

Blue MedicareRxSM



Summary of Benefits



**BlueCross BlueShield
of Texas**



Blue MedicareRx

a Part D prescription drug benefit plan

Introducing



Blue MedicareRx

Welcome to Blue Cross and Blue Shield of Texas' Blue MedicareRx. Blue MedicareRx is offered by HCSC Insurance Services Company, a Part D Medicare Prescription Drug Plan that contracts with Medicare. The *Summary of Benefits* describes some features of your Blue MedicareRx prescription benefit plan. It does not list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call Blue MedicareRx or visit www.bcbstx.com.

Employer Sponsor

Your employer is offering Medicare Part D prescription drug coverage to you through Blue MedicareRx. If you choose to opt out of this Medicare Part D prescription drug coverage, you must notify your employer within 30 days of receipt of this material. If you enroll in a Medicare-approved prescription drug plan after the initial enrollment period, you may face a government-imposed late enrollment penalty which would result in a higher monthly premium. If you miss the enrollment deadline, under most circumstances you will have to wait until the next enrollment period and will not be able to get coverage until January 2007. Contact your group health plan for more information.

Benefits

The chart included with this booklet lists some of the important drug benefits your group health plan is providing through Blue MedicareRx. You can use this *Summary of Benefits* to compare the benefits offered by Blue MedicareRx through your group health plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.



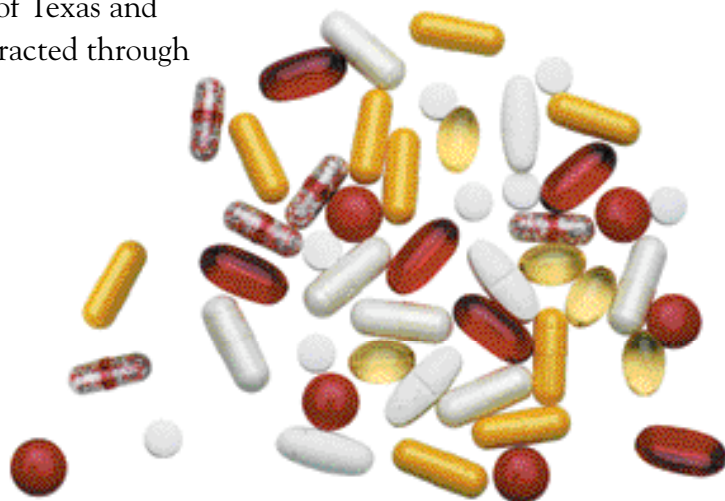
Eligibility

Your employer has offered this program to retired individuals entitled to Medicare Part A and/or enrolled in Medicare Part B. You may not be enrolled in a Medicare Advantage Plan (HMO, PPO) unless you are a member of a Medicare private-fee-for-services plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year. If you enroll in your employer's Part D plan, you should not apply for individual Part D through another carrier.

If you have a Medicare Supplement (Medigap) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more based on any past or present health problems. Call your Medigap Issuer for details.

Prescriptions

Blue MedicareRx offers one of the largest retail pharmacy networks in the country. Many pharmacies are part of familiar retail drug store chains like Walgreens, Osco and Wal-Mart. Our network also includes most independent pharmacies in the state. The relationship between Blue Cross and Blue Shield of Texas and network pharmacies is that of independent contractors, contracted through a related company.





You must use a network pharmacy to receive plan benefits. Blue MedicareRx may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. Blue MedicareRx has a list of preferred pharmacies. At these pharmacies, your drugs may be available at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions. The pharmacies in our network can change at any time. You can call Customer Service and ask for a Pharmacy Directory and/or an up-to-date list of pharmacies. The pharmacy list is also available online at www.bcbstx.com.

Generally, Blue MedicareRx only covers drugs, vaccines, biologicals and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary. Blue MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed.

Formulary

Blue MedicareRx uses a formulary, a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified in writing before the change is made.

Help With Costs

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in Blue MedicareRx, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact (800) MEDICARE to see if you might qualify.

Beneficiaries interested in available Medicare Part D subsidies may contact Blue MedicareRx customer service at (877) 838-3871, TTY/TDD (800) 693-3816 or (800) MEDICARE, TTY/TDD users call (877) 486-2048, their State Medicaid Office, or local Social Security Administration Office.





The Medication Therapy Management (MTM) Program

MTM is a special program for members with complex medication therapy. You may be invited to participate in a MTM program designed to support your specific health and pharmacy needs. You may decide not to participate, but we recommend that you take full advantage of this covered service if you are selected. If you have any questions concerning our MTM Program or would like additional information, contact Blue MedicareRx.

Protections

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If Blue MedicareRx ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

More Information

Blue MedicareRx

Current and prospective members
(877) 838-3871
TTY/TDD (800) 693-3816
Monday - Friday,
7 a.m. - 7 p.m. CST

Medicare

If you have questions about Medicare prescription drug coverage, call:
(800) MEDICARE
(800) 633-4227
TTY/TDD (877) 486-2048
24 hours a day, 7 days a week
www.medicare.gov

If you have special needs, this document may be available in other formats.



Blue Cross and Blue Shield of Texas refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for Medicare Part D products under HCSC Insurance Services Company's contract S5715 with the Centers for Medicare and Medicaid Services.

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