



BlueRxSM
A Medicare Approved Part D Plan

2024 Plan Highlights

For Tennesseans who want an affordable,
stand-alone Medicare Part D Prescription Drug Plan

BlueRxSM (PDP) AT-A-GLANCE

BlueRx is a prescription-only drug plan to pair with a Medicare Supplement plan or Original Medicare. It's a Medicare-approved Part D plan, which is the part of Medicare that helps pay for the prescription drugs you use.

Choose from three BlueRx plan options:

BlueRx Essential

- ✓ Lowest monthly premium
- ✓ \$545 deductible
- ✓ \$0 copay on Preferred Generics

BlueRx Enhanced

- ✓ \$545 deductible
- ✓ Copays as low as \$2
- ✓ More brand-name drugs and more pharmacies

BlueRx Enhanced Plus

- ✓ \$0 deductible
- ✓ Copays as low as \$2
- ✓ More brand-name drugs and more pharmacies

Have questions about BlueRx or need help enrolling?

Call 1-855-617-6760 (TTY 711), 8 a.m. – 8 p.m.

Or visit us online at [BlueRXAlaTenn.com](https://www.BlueRXAlaTenn.com) anytime!

We are available Monday – Friday, 8 a.m. – 8 p.m. CST. From October 1 to December 7, the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day. BlueRx (PDP) is a PDP with a Medicare contract. Enrollment in BlueRx (PDP) depends on contract renewal. BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association. Members may enroll in BlueRx only during specific times of the year. For more information about enrollment periods, call toll free 1-855-617-6760 (TTY 711), 8 a.m. – 8 p.m., 7 days a week. You may be enrolled in only one Part D plan at a time. Medicare beneficiaries who are enrolled in an MA PFFS plan that includes Medicare prescription drugs or any MA coordinated care (HMO or PPO) plan will be automatically disenrolled from the HMO, PPO or MA PFFS plan if they enroll in a PDP. Medicare beneficiaries enrolled in a Private Fee-for-Service plan (PFFS) that does not include Medicare prescription drug coverage, an MA Medical Savings Account (MSA) plan or an 1876 Cost plan may enroll in a PDP and will not be automatically disenrolled from the PFFS, MSA or an 1876 Cost plan. Medicare beneficiaries may also enroll in BlueRx through the CMS Medicare Online Enrollment Center located at [Medicare.gov](https://www.Medicare.gov).

Medicare that's focused on **YOU**

Use this cost-sharing comparison to help choose the BlueRx plan that's right for you.

2024 PLAN PREMIUM	BlueRx ESSENTIAL	BlueRx ENHANCED	BlueRx ENHANCED PLUS
What you pay each month as a member	\$72.00	\$119.50	\$153.70
1. What you pay — up to a TOTAL Rx annual spend of \$5,030 (the Initial Coverage Limit in 2024)			
DEDUCTIBLE Your Rx spending before plan benefits begin	\$545	\$545	\$0
COPAY What you pay for prescriptions after reaching the deductible	<p>Standard Cost-Sharing Pharmacy</p> <p>After deductible, you pay:</p> <p>Tier 1.....\$0</p> <p>Tier 2.....\$14</p> <p>Tier 3.....\$47</p> <p>Tier 4.....46%</p> <p>Tier 5.....25%</p> <p>Insulins.....\$35</p>	<p>Preferred Cost-Sharing Pharmacy</p> <p>After deductible, you pay:</p> <p>Tier 1.....\$2</p> <p>Tier 2.....\$8</p> <p>Tier 3.....\$40</p> <p>Tier 4.....29%</p> <p>Tier 5.....25%</p> <p>Insulins.....\$35</p>	<p>Preferred Cost-Sharing Pharmacy</p> <p>You pay:</p> <p>Tier 1.....\$2</p> <p>Tier 2.....\$10</p> <p>Tier 3.....\$40</p> <p>Tier 4.....29%</p> <p>Tier 5.....33%</p> <p>Insulins.....\$35</p>
<p>Drug Tier Classifications</p> <p>Tier 1 – Preferred Generic</p> <p>Tier 2 – Generic</p> <p>Tier 3 – Preferred Brand</p> <p>Tier 4 – Non-Preferred Drug</p> <p>Tier 5 – Specialty</p>	<p>With BlueRx Essential, there is not a Preferred Pharmacy network option. To get the low copays above, simply fill your prescriptions at one of our many Standard network pharmacies.</p>	<p>Our Preferred pharmacy network includes Costco, Kroger, Publix, Sam's, Walgreens, Walmart, Winn-Dixie, and hundreds of local neighborhood pharmacies.</p>	
2. What you pay — when your TOTAL Rx annual spend exceeds \$5,030 and YOUR spend is below \$8,000			
COVERAGE GAP	<p>With all three BlueRx plan options, you pay: 25% of generic drug costs and 25% of brand-name costs.</p>		
3. What happens when YOUR out-of-pocket Rx dollar spend reaches \$8,000			
CATASTROPHIC COVERAGE	<p>With all three BlueRx plan options, the plan pays the cost for both generic and brand-name drugs. You pay nothing.</p>		

Some BlueRx (PDP) covered drugs may be subject to Prior Authorization (PA), Step Therapy (ST) or have Quantity Limits (QL).