

<COMPANY LOGO>

| Blue MedicareRxSM (PDP)

<Date>

<First Name><Middle Initial><Last Name>

RxID <%6>

<Address1>

RxGroup <%7>

<Address2>

RxBin <%8>

<City> <ST> <ZIP>

RxPCN <%9>

Dear <First Name><Last Name>:

Medicare has approved your enrollment in Blue MedicareRxSM (PDP) beginning <effective date>.

How will my coverage work?

As of <effective date>, you should begin using Blue MedicareRx network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, Blue MedicareRx may not pay for your prescriptions. You can find network pharmacies in your area by looking in your pharmacy directory or by calling our customer service department at the number at the end of this letter. [You can also visit the Blue MedicareRx website at <Groups.RxMedicarePlans.com>.]

You have your prescription drug coverage through your former employer's group/union. Please read the communications your former employer's group/union or union provides you. If you have any questions, you may visit their Web site or contact the office listed in these communications. If there is no contact information provided, your benefits administrator can assist you. If you have other prescription drug coverage directly through an insurance carrier, please contact the insurer to inform them that you will be getting your prescription drug coverage through your current/former employer or union.

What is extra help?

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 qualify 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 think you qualify for extra help with your prescription drug costs, but you don't have or can't find proof, please contact Blue MedicareRx at the number provided at the end of this letter.

Will I pay a late enrollment penalty as part of my premium?

Your premium **may** reflect a late enrollment penalty. If a late enrollment penalty applies to you, please call *Blue MedicareRx* at the phone number provided at the end of this letter. You can also get information by visiting www.medicare.gov or 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.

What if I have more questions?

If you have any questions, please contact Blue MedicareRx at <MS_PHONE>, <24 hours a day, 7 days a week>. TTY/TDD users should call <711>.

Thank you.

<STATE LICENSING STATEMENT>

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

<STATE LEGAL LINES>

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