



MASSACHUSETTS

| Blue MedicareRx<sup>SM</sup> (PDP)

<Date>

<First Name><Last Name>

<Address1>

<Address2>

<City> <ST> <ZIP>

Dear <First Name><Last Name>:

<Name of Employer or Union> is enrolling you in Blue MedicareRx<sup>SM</sup> (PDP) as your retiree prescription drug plan beginning <effective date>, unless you tell us by <insert date no less than 21 days from the date of notice> that you don't want to join our plan.

**What do I need to know as a member of Blue MedicareRx?**

This mailing includes important information about Blue MedicareRx<sup>SM</sup> and the coverage it offers. Please review the information from your employer carefully. If you want to be enrolled in this Medicare prescription drug plan, you don't have to do anything, and your coverage will start on <effective date>.

Once you are a member of Blue MedicareRx<sup>SM</sup>, you have the right to appeal plan decisions about payment or services if you disagree. Read the Evidence of Coverage document from Blue MedicareRx<sup>SM</sup> when you get it to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

Blue MedicareRx<sup>SM</sup> is a Medicare drug plan and is in addition to your coverage under Medicare Part A or Part B. Your enrollment in Blue MedicareRx<sup>SM</sup> doesn't affect your coverage under Medicare Part A or Part B. It is your responsibility to inform Blue MedicareRx of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in Blue MedicareRx<sup>SM</sup> will end that enrollment. Enrollment in Blue MedicareRx<sup>SM</sup> is generally for the entire year.

By joining this Medicare prescription drug plan, you acknowledge that Blue MedicareRx<sup>SM</sup> will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Blue MedicareRx<sup>SM</sup> will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.

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**What happens if I don't join Blue MedicareRx?**

You aren't required to be enrolled in this plan. You can contact your employer to ask if they offer any other group sponsored plan options. You can also decide to join a different Medicare drug plan. You can call 1-800-MEDICARE (1-800-633-4227) 24 hours per day, 7 days per week for help in learning how. TTY users should call 1-877-486-2048. However, if you decide not to be enrolled in an employer group plan, your employer may not re-enroll you in the future and your benefits may be impacted.

**What should I do if I don't want to join Blue MedicareRx?**

To request not to be enrolled by this process, please contact your employer and they can assist you further.

**What if I want to leave Blue MedicareRx?**

Medicare limits when you can make changes to your coverage. You may leave this plan only at certain times of the year or under certain special circumstances. To request to leave, call Blue MedicareRx<sup>SM</sup> or call 1-800-MEDICARE. Blue MedicareRx<sup>SM</sup> serves a specific area. If you move out of the area that Blue MedicareRx<sup>SM</sup> serves, you need to notify us so you can disenroll and find a new plan in your area.

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

If you have any questions about your enrollment, please contact your employer. All other questions, please call Blue MedicareRx<sup>SM</sup> customer service at 1-866-832-9775, 8:00 a.m. to 8:00 p.m. EST, 7 days a week. TTY users should call 1-866-552-6288.

Thank you.

Blue MedicareRx

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