



## **Anthem Blue Cross**

# **Blue Cross MedicareRx (PDP) with Senior Rx Plus**

Prescription drug coverage you can count on — you've earned it.

**2016  
Group Plan  
PORAC**





# Thank you

## for your interest in our Medicare Prescription Drug coverage

We are honored to have the opportunity to be your retiree drug plan. Blue Cross MedicareRx (PDP) with Senior Rx Plus provides you with outpatient prescription benefits to help you live life to the fullest.

### Here are just a few of the services you can look forward to:

- **Prescription drug coverage.** For brand-name and generic drugs.
- **Mobile Pharmacy App.** Download your prescription plan app with Express Scripts' companion mobile app from Google Play or the Apple Store to use fantastic pharmacy tools like pharmacy alerts, order status, find a pharmacy and more!
- **Access to comprehensive nationwide pharmacy network.** Peace of mind at home and while traveling within the U.S.
- **Dedicated Customer Service team.** Focused on you and your needs.

This booklet will help guide you through your retiree drug coverage. It clearly explains all of your plan benefits, helps you find a network pharmacy and answers any other questions you may have. Included at the back of the booklet are the Enrollment Forms and everything you need to get started.

### Have questions?

**Call our First Impressions Welcome Center at 1-866-646-2436, TTY: 711,  
Monday through Friday, from 8 a.m. to 9 p.m. ET, except holidays.**

Note: If you receive this booklet but are still working for this group, you are not eligible to enroll in this Medicare Prescription Drug plan. Please contact the First Impressions Welcome Center 90 days prior to retirement to request an updated Enrollment Kit.

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## Section 1

# What you should know about Medicare

Medicare comes in separate parts and is a federal government health insurance program for people 65 years of age or older, people under 65 with certain disabilities and people of any age with end-stage renal disease (ESRD).



**Medicare Part A** is hospital coverage that helps cover the costs for inpatient care in hospitals and Skilled Nursing Facilities, hospice and some home health care services.



**Medicare Part B** is medical care coverage that helps cover costs for doctors' services, hospital outpatient care, some home health care services, and some physical and occupational therapy.



**Medicare Part C** is also called Medicare Advantage. You can replace Medicare Parts A and B with Medicare Part C. These plans are offered by private insurers approved by Medicare.



**Medicare Part D** is for outpatient prescription drug coverage that is offered by private insurers and approved by Medicare.

# Drug coverage



Our Prescription Drug plans include coverage for the brand-name and generic drugs you use most, along with convenient ways to order them. This coverage has no waiting periods and includes other popular features described below.

## Getting your prescriptions is simple and convenient

- Visit one of your plan's network pharmacies.
- Show your membership card.
- Pay the required amount, based on your plan.
- No need for more than one card or separate claims filings – we do the work for you.

## Medication Therapy Management program

If you have a chronic disease or condition, we offer a comprehensive Medication Therapy Management (MTM) program. MTM programs are central to Medicare Prescription Drug plans and strongly supported by the Centers for Medicare & Medicaid Services (CMS). Our MTM program:

- Is available at no additional cost if you qualify.
- Encourages optimal medication use to help manage conditions, including diabetes and heart disease.
- Provides information on clinically recognized dosing, administration techniques, drug interactions and typical side effects.
- Identifies members with possible adherence issues and works with the member and the member's physician to address the issues.

## Low copay for Select Generics

Select Generics are a specific list of drugs that have been on the market long enough to have a proven track record for effectiveness and value. These generic drugs treat common conditions like diabetes, high blood pressure, heart disease, high cholesterol and osteoporosis.

The Select Generics benefit is designed to help you better manage your chronic conditions and reduce out-of-pocket costs on prescription medications.

Be sure to check the Drug Benefit Chart included in this booklet to see if your plan includes reduced copays for Select Generics.

## What to know about a formulary

A formulary is a list of drugs covered by your plan. Our formulary is designed to ensure our outpatient prescription coverage is clinically sound and provides good value. The Benefit Chart in this booklet will tell you if you have an open or closed formulary. Open formulary plans generally cover all Part D eligible drugs. Closed formulary plans cover most, but not all, Part D eligible drugs. When new drugs come onto the market, we conduct a clinical and cost review of the drugs and may add them to the formulary following our review. Annually, working to keep plans affordable, we review drugs and may remove drugs or change the cost you pay for drugs the next year.

**Be sure to see if your drug is in the formulary before you go to the pharmacy. If it is not in the formulary, you will be responsible for the complete price of the drug. If we make any formulary changes, we will notify you first. We will send a formulary to you each year.**

If you are currently taking a drug that is not on our formulary or is subject to additional requirements or limits, you may be able to get a temporary supply of the drug. Contact your doctor and ask if you can switch to a different drug listed on our formulary. You can call the First Impressions Welcome Center to ask for more details about our drug transition policy.

## Medicare Coverage Gap Discount Program

As a Medicare Prescription Drug plan, your plan qualifies for discounts on most brand drugs funded by drug manufacturers during one phase of your plan, called the coverage gap phase. On group plans, like yours, this discount helps reduce the cost of providing your retiree coverage.

## Save money – use network pharmacies

Your coverage gives you access to retail network pharmacies across the United States. In order to receive the most plan benefits, you should use a network pharmacy. There are exceptions to this, such as if you cannot get to a network pharmacy and require a prescription because of a medical emergency.

Our pharmacy network includes most national chains and local pharmacies. Since that gives you access to a large network of pharmacies, finding a pharmacy that works with your plan benefits is easy. Feel confident knowing our Anthem Blue Cross membership card will be accepted without question when you use any network pharmacy. The pharmacies in our network may change. You can ask for a pharmacy directory or visit us at [www.anthem.com/ca](http://www.anthem.com/ca) to check whether your pharmacy participates.

If you need help finding a participating pharmacy nearby, get in touch with the First Impressions Welcome Center by calling 1-866-646-2436, TTY: 711, Monday through Friday, from 8 a.m. to 9 p.m. ET, except holidays.

## Your Prescription Drug plan provides you with convenient ways to get your prescription



- **Retail pharmacies for short-term prescriptions.** When you need your medicine right away.
- **Mail-order pharmacy services for long-term or maintenance medications.** For prescriptions that you take on an ongoing basis, you may choose the convenience of ordering through a network mail-order pharmacy.
- **To find a network pharmacy,** call us at the First Impressions Welcome Center at 1-866-646-2436, TTY: 711, Monday through Friday, from 8 a.m. to 9 p.m. ET, except holidays.

### **Why you should use a network pharmacy**

Always use a network pharmacy unless there isn't one near you. Your plan has a pharmacy network with retail pharmacies across the country. Your plan's network pharmacies will use your membership card to send your prescription drug information to us automatically.

## When you need *Extra Help*

You may be able to get *Extra Help* to pay for your prescription drug premiums and costs as well as other Medicare costs. If you qualify for Medicare's *Extra Help* and are enrolled in a Part D plan, Medicare can pay up to 100% of your prescribed drug costs. Costs covered can include help toward your drug plan's monthly premium, yearly deductible, coinsurance and copays for covered prescription drugs. Other great benefits of the plan include no coverage gap and no late-enrollment penalty.

If you are not eligible for *Extra Help*, you still may be able to enroll in a Medicare Prescription Drug plan. For information about enrollment periods, visit [www.medicare.gov](http://www.medicare.gov) or [www.ssa.gov](http://www.ssa.gov) or call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) and “Programs for People with Limited Income and Resources” in the publication *Medicare & You*;
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office.







## Section 2

# Plan Benefit Charts, Rights and Exclusions

**Tells you which prescription drugs are covered under your plan.**

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# Your rights, protections and Medicare options



## What are my protections in this plan?

All Medicare Prescription Drug plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Prescription Drug coverage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Drug plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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.

## What are my options if the prescription drugs I take are not covered?

As a member of Blue Cross MedicareRx (PDP), you have the right to request a drug 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 (formulary) or believe you should get a nonpreferred 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

## Geographic service areas covered by this plan

Our CMS-defined geographic service area includes the 50 United States, District of Columbia (D.C.) and all U.S. Territories, except the U.S. Virgin Islands.

## Your information is private

We will keep your prescription records and other such information from doctors and/or other service providers private. We will not disclose this information in any way that breaks the law.

# Good terms to know

The more you understand your plan benefits, the better you can make the most of your coverage. Here are some commonly used terms associated with Part D drug coverage. Please keep this handy for future reference.

Understanding your drug coverage	
Key terms	What does this term mean?
Coinsurance	A specific percentage you pay of the cost for prescription drugs after you pay any plan deductibles. An example would be if your covered medication cost were \$50 and you had a 10% coinsurance, you would make a \$5 payment.
Copayment/copay	A specific dollar amount you pay for prescription drugs after you pay any plan deductibles.
Deductible	The amount you must pay for covered prescriptions before the plan begins to pay.
Formulary	This is a list of all the drugs your plan covers. The list tells you what tier your drug is in and if there are any requirements or limits for coverage. Some plans include coverage for nonformulary drugs. Please refer to your Benefit Chart for more information.
Network pharmacies	Pharmacies that have agreed to provide Part D drug services to our members. You will get the most from your prescription benefits when you visit a network pharmacy.
Retail 90-day pharmacies	Pharmacies within our network that have agreed to fill up to 90-day supplies of prescription medications, helping to eliminate multiple trips to the pharmacy.
Specialty drugs	The Centers for Medicare & Medicaid Services (CMS) defines a specialty drug as any drug that costs \$600 or more per unit.

**Your 2016 Prescription Drug Benefit Chart**  
**10/25/45, \$100 Deductible (with Senior Rx Plus)**  
**PORAC**

**Effective January 1, 2016**

*Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.*

<b>Formulary</b>	<b>Open</b>
<b>Deductible</b>	<b>\$100</b>
<b>Covered Services</b>	<b>What you pay</b>

**Part D Initial Coverage**

Below is your payment responsibility from the time you meet your deductible, if you have one, until the amount paid by you and the Coverage Gap Discount Program for covered prescriptions reaches your True Out of Pocket limit of \$4,850.

<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay Deductible waived on Select Generics
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$10 copay
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$25 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$45 copay

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

<b>Mail-Order Pharmacy</b>	per 90-day supply
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay Deductible waived on Select Generics
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$40 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$75 copay

**Part D Catastrophic Coverage**

Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$4,850.

<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>• Generic Drugs</li> </ul>	5% coinsurance with a minimum copay of \$2.95 and a maximum copay of \$10.00

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2016 Custom 10/25/45, \$100 Deductible PORAC Full Gap  
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05/04/2015

Covered Services	What you pay
<ul style="list-style-type: none"> <li>Brand-Name Drugs</li> </ul>	5% coinsurance with a minimum copay of \$7.40 and a maximum copay of \$25.00

**Extra Covered Drugs**  
 These are drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays. These drugs are covered by your Senior Rx Plus benefits.

<b>Cough and Cold</b> <b>DESI</b> <b>Vitamins and Minerals</b> <b>Lifestyle drugs, including Erectile Dysfunction (ED)</b>	See Formulary for complete list of drugs covered
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<ul style="list-style-type: none"> <li>Generics</li> </ul>	You pay your Retail or Mail-Order copay
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<ul style="list-style-type: none"> <li>Preferred Brands</li> </ul>	You pay your Retail or Mail-Order copay
--	---

<ul style="list-style-type: none"> <li>Non-Preferred Brands</li> </ul>	You pay your Retail or Mail-Order copay
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<b>Non-Part D Diabetic Supplies</b>	Lancets, Urine Test Strips and Blood Sugar Diagnostics
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<ul style="list-style-type: none"> <li>Prescription – Retail Pharmacy</li> </ul>	\$25 copay
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<ul style="list-style-type: none"> <li>Prescription – Mail-Order Pharmacy</li> </ul>	\$40 copay
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<b>Non-Part D Diabetic Supplies</b>	Glucometers Copay or coinsurance per Covered Device
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<ul style="list-style-type: none"> <li>Prescription</li> </ul>	\$25 copay
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**Extra Covered Drugs - California**  
 These are drugs that are covered on retiree drug plans issued in California. These drugs are often excluded from Part D coverage, but are covered by your Senior Rx Plus benefits. If you have a deductible, it does not apply to these drugs.

<b>Contraceptive Devices</b>	Limit 1 per year; Copay or coinsurance per Covered Device
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<ul style="list-style-type: none"> <li>Prescription</li> </ul>	33% coinsurance
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- Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under medical coverage if you fall into a high risk category and under drug coverage for everyone else. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65.
- Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefit chart is the amount you pay for covered drugs filled at network pharmacies.

- Sponsored by Insurance and Benefits Trust of PORAC (Peace Officers Research Association of California)  
Contracted by the CalPERS Board of Administration  
Under the Public Employees' Medical & Hospital Care Act (PEMHCA)

## Blue Cross MedicareRx (PDP) with Senior Rx Plus

# Prescription drug exclusions and limitations

The following items and services are not covered unless the plan covers them under the “Extra Covered Drugs” benefit. **(Please see the “Extra Covered Drugs” section of the Benefit Chart in this booklet to find out which of the drugs listed are covered under your group-sponsored plan.)**

1. Nonprescription drugs (also called over-the-counter drugs)
2. Drugs that Medicare covers under Part A or Part B
3. Drugs that Medicare does not classify as Part D drugs, including when these drugs are ingredients in a compounded drug
4. Drugs when used to promote fertility
5. Drugs when used for the relief of cough or cold symptoms
6. Drugs when used for cosmetic purposes or to promote hair growth
7. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
8. Drugs when used for the treatment of sexual or erectile dysfunction, such as Viagra, Cialis, Levitra and Caverject
9. Drugs when used for treatment of anorexia, weight loss or weight gain, unless used to treat HIV or cancer wasting
10. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale

This guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Benefit Chart and *Evidence of Coverage (EOC)*, which is received upon enrollment. In the event of a conflict between the Benefit Chart/*EOC* and this guide, the terms of the Benefit Chart and *EOC* will prevail.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call First Impressions Welcome Center at the number listed in this booklet to request interpreter services.

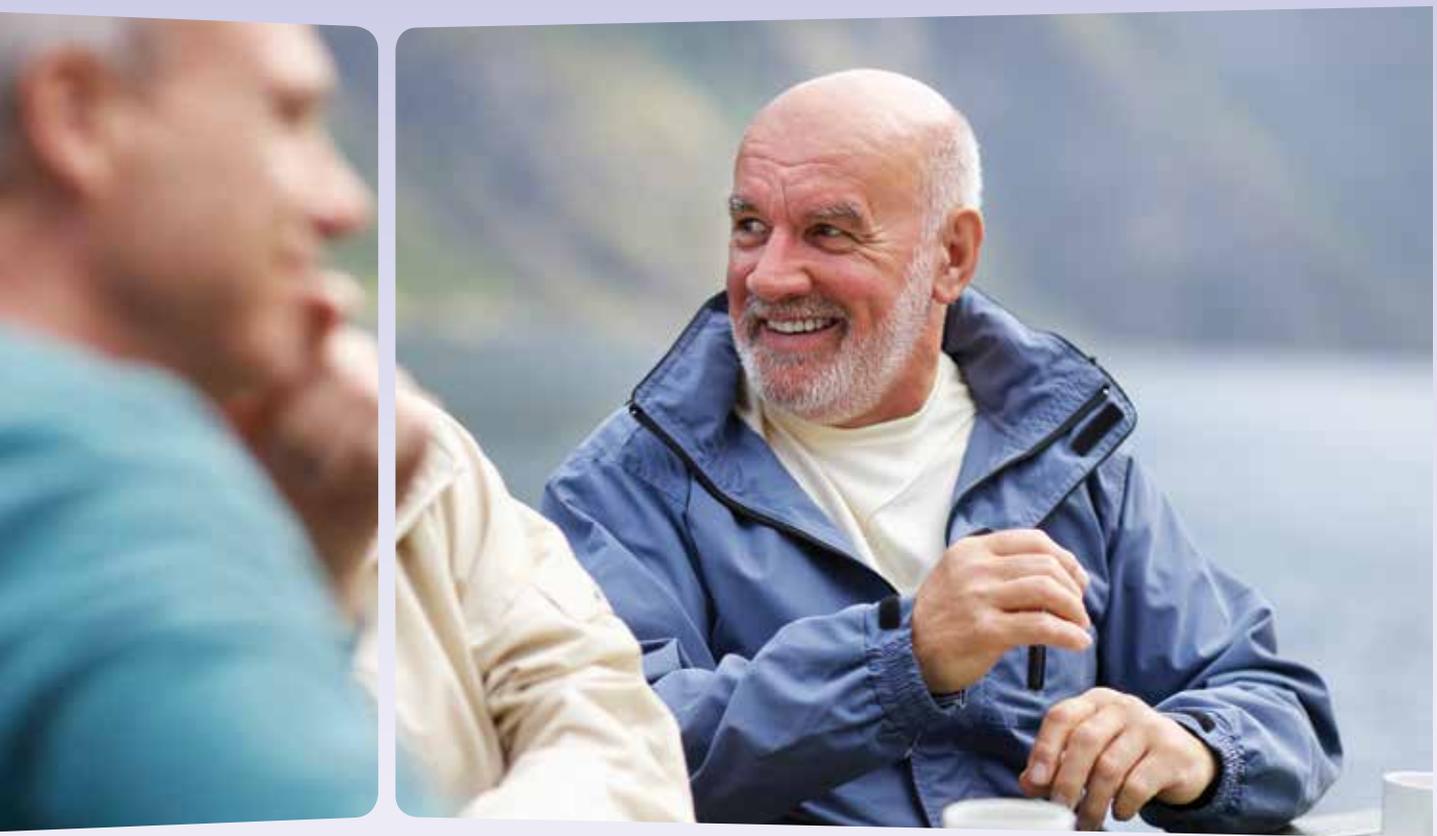


### Section 3

# Enrollment Application

**After you've carefully reviewed the application, please sign, date and mail it.**

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# Tips for a successful Enrollment



## How you qualify for Blue Cross MedicareRx (PDP)

You must meet these guidelines to qualify for this plan:

- You are now entitled to Medicare Part A or enrolled in Part B.
- You are a permanent resident in the plan's service area, which includes the 50 United States, District of Columbia (D.C.) and all U.S. Territories, except the U.S. Virgin Islands.
- You qualify for coverage under your (or your spouse's) current or former employer's or union's group health plan.

### Important things to know:

- Continue paying Part B premiums. If you don't, Medicare will terminate your coverage and then you'll have to pay a late-enrollment penalty if you decide to re-enroll.
- If you must pay a high-income surcharge on your Part B or Part D premium to Social Security, please be sure to do so to avoid a mandatory disenrollment.
- If you choose to enroll in other plans, you will be disenrolled from your current plan.
- If you are enrolled in a group Prescription Drug plan, your Medicare Advantage (MA) plan must also be a group MA plan. This is important because enrolling in a nongroup plan could result in termination of your enrollment.
- To ensure a smooth enrollment, make sure your employer has the most up-to-date information and it matches your Social Security information.

# Once you're enrolled in a group plan, you will be getting:

- 1 An acknowledgement letter that lets you know we've received your enrollment request, along with your effective start date.
- 2 Confirmation letter of enrollment – which is **proof of membership until your member ID card arrives.**
- 3 Your member ID card.
- 4 Welcome Kit – which may include your *Evidence of Coverage*, Formulary and/or Directory.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. For those with Medicare Part B: You must continue to pay your Medicare Part B premium. Medicare evaluates plans based on a five-star rating system. Star Ratings are calculated each year and may change from one year to the next.

**Anthem Blue Cross Group Sponsored Health Plan Enrollment Election Form**

**To enroll in Blue Cross MedicareRx (PDP), please provide the following information:**

Group Sponsor Name*		Group #	
Please write in the name of the plan in which you want to be enrolled.		Requested effective date of coverage ( ___/___/____ ) (MM/DD/YYYY)  Generally, the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.	
Last name	First name	Middle initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birthdate ( ___/___/____ ) (MM/DD/YYYY)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number (     ) Alternate phone number (     )	
<b>Permanent residence street address</b> (P.O. Box is not allowed)			
City	State	ZIP code	
<b>Mailing address</b> (only if different from your permanent residence address)			
City	State	ZIP code	
<b>Email address</b> <i>Your email address will be used for communications only from Anthem Blue Cross. We will not share your email address.</i>			

**Please provide your Medicare insurance information**

Please take out your red, white and blue Medicare card to complete this section.

- Please fill in these blanks so they match your Medicare card.
- OR -
- Attach a copy of your Medicare card or your letter from the Social Security Administration or the Railroad Retirement Board.

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

MEDICARE  HEALTH INSURANCE	
SAMPLE ONLY	
Name: _____	
Medicare Claim Number _____	Sex: _____
Is Entitled To _____	Effective Date _____
<b>HOSPITAL (Part A)</b> _____	
<b>MEDICAL (Part B)</b> _____	

**Please read and answer these important questions:**

1. Are you the retiree?  Yes  No

If "yes," retirement date (month/date/year) \_\_\_\_\_

If "no," name of retiree \_\_\_\_\_ Retiree Medicare ID # \_\_\_\_\_

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, Workers' Compensation, VA benefits or from state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Blue Cross MedicareRx (PDP) and Senior Rx Plus?  Yes  No  
If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage \_\_\_\_\_

ID # for coverage \_\_\_\_\_

3. 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 (number and street) and phone number of institution \_\_\_\_\_

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome Center number listed in this document for additional information.



**Please read this important information:**

**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 (PDP), 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 (PDP) could affect your employer or union health benefits.** You could lose your employer-sponsored or union-sponsored health coverage if you join Blue Cross MedicareRx (PDP). Please 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 (PDP) 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 (PDP) 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 (PDP) 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 Election Period (October 15 – December 7), unless I qualify for certain special circumstances.

Blue Cross MedicareRx (PDP) serves a specific service area. If I move out of the area that Blue Cross MedicareRx (PDP) 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 (PDP) network pharmacies. Once I am a member of Blue Cross MedicareRx (PDP), I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Anthem Blue Cross when I get it to know which rules I must follow in order to get coverage.

I understand that generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed. 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.

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.

**Release of information:**

By joining this Medicare prescription drug plan, I acknowledge that Anthem Blue Cross will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Anthem Blue Cross 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 above), 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 from Medicare.

**Signature required to process your application.**

Applicant Signature	Today's Date
<p>If you are the authorized representative, you must sign above and provide the following information:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP code _____</p> <p>Phone number ( ____ ) ____ - _____</p> <p>Relationship to enrollee _____</p>	

**HIPAA Authorization**

If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, select YES. A HIPAA (Health Insurance Portability and Accountability Act) Authorization form will be mailed to you. This form is valid for one year from the signature date.\* If you select NO, a future request for this form can be made by contacting Customer Service at the telephone number on the back of your membership card.

Yes    No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If you wish to continue having the authorized representative on your account, a new form is required annually.

**Please return this application to:**



**PORAC  
Insurance and Benefits  
4010 Truxel Rd  
Sacramento, CA 95834**

Please refer to the Anthem Blue Cross *Evidence of Coverage* for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the First Impressions number listed in this document to request interpreter services.

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## 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 1-866-646-2436. 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 1-866-646-2436. 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 1-866-646-2436。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 1-866-646-2436。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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-646-2436. 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 1-866-646-2436. 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 1-866-646-2436 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 1-866-646-2436. 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 1-866-646-2436 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 1-866-646-2436. 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 الاتصال بنا على 1-866-646-668-6342 سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

**Hindi:** हमारे सवास्थय या दवा क योजना के बारे म आपके किसी भी पशन के जवाब देने के लिए हमारे पास मुफत दुभाषिया सेवाएँ उपलब्ध ह. एक दुभाषिया परापत करने के लिए, बस हम 1-866-646-2436 पर फोन कर. कोई वयिकत जो हिनदी बोलता है आपक मदद कर सकता है. यह एक मुफत 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 1-866-646-2436. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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 1-866-646-2436. 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 1-866-646-2436. 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 1-866-646-2436. 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、1-866-646-2436 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。

## **Blue MedicareRx - S5596**

### **2016 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 2016, Blue MedicareRx received the following Overall Star Rating from Medicare.

★★★★  
3.5 Stars

We received the following Summary Star Rating for Blue MedicareRx's health/drug plan services:

Health Plan Services: Not Offered

Drug Plan Services: ★★★★★  
3.5 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★★ 4 stars - above average
- ★★★★★ 3 stars - average
- ★★★★★ 2 stars - below average
- ★ 1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 866-909-0433 (toll-free) or 711 (TTY).

Current members please call 866-909-0433 (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.





P.O. Box 110  
Fond du Lac, WI 54936

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