

Blue MedicareRxSM (PDP)

P.O. Box 52429

Phoenix, AZ 85072-2429

<First Name f8><Last Name f10>

<Address1 f102>

<Address2 f103>

<City f104><ST f105><ZIP f106-107>

By accepting this card and any benefits to which this card entitles the holder, the holder acknowledges that the policy pursuant to which this card is issued constitutes a contract solely between the participant and Blue Cross and Blue Shield of Massachusetts, Inc., and that Blue Cross and Blue Shield of Massachusetts, Inc. is an independent corporation operating under a license from the Blue Cross and Blue Shield Association that permits Blue Cross and Blue Shield of Massachusetts, Inc. to use the Blue Cross and Blue Shield names and Service Marks in The Commonwealth of Massachusetts.

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Blue MedicareRxSM (PDP)

MASSACHUSETTS

Prescription Drug Plan

NAME:

<First Name f8><Last Name f10>

ID:

<f54>

RXBIN: 004336
RXPCN: MEDDADV
RXGRP: NEJERX
ISSUER: (80840) 9151014609

MedicareRxSM
Prescription Drug Coverage X

<f25>-<f42>

Thank you for joining Blue MedicareRx (PDP)

Attached is your Member ID Card. We may have shortened your name to fit on the card. This card contains all the necessary information your pharmacist needs to fill your prescriptions. You will also need information from this card to request a prescription fill from the mail service pharmacy administered by Caremark Rx.

Make the best use of your membership:

- Present this card to your retail pharmacist with your prescription.
- You may fill your prescription at any of our 68,000 participating network pharmacies nationwide.

To find a network pharmacy, refer to your Pharmacy Directory.

Remember: Always use a network pharmacy for complete coverage. You may use an out-of-network pharmacy for emergencies, but coverage is dependent on review. In some cases we may not pay for your prescriptions.

For questions or more information, contact Customer Care at 1-888-543-4917, which is also located on the back of your card. Hours of Operation are 24 hours a day, 7 days a week. Ask about the advantages of mail service or how to save money with generics. We look forward to serving you, now and in the future.

NOT A CARD



MASSACHUSETTS

Groups.RxMedicarePlans.com

For Member Use:

Customer Care: 1-888-543-4917

TTY/TDD: 711

Pharmacy Provider Services:

1-866-693-4620

Submit Claims to:

Medicare Part D Paper Claims

P.O. Box 52066

Phoenix, AZ 85072-2066

Participants:
This card must be presented at a participating pharmacy when purchasing prescription drugs.
Only the person named on this card may use this card to obtain prescription drug benefits.
The Pharmacist will tell you the amount to pay for your prescription(s).
No claim form is required when using a participating pharmacy.



Pharmacy benefits administrator

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