coverage on (insert date).	/ /
<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.	
<input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
<input type="checkbox"/> I am making this enrollment request between January 1 and February 14, and I recently ended my enrollment in a Medicare Advantage plan. I left my Medicare Advantage plan on (insert date).	/ /

If none of these statements applies to you or you're not sure, please contact Blue Cross MedicareRx at 1-866-904-4674 to see if you are eligible to enroll. We are open 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY/TDD users should call 711.

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail or "Electronic Funds Transfer (EFT)" each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to Blue Cross MedicareRx.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

☐ Receive a bill

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name:

Bank routing number: _____

Bank account number: _____

Account type: ☐ Checking ☐ Saving

☐ Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check. (The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please Answer the Following Questions:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Blue Cross MedicareRx? ☐ Yes ☐ No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____

Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes," please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution (number and street): _____

Please check one of the boxes below if you would prefer that we send you information in a language other than English or in another format:

☐ Spanish

☐ Braille/Large Print

Please contact Blue Cross MedicareRx at 1-866-904-4674 if you need information in another format or language than what is listed above. TTY/TDD users should call 711. Our office hours are 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Please Read this Important Information

STOP

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining Blue Cross MedicareRx, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining Blue Cross MedicareRx could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Cross MedicareRx. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below:

By completing this enrollment application, I agree to the following:

Blue Cross MedicareRx is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform Blue Cross MedicareRx of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in Blue Cross MedicareRx will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

Blue Cross MedicareRx serves a specific service area. If I move out of the area that Blue Cross MedicareRx serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use Blue Cross MedicareRx network pharmacies. Once I am a member of Blue Cross MedicareRx, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Blue Cross MedicareRx when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Blue Cross MedicareRx, he/she may be paid based on my enrollment in Blue Cross MedicareRx.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

Subscriber hereby expressly acknowledges its understanding this agreement constitutes a contract solely between Subscriber and Blue Cross and Blue Shield of Texas (BCBSTX), which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans (the "Association"), permitting BCBSTX to use the Blue Cross and/or Blue Shield Service Marks in the State of Texas, and that BCBSTX is not contracting as the agent of the Association. Subscriber further acknowledges and agrees that it has not entered into this agreement based upon representations by any person other than BCBSTX and that no person, entity, or organization other than BCBSTX shall be held accountable or liable to Subscriber for any of BCBSTX's obligations to Subscriber created under this agreement. This paragraph shall not create any additional obligations whatsoever on the part of BCBSTX other than those obligations created under other provisions of this agreement.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that Blue Cross MedicareRx will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Blue Cross MedicareRx will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described below), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Name:

Address:

Phone Number: ()

Relationship to Enrollee:

Medicare Prescription Drug Plan Use Only:

Plan ID #:

Effective Date of Coverage:

Date: / /

IEP: _____

AEP: _____

SEP (type): _____

Name of Plan Representative/agent/broker:

LC:

Referral ID:

Agent Information

To receive your compensation, you must complete the following information, and the enrollee must meet certain requirements (see information to right). If you do not complete this section of the form, you will not be paid for this enrollee.

As the producer, I attest that the following information is true. By signing this enrollment form, I understand that providing false information can lead to disciplinary action up to and including loss of compensation payments and/or termination of the Blue Cross MedicareRx amendment.

Requirements for compensation payments:

- Be licensed and, where applicable, appointed;
- Successfully completed the 2015 Blue Cross MedicareRx training and certification program prior to marketing, selling, signing any enrollment form or conducting service for Blue Cross MedicareRx; and
- Enrolled a member who has been approved by CMS, paid three consecutive months' premium payments; and has not voluntarily disenrolled within first 90 days of enrollment.

I fulfilled the CMS annual training requirement by completing the 2015 Blue Cross MedicareRx training and certification program requirements and did so before marketing, selling or conducting service with this enrollee. If yes, identify the course you completed.

☐ Blue Cross MedicareRx only ☐ AHIP and Blue Cross MedicareRx

Other (please specify) _____

Yes

No

☐

☐

Yes

No

I conducted a personal face-to-face marketing appointment with this applicant.

☐

☐

Yes

No

As a result of the personal face-to-face marketing appointment, I have a signed Scope of Appointment Form and understand I may be asked to provide this documentation as part of the Blue Cross MedicareRx Monitoring and Oversight Program.

☐

☐

☐ N/A

Yes

No

I provided the enrollee with information about eligibility requirements, enrollment periods, lock-in provisions, benefits, premiums, use of network pharmacies, billing options and the availability of extra help prior to his or her completing this enrollment form.

☐

☐

Please enter the following information carefully and legibly. Accurate and timely compensation payments depend on this information.

Writing Agent ID# (This is your BCBSTX assigned ID #.):

(Not SSN or TID)

Phone Number:

First Name:

Middle Initial:

Last Name:

Agency Name (insert N/A if not applicable):

Agency Number (This is the BCBSTX assigned agency ID #.):

(Not SSN or TID)

Producer Signature: X

Date: / /

Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

2015 Blue Cross MedicareRxSM Plan Options

		Blue Cross MedicareRx Basic (PDP) SM		Blue Cross MedicareRx Value (PDP) SM		Blue Cross MedicareRx Plus (PDP) SM	
Premium*		\$26.20		\$55.10		\$119.50	
Annual Prescription Deductible Amount you pay before Blue Cross MedicareRx begins to pay		\$320 for All Tiers		\$275 for Tiers 3, 4 & 5 only		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply is shown)	Tier 1	\$1	\$6	\$0	\$5	\$0	\$5
	Tier 2	\$6	\$11	\$6	\$11	\$2	\$7
	Tier 3	\$40	\$45	\$39	\$44	\$33	\$40
	Tier 4	\$90	\$95	\$85	\$95	\$80	\$95
	Tier 5	25%	25%	25%	25%	33%	33%
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You will pay 45% of the costs on Brand Name drugs and 65% of the costs of Generic drugs.				You will pay \$0 / \$5 for drugs in Tier 1 and \$2 / \$7 for drugs in Tier 2. You will receive some coverage for Brand drugs in the gap. Otherwise, members will pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.	
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug					

Tier 1 - Preferred Generic Drugs

Tier 2 - Non-Preferred Generic Drugs

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Brand Drugs

Tier 5 - Specialty Drugs

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

* You must continue to pay your Medicare Part B premium.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Blue Cross MedicareRx is a prescription drug plan provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

2014 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

- 1. An Overall Star Rating that combines all of our plan's scores.
- 2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2014, HISC - Blue Cross Blue Shield of IL, NM, OK, TX received the following Overall Star Rating from Medicare.

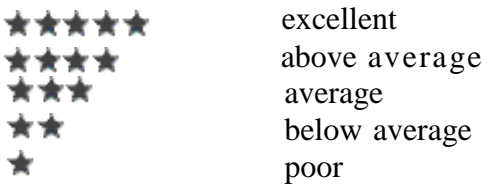


We received the following Summary Star Rating for HISC - Blue Cross Blue Shield of IL, NM, OK, TX's health/drug plan services:

Health Plan Services: Not Offered

Drug Plan Services: 
4 Stars

The number of stars shows how well our plan performs.



Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central at 1-877-213-1817 (toll-free) or 711 (TTY).

Current members please call 1-888-285-2249 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.