

To Complete Your Enrollment Form:

1. Be sure to complete all information, sign and date your enrollment form.
2. If you would like the convenience of having your premium deducted from your Social Security check, be sure to check **YES** in [Step 5.] If you want to use our other convenient payment options, complete the Automatic Payment Option Form included with your enrollment form.
3. We'll contact you in writing when we receive your enrollment form.

Formulary and pharmacy network are subject to change.

Benefits, premium, copayments and/or coinsurance may change January 1, 2008.

Please contact Anthem Blue Cross and Blue Shield for more details at 1-866-892-5343,
8 a.m. to 6 p.m. Monday through Friday. (TTY/TDD: 1-800-297-1538)



Anthem 

Blue MedicareRx is a prescription drug plan with a Medicare contract.

Your Blue MedicareRx Choices

A Plan Comparison Chart

In Nevada, Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Services, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Anthem Insurance Companies, Inc (AICI) is the legal entity under contract with the Centers for Medicare and Medicaid Services (CMS) and licensed under state law or under a federal waiver program to offer the applicable Medicare Prescription Drug (Part D) plans in this region. AICI has partnered with affiliated companies to provide services for these plans.

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MedicareRx
Prescription Drug Coverage 

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Anthem 

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Blue MedicareRx Plan Important Terms

Brand-name Drugs: Prescription drugs that are protected by patent and typically produced and sold by one manufacturer.

Coinsurance: The share of expenses (a percentage of the cost of the drug) that a member pays for certain covered drugs.

Copayment: Usually a set, flat-dollar amount that a member pays for certain covered drugs.

Cost Sharing: When the member pays a portion of the cost of the drug. Examples of cost sharing are coinsurance, copayments and deductibles.

Coverage Gap: Once you and Blue MedicareRx have paid \$2,400 in annual covered prescription drug expenses, you will be responsible for paying more or all of the cost for your medications, depending on the plan you choose, until your total out-of-pocket expenses reach \$3,850.

With our Blue MedicareRx Value and Plus plans, you are responsible for 100% of drug costs in the coverage gap. With our Blue MedicareRx Premier plan, you will have benefits for covered generic drugs in the coverage gap.

After the coverage gap ends (after you have paid \$3,850 in annual out-of-pocket costs), your share of the cost for covered prescription drugs is minimal.

Deductible: The dollar amount a Blue MedicareRx plan member must pay for covered services each calendar year before the plan begins paying for covered services.

Formulary: Also known as a drug list. A list of the prescription drugs that are covered by a health care plan.

Generic Drugs: Prescription drugs that have the same active ingredient as equivalent brand-name drugs. Generic prescription drugs usually cost less than brand-name drugs and are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug.

Injectable Drugs: Medications that are frequently given by injection or infusion and that often require special packaging, mailing and storage. Injectable drugs referred to as specialty and non-specialty injectable drugs.

Specialty injectable drugs are usually high-cost, unique drugs used to treat conditions such as multiplesclerosis, hepatitis C, rheumatoid arthritis or cancer.

Non-specialty injectable drugs are used to treat less costly chronic conditions than specialty agents. One example is injectable antibiotics.

Network Pharmacies: Pharmacies that have agreed to fill prescriptions for our members. You will get the most from your prescription drug benefits when you visit a network pharmacy.

Non-Network Pharmacies: At non-network pharmacies, you will be responsible for the difference between the network and non-network pharmacy costs, in addition to your copayment. This does not apply in emergency situations, or when you do not have adequate access to a network retail pharmacy.

Non-Preferred Brand Drugs: Certain brand name prescription drugs that are covered in order to offer a larger choice of medications. Your share of the cost is higher for non-preferred brand drugs compared to preferred brands.

PDP Sponsor (Prescription Drug Plan): A company approved by Medicare that has a contract with the government to provide prescription drug coverage to people on Medicare.

Preferred Brand Drugs: A brand-name prescription drug that will cost you less than drugs that are considered non-preferred brand drugs. Preferred Multi-Source Brand drugs are brand drug that are available through multiple manufacturers and that have a generic option.

Preferred Pharmacies: These are the network pharmacies listed as "preferred" in our pharmacy directory.

90-Day Retail Pharmacies: Pharmacies within our network that have agreed to fill 90-Day supplies of prescription medications, which are designed to help reduce trips to the pharmacy.

New in 2007!

Our Plus and Premier plans now cover certain generic benzodiazepines and barbiturates.* These drugs are covered before any deductible and during the coverage gap you will continue to pay the generic drug copayment. Copayments and coinsurance amounts for these drugs will not apply toward your annual out-of-pocket costs that help satisfy the coverage gap.

Blue MedicareRx Plan Comparison Chart

With Blue MedicareRx You Pay	Value	Plus	Premier Covers an additional 1,000 drugs!
Monthly Premium	\$19	\$25	\$34.60
Annual Deductible	\$250	\$0	\$0
A copayment or coinsurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$2,400. Any deductible, copayments or coinsurance you pay counts toward the \$2,400.* This is your initial coverage.	30-Day Supply Generic: \$5 Preferred Brand: \$27 Non-preferred Brand: \$60 Injectable Drugs: 25%	30-Day Supply Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$60 Injectable Drugs: 30%	30-Day Supply Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$60 Injectable Drugs: 30%
	90-Day Supply Preferred Mail-Order Pharmacy: Generic: \$7.50 Preferred Brand: \$67.50 Non-preferred Brand: \$150 Injectable Drugs: 25%	90-Day Supply Preferred Mail-Order Pharmacy: Generic: \$15 Preferred Brand: \$75 Non-preferred Brand: \$150 Injectable Drugs: 25%	90-Day Supply Preferred Mail-Order Pharmacy: Generic: \$15 Preferred Brand: \$75 Non-preferred Brand: \$150 Injectable Drugs: 25%
	90-Day Retail Pharmacy: Generic: \$15 Preferred Brand: \$81 Non-preferred Brand: \$180 Injectable Drugs: 25%	90-Day Retail Pharmacy: Generic: \$30 Preferred Brand: \$90 Non-preferred Brand: \$180 Injectable Drugs: 30%	90-Day Retail Pharmacy: Generic: \$30 Preferred Brand: \$90 Non-preferred Brand: \$180 Injectable Drugs: 30%
The cost for covered prescription drug expenses between \$2,400 in drug costs and \$3,850 in annual out-of-pocket costs. This is called the Coverage Gap. See explanation to the left for Coverage Gap.	100% of the cost	100% of the cost	30-Day Supply Generic: \$10 90-Day Supply Preferred Mail-Order Pharmacy: Generic: \$15 90-Day Retail Pharmacy: Generic: \$30
The cost for covered prescription drugs after you have paid \$3,850 in annual out-of-pocket costs. This is called Catastrophic Coverage. You pay a flat-dollar amount or 5% , whichever is greater.	Generic/Preferred Multisource Brand: \$2.15 or 5%, whichever is greater All others: \$5.35 or 5%, whichever is greater	Generic/Preferred Multisource Brand: \$2.15 or 5%, whichever is greater All others: \$5.35 or 5%, whichever is greater	Generic/Preferred Multisource Brand: \$2.15 or 5%, whichever is greater All others: \$5.35 or 5%, whichever is greater

All covered drugs are on the Blue MedicareRx formulary/drug list.