

# SUMMARY OF BENEFITS FOR BLUE Rx (Contract S5766)

## Section 1:

### Introduction to the Summary of Benefits for Blue Rx

January 1, 2007 - December 31, 2007

Delaware, District of Columbia and Maryland

*Thank you for your interest in Blue Rx. Our plan is offered by Medi-CareFirst BlueCross BlueShield, a Medicare Prescription Drug Plan that contracts with the Federal Government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call Medi-CareFirst BlueCross BlueShield and ask for the "Evidence of Coverage."*

Medi-CareFirst<sup>®</sup>    
BlueCross BlueShield





## Section 1: Introduction

### 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 Rx. 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 Rx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### WHERE IS BLUE RX AVAILABLE?

The service area for this plan includes: Mid-Atlantic (Delaware, District of Columbia and Maryland). You must live in one of these areas to join this plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, 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 the Medicare Private-Fee-For-Service plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

### DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Blue Rx 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 Rx 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.

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 Rx 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.medi-carefirst.com](http://www.medi-carefirst.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements 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 Supplemental) 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 supplemental policy, your Medigap Issuer will remove the prescription drug 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 Rx. Get this information before you decide to enroll in this plan.

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### 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 Rx, 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: (800) MEDICARE (633-4227). TTY/TDD users should call (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 Rx, 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 a 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 offer. You are encouraged 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.

**Please call  
Medi-CareFirst BlueCross BlueShield  
for more information about this plan.**

Visit us at [www.medi-carefirst.com](http://www.medi-carefirst.com) or call us:

#### **Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday,  
Friday, Saturday, Open 24 Hours Eastern

Current members should call (800) 693-1434.  
(TTY/TDD (800) 693-0765)

Prospective members should call (888) 784-0790.  
(TTY/TDD (888) 784-0868)

**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](http://www.medicare.gov) on the web.

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

## Section 2: Summary of Benefits

Benefit Category	Blue Rx Standard	Blue Rx Enhanced
<p><b>Prescription Drugs</b> Drugs covered under Medicare Part D (Prescription Drug Benefit)</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. We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.medi-carefirst.com">www.medi-carefirst.com</a>.</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. We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.medi-carefirst.com">www.medi-carefirst.com</a>.</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>
Monthly Premium	\$34.20	\$42.20
Deductible	There is no deductible.	There is no deductible.
Initial Coverage	Before the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay the following for prescription drugs:
In-Network Retail Pharmacy	<ul style="list-style-type: none"> <li>■ \$7 for a one month (34 day) supply of Generic drugs</li> <li>■ \$25 for a one month (34 day) supply of Preferred Brand drugs</li> <li>■ \$69 for a one month (34 day) supply of Non-Preferred Brand drugs</li> <li>■ 25% coinsurance for a one month (34 day) supply of Non-Self-Administered Medical Injectables drugs</li> <li>■ \$14 for a three month (90 day) supply of Generic drugs</li> <li>■ \$50 for a three month (90 day) supply of Preferred Brand drugs</li> <li>■ \$138 for a three month (90 day) supply of Non-Preferred Brand drugs</li> </ul>	<ul style="list-style-type: none"> <li>■ \$7 for a one month (34 day) supply of Generic drugs</li> <li>■ \$25 for a one month (34 day) supply of Preferred Brand drugs</li> <li>■ \$69 for a one month (34 day) supply of Non-Preferred Brand drugs</li> <li>■ 25% coinsurance for a one month (34 day) supply of Non-Self-Administered Medical Injectables drugs</li> <li>■ \$14 for a three month (90 day) supply of Generic drugs</li> <li>■ \$50 for a three month (90 day) supply of Preferred Brand drugs</li> <li>■ \$138 for a three month (90 day) supply of Non-Preferred Brand drugs</li> </ul>

## Section 2: Summary of Benefits

Benefit Category	Blue Rx Standard	Blue Rx Enhanced
	<ul style="list-style-type: none"> <li>■ 25% coinsurance for a three month (90 day) supply of Non Self-Administered Medical Injectables drugs</li> </ul>	<ul style="list-style-type: none"> <li>■ 25% coinsurance for a three month (90 day) supply of Non Self-Administered Medical Injectables drugs</li> </ul>
Coverage After You Reach Your Initial Coverage Limit	<p>After the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3850.</p>	<p>You pay the following at an In-Network Retail Pharmacy:</p> <ul style="list-style-type: none"> <li>■ \$7 for a one month (34 day) supply of Generic drugs</li> <li>■ \$14 for a three month (90 day) supply of Generic drugs</li> </ul> <p>For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3850.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ \$2.15 for Generic (including brand drugs treated as Generic) and \$5.35 for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> <li>■ \$2.15 for Generic (including brand drugs treated as Generic) and \$5.35 for all other drugs, or</li> <li>■ 5% coinsurance.</li> </ul>
General Information	<p>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Blue Rx Standard 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>Certain prescription drugs will have maximum quantity limits.</p> <p>Your provider must get prior authorization from Blue Rx Enhanced 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>
Premium and Other Important Information	<p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	

## Section 3: Important Plan Information

### MEDI-CAREFIRST BLUECROSS BLUESHIELD: GIVES YOU CHOICE...SAVES YOU MONEY

Medi-CareFirst BlueCross BlueShield (Medi-CareFirst) is a Prescription Drug Plan that is approved by Medicare. Medi-CareFirst will offer two plans in 2007 that can reduce your prescription drug costs:

- Blue Rx Standard
- Blue Rx Enhanced

The primary difference between the plans: **Blue Rx Enhanced covers generic drugs for a \$7 copay in the “coverage gap”** – the phase in the standard Medicare Part D plan during which all prescription drug costs are paid by the member. **Blue Rx Enhanced can provide substantial cost savings to those who have relatively high annual prescription drug costs.** The Blue Rx Enhanced plan has a higher monthly premium since it provides continuous coverage (see chart below for additional information about Blue Rx plans).

	Blue Rx Standard Plan	Blue Rx Enhanced Plan
	<b>You Pay In-Network<sup>1</sup></b>	
Monthly Premium	\$34.20	\$42.20
Annual Deductible	\$0	
<b>Initial Coverage Limit</b> – Amount you and your plan pay for the first \$2400 in total drug costs	<b>34-Day Supply</b> \$7 for Generic (Tier 1) \$25 for Preferred Brand Name (Tier 2) \$69 for Non-Preferred Brand Name (Tier 3) 25% for Non-Self-Administered Medical Injectables (Tier 4) <sup>3</sup>	
	<b>90-Day Supply</b> \$14 for Generic (Tier 1) \$50 for Preferred Brand Name (Tier 2) \$138 for Non-Preferred Brand Name (Tier 3) 25% for Non-Self-Administered Medical Injectables (Tier 4) <sup>3</sup>	
<b>“Coverage Gap”</b> – You pay 100% of costs after <b>Initial Coverage Limit</b> until you have spent \$3850 out-of-pocket	<b>34-Day Supply</b> Generic: 100% of all costs Brand: 100% of all costs	<b>34-Day Supply</b> Generic: \$7 Brand: 100% of all costs
	<b>90-Day Supply</b> Generic: 100% of all costs Brand: 100% of all costs	<b>90-Day Supply</b> Generic: \$14 Brand: 100% of all costs
<b>Catastrophic Coverage</b> – Amount you pay after your out-of-pocket expenses reach \$3850:	\$2.15 for Generic or Brand Name drugs treated as Generic and \$5.35 for all other drugs <b>or 5%, whichever is greater</b>	

<sup>1</sup> The copays listed above are for In-Network pharmacies. You must use In-Network pharmacies to receive plan benefits, except under emergency circumstances.

<sup>2</sup> If you missed your Initial Enrollment Period you will likely pay an additional 1% for each month in which you did not have coverage that was at least as good as the Medicare Prescription Drug Program.

<sup>3</sup> Self-Administered Medical Injectables are covered under Tiers 2 and 3.

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### BLUE RX STANDARD AND BLUE RX ENHANCED BOTH FEATURE:

- A large **network of 1,400 pharmacies** in our MD, DE and DC region. **Access to 60,000 pharmacies nationally.**
- **An open drug formulary.** An open formulary means **all drugs approved by Medicare for its prescription drug program are covered by our plan**, giving you more predictability. Our formulary features **four drug tiers**, or types, of drugs (Generic -- Tier 1; “Preferred” Brand -- Tier 2; “Non-Preferred” Brand -- Tier 3; and “Non-Self-Administered Medical Injectables” -- Tier 4).
  - **The lower the tier, the lower your cost** (For example, copays for drugs in Tier 1 are lower than copays for drugs in Tier 3.)
  - Use of lower-cost Generic and Preferred Brand Name drugs is encouraged, helping you to save on your overall health care expenses

You will receive a copy of our Abridged Formulary (a partial list of covered drugs and their Tier placement) upon enrollment. You may also look up drugs on our formulary on our Web site: [www.medi-carefirst.com](http://www.medi-carefirst.com). We recommend sharing this formulary with your doctor to ensure you are prescribed the most cost-effective, medically-appropriate drug.

### WHERE TO GET PRESCRIPTIONS FILLED

You may use your Medi-CareFirst card to get your prescriptions filled at any retail pharmacy in our network. For current information about Medi-CareFirst network pharmacies in your area, visit our Web site ([www.medi-carefirst.com](http://www.medi-carefirst.com)), call Customer Service (1-800-693-1434; TTY/TDD: 1-800-693-0765), or write (Argus Health Systems, Dept. #303, P.O. Box 419019, Kansas City, MO 64141). **Our network includes the following major retail chains:**

Acme	Rite Aid
BJ’s	Safeway
Costco	Sam’s Club
CVS	Shopper’s
Eckerd’s	Super Fresh
Food Lion	Target
Giant	The Medicine Shoppe
Happy Harry’s	Walgreens
Kmart	Walmart
NeighborCare	Weis

### NATIONAL NETWORK OF PHARMACIES

If you have an emergency outside the region, **you are still covered through Medi-CareFirst’s nationwide network of 60,000 pharmacies.** You will have access to covered Part D drugs at Out-Of-Network pharmacies when you can’t reasonably be expected to obtain such drugs at a network pharmacy. However, you will pay the full cost and must submit a claim for us to reimburse you for our share of the cost. Check our Web site ([www.medi-carefirst.com](http://www.medi-carefirst.com)) for information about our network of regional pharmacies or about buying prescriptions at pharmacies outside our network. You can also call our Claims Customer Service at (800) 693-1434 (TTY/TDD: (800) 693-0765), 24 hours a day, 7 days a week.

### 34-DAY SUPPLY FOR ONE MONTH

Medi-CareFirst provides a 34-day supply of a prescription drug rather than the typical 30-day supply for the same cost. **This provides members with more than an extra month’s supply over the course of a year.** Make sure to tell your doctor about this provision.

### THREE-MONTH SUPPLY FOR TWO MONTHLY COPAYS

Medi-CareFirst gives you the **option to purchase a three-month (90-day) supply of maintenance drugs at a retail pharmacy in our network at a cost savings.** Maintenance drugs are drugs that you take regularly for an ongoing condition, such as high blood pressure. Our Blue Rx plans provide the **three-month supply for the equivalent of a two-month supply copay.**

### EXTRA HELP – PREMIUMS AND DRUG COSTS

**You may be able to get extra help** to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- (800) MEDICARE (TTY/TDD: (877) 486-2048), 24 hours a day, seven 7 days a week, or
- The Social Security Administration at (800) 772-1213 between 7 a.m. and 7 p.m. Monday through Friday (TTY/TDD: (800) 325-0778), or
- Your state Medicaid office
- Maryland and Delaware residents may also be eligible for extra help through the Maryland Senior Prescription Drug Assistance Program

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(800) 215-8038, Monday through Friday, 9 a.m. to 6 p.m., or the Delaware Prescription Drug Assistance or Delaware Chronic Renal Disease programs (800) 996-9969, Monday through Friday, 8 a.m. to 4:30 p.m.

### PRIOR AUTHORIZATION

**Medi-CareFirst requires you to obtain advance approval, or prior authorization, for certain prescription drugs** from our plan before you fill your prescriptions. If you don't receive approval, Medi-CareFirst may not cover the drug. Please refer to the Abridged Formulary for a partial list of drugs that require prior authorization. If you try to fill your prescription prior to receiving approval, your pharmacist may contact your physician to begin the authorization process. **To avoid delay, your physician should start the prior authorization process before you go to the pharmacy.**

### QUANTITY LIMITS

**For certain drugs, Medi-CareFirst limits the amount of the drug covered** under the plan. For example, the plan provides up to six tablets per prescription per month of Zithromax 250mg (a drug used for bacterial infections). **These limits are set to ensure that these medications are used appropriately, and other treatment alternatives are regularly reconsidered by your physician.** These limits are often a normal part of a physician's prescription management program for patients.

### MEDICATION THERAPY MANAGEMENT PROGRAM

Medi-CareFirst contracts with Outcomes Pharmaceutical Health Care to offer a **free service called Medication Therapy Management (MTM) to all Medi-CareFirst members.** Specially trained MTM Pharmacists are identified in communities throughout Maryland, Delaware, and the District of Columbia. These pharmacists do much more than dispense drugs. **They help you get the best results from your medication while keeping out-of-pocket costs down.**

Your MTM Pharmacist will meet with you to review your medications and identify any duplications or potential interaction problems. The pharmacist will confer with you and your doctor to resolve any problems and consult with you on the most effective non-prescription (over-the-counter) treatments.

To find an MTM Pharmacist in your area, call Claims Customer Service at (800) 693-1434 (TTY/TDD: 1-(800) 693-0765), 24 hours a day, 7 days a week.

### FRAUD AND ABUSE MONITORING AND REPORTING

As Medi-CareFirst members, we want your help in fighting fraud. Let us know when you encounter such situations as:

- An Explanation of Benefits (EOB) showing prescriptions you did not receive or providers or dates of service that are not correct; or
- a suspicion that someone is using your ID card.

You can also help prevent fraud by keeping your member ID in a safe place. If your ID is stolen, report it immediately.

**To report suspected fraud you can call our fraud hotline at (410) 998-5480 or toll-free at (800) 336-4522. Phone calls can remain anonymous. You can also report fraud on-line at [www.medi-carefirst.com](http://www.medi-carefirst.com).**

### EXCEPTIONS, APPEALS AND GRIEVANCES

**We want to know about your concerns,** or your need for drugs not usually covered by the plan. The following programs are available to all members:

#### EXCEPTION

**An exception is a request to Medi-CareFirst to pay for a drug that is not covered, pay for a drug at a lower-cost tier, or waive coverage restrictions or quantity limits.**

To request an exception to Medi-CareFirst's formulary, call Claims Customer Service for assistance at (800) 693-1434 (TTY/TDD: (800) 693-0765), 24 hours a day, 7 days a week.

Exception requests are reviewed by Medi-CareFirst pharmacists. Generally, exception requests are approved if the alternative drugs included on the plan's formulary or the lower-tier drug would not be as effective in treating your condition, and/or it would cause you to have adverse medical effects. Exception requests that do not meet the above criteria may be denied by the Medical Director. If an exception request is denied, we will notify you and your physician by mail. All denial

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notifications include a basis for the decision and a description of your right to file an appeal.

### APPEALS

**An appeal is a request to reconsider and change a decision made about a drug authorization or claim.**

If you do not agree with a decision, you have the right to appeal. To begin the appeals process, or to follow up on an appeal, call Claims Customer Service for assistance at (800) 693-1434 (TTY: (800) 693-0765), 24 hours a day, 7 days a week. You may write to the Appeals Unit via fax (410) 605-2566 or mail Medi-CareFirst, Central Appeals Unit, PO Box 17636, Baltimore, MD 21297).

The appeals process has five levels:

- 1) Medi-CareFirst's Central Appeals Unit (CAU);
- 2) Independent Review by entity contracted through federal CMS;
- 3) Administrative Law Judge (ALJ) Hearing;
- 4) Medicare Appeals Council; and
- 5) Federal Court.

### GRIEVANCES

**A grievance is a complaint about the service you receive from Medi-CareFirst or from pharmacies in our network.** For example, if you are dissatisfied with the service provided by the Medi-CareFirst staff when you call, you may file a grievance. If you have a grievance, you are encouraged to call Claims Customer Service at 1-800-693-1434 (TTY/TDD: (800) 693-0765) 24 hours a day, 7 days a week with any problems, and we'll work to resolve it on that call.

If we can't solve your problem during that call, we will review the grievance internally and contact you with a response, in writing if you prefer.

You can mail a grievance to: Medicare Prescription Drug Plan Claims Customer Service, c/o Argus Health Systems, Dept. #303, PO Box 419019, Kansas City, MO

64141. Or fax: (816) 843-1501.

### DETAILED INFORMATION AVAILABLE IN YOUR EVIDENCE OF COVERAGE (EOC)

Once you enroll in Medi-CareFirst, you will receive the Evidence of Coverage providing definitions and describing in detail the plan's benefits; copays; enrollment and eligibility requirements; exceptions, appeals, and grievance procedures; drug limitations and exclusions; and other plan rules.





### **CONTRACT DURATION AND RENEWAL/NON-RENEWAL**

Medi-CareFirst contracts with the Federal government to provide Medicare Prescription Drug coverage. By law, all Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the Plan may refuse to renew its contract with the Federal government or the Federal government may refuse to renew the contract. Termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. If the Plan is not continued, members receive a letter at least 90 days before coverage ends explaining options for Medicare Prescription Drug coverage in this region.

**MedicareRx**  
Prescription Drug Coverage X

Medi-CareFirst BlueCross BlueShield is the business name of First Care, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc.