Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

P.O. Box 30011, Pittsburgh, PA 15222-0330

Blue MedicareRx℠ Value Plus (PDP) offered by ANTHEM INSURANCE CO. & BCBSMA & BCBSRI & BCBSVT/Blue MedicareRx (PDP)

Annual Notice of Changes for 2025

You are currently enrolled as a member of Blue MedicareRx Value Plus. Next year, there will be some changes to the plan's costs and benefits. *Please see page 3 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our Document Portal at (rxmedicareplans.memberdoc.com). You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to our drug coverage, including coverage restrictions and cost sharing
- Think about how much you will spend on premiums, deductibles, and cost-sharing
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2025.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

S2893_2402_M

OMB Approval 0938-1051 (Expires: August 31, 2026)

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

If you don't join another plan by December 7, 2024, you will stay in Blue MedicareRx Value Plus.
To change to a **different** plan you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Blue MedicareRx Value Plus.

Additional Resources

Please contact our Customer Care number listed at the back of this booklet for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week. This call is free.

This information is available in braille, large print, audio CD, and data CD. Please call Customer Care at the number printed in Section 6.1 of this booklet if you need plan information in these formats.

About Blue MedicareRx Value Plus

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare Contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont.

Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Independent Licensees of the Blue Cross and Blue Shield Association ®Registered Marks of the Blue Cross and Blue Shield Association. ®´, SM, TM Registered Marks and Trademarks are property of their respective owners. ©2024 All Rights Reserved.

When this document says “we,” “us,” or “our,” it means Blue MedicareRx. When it says “plan” or “our plan,” it means Blue MedicareRx Value Plus.

Annual Notice of Changes for 2025
Table of Contents

Summary of Important Costs for 2025 2

SECTION 1 Changes to Benefits and Costs for Next Year 4

Section 1.1 – Changes to the Monthly Premium 4

Section 1.2 – Changes to the Pharmacy Network 4

Section 1.3 – Changes to Part D Prescription Drug Coverage 5

SECTION 2 Administrative Changes 9

SECTION 3 Deciding Which Plan to Choose 9

Section 3.1 – If You Want to Stay in Blue MedicareRx Value Plus 9

Section 3.2 – If You Want to Change Plans 9

SECTION 4 Deadline for Changing Plans 10

SECTION 5 Programs That Offer Free Counseling about Medicare 11

SECTION 6 Programs That Help Pay for Prescription Drugs 11

SECTION 7 Questions? 12

Section 7.1 – Getting Help from Blue MedicareRx Value Plus 12

Section 7.2 – Getting Help from Medicare 13

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Blue MedicareRx Value Plus in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$53.40	$49.60
Part D prescription drug coverage (See Section 1.3 for details.)	Deductible: $545 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $8 30-day supply standard retail cost sharing $2 30-day supply preferred retail cost sharing Drug Tier 2: $20 30-day supply standard retail cost sharing $13 30-day supply preferred retail cost sharing Drug Tier 3: $47 30-day supply standard retail cost sharing You pay $35 per month supply of each covered insulin product on this tier. $42 30-day supply preferred retail cost sharing	Deductible: $590 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $6 30-day supply standard retail cost sharing $1 30-day supply preferred retail cost sharing Drug Tier 2: $10 30-day supply standard retail cost sharing $5 30-day supply preferred retail cost sharing Drug Tier 3: 25% 30-day supply standard retail cost sharing You pay $35 per month supply of each covered insulin product on this tier. 22% 30-day supply preferred retail cost sharing

Cost	2024 (this year)	2025 (next year)
	Drug Tier 4: 46% 30-day supply standard retail cost sharing You pay $35 per month supply of each covered insulin product on this tier. 46% 30-day supply preferred retail cost sharing You pay $35 per month supply of each covered insulin product on this tier.	Drug Tier 4: 35% 30-day supply standard retail cost sharing You pay $35 per month supply of each covered insulin product on this tier. 35% 30-day supply preferred retail cost sharing You pay $35 per month supply of each covered insulin product on this tier.
	Drug Tier 5: 25% 30-day supply standard retail cost sharing You pay $35 per month supply of each covered insulin product on this tier. 25% 30-day supply preferred retail cost sharing You pay $35 per month supply of each covered insulin product on this tier.	Drug Tier 5: 25% 30-day supply standard retail cost sharing You pay $35 per month supply of each covered insulin product on this tier. 25% 30-day supply preferred retail cost sharing You pay $35 per month supply of each covered insulin product on this tier.
	Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium **(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)**	$53.40	$49.60

Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.

If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our Document Portal at (rxmedicareplans.memberdoc.com). You may also call Customer Care for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2025 *Pharmacy Directory* at (rxmedicareplans.memberdoc.com) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Care so we may assist.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Care for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Customer Care and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 2, Tier 3, Tier 4, and Tier 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $545. During this stage, you pay the plan's cost sharing amount for drugs on: **Tier 1:** *Standard cost sharing*: You pay $8 per prescription. *Preferred cost sharing*: You pay $2 per prescription. **Tier 2:** *Standard cost sharing*: You pay $20 per prescription. *Preferred cost sharing*: You pay $13 per prescription. You pay the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.	The deductible is $590. During this stage, you pay the plan's cost sharing amount for drugs on: **Tier 1:** *Standard cost sharing*: You pay $6 per prescription. *Preferred cost sharing*: You pay $1 per prescription. You pay the full cost of drugs on Tier 2, Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost**. For 2024 you paid a $42.00 copayment (preferred cost sharing) or $47.00 (standard cost sharing) for drugs on Tier 3 (Preferred Brand). For 2025 you will pay a 22% coinsurance (preferred cost sharing) or 25% (standard cost sharing) for drugs in this tier. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List." Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply: **Tier 1 (Preferred Generic):** *Standard cost sharing*: You pay $8 per prescription. Your cost for a one-month mail-order prescription is $2 *Preferred cost sharing*: You pay $2 per prescription. Your cost for a one-month mail-order prescription is $2. **Tier 2 (Generic):** *Standard cost sharing*: You pay $20 per prescription. Your cost for a one-month mail-order prescription is $13 *Preferred cost sharing*: You pay $13 per prescription. Your cost for a one-month mail-order prescription is $13. **Tier 3 (Preferred Brand):** *Standard cost sharing*: You pay $47 per prescription. Your cost for a one-month mail-order prescription is $42 *Preferred cost sharing*: You pay $42 per prescription. Your cost for a one-month mail-order prescription is $42.	Your cost for a one-month supply: **Tier 1 (Preferred Generic):** *Standard cost sharing*: You pay $6 per prescription. Your cost for a one-month mail-order prescription is $1. *Preferred cost sharing*: You pay $1 per prescription. Your cost for a one-month mail-order prescription is $1. **Tier 2 (Generic):** *Standard cost sharing*: You pay $10 per prescription. Your cost for a one-month mail-order prescription is $5. *Preferred cost sharing*: You pay $5 per prescription. Your cost for a one-month mail-order prescription is $5. **Tier 3 (Preferred Brand):** *Standard cost sharing*: You pay 25% of the total cost. Your cost for a one-month mail-order prescription is 22%. *Preferred cost sharing*: You pay 22% of the total cost. Your cost for a one-month mail-order prescription is 22%.

Stage	2024 (this year)	2025 (next year)
	Tier 4 (Non-Preferred Drug): *Standard cost sharing*: You pay 46% of the total cost. Your cost for a one-month mail-order prescription is 46% *Preferred cost sharing*: You pay 46% of the total cost. Your cost for a one-month mail-order prescription is 46%. **Tier 5 (Specialty Tier):** *Standard cost sharing*: You pay 25% of the total cost. *Preferred cost sharing*: You pay 25% of the total cost.	**Tier 4 (Non-Preferred Drug):** *Standard cost sharing*: You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35%. *Preferred cost sharing*: You pay 35% of the total cost. Your cost for a one-month mail-order prescription is 35%. **Tier 5 (Specialty Tier):** *Standard cost sharing*: You pay 25% of the total cost. *Preferred cost sharing*: You pay 25% of the total cost.
	Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	Once you have paid $2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Changes to the Catastrophic Coverage Stages

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact Customer Care (See Section 7.1) or visit Medicare.gov.
As a member, you have the right to opt out of future phone calls about plan business. If you would like to no longer receive these calls, please call Customer Care at the numbers listed in Section 7.1, 24 hours a day, 7 days a week. Calls to these numbers are free.		

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Blue MedicareRx Value Plus

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Blue MedicareRx Value Plus plan.

Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year, but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

You can join a different Medicare prescription drug plan timely,

- *OR*- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,

- *OR*- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Blue MedicareRx offers another Medicare prescription drug plan. This other plan may differ in coverage, monthly premium, and cost sharing amounts.

Step 2: Change your coverage

To **change to a different Medicare prescription drug plan,** enroll in the new plan. You will automatically be disenrolled from Blue MedicareRx Value Plus.

To **change to a Medicare health plan,** enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Blue MedicareRx Value Plus.

- You will automatically be disenrolled from Blue MedicareRx Value Plus if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan does not include prescription drug coverage.
- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Blue MedicareRx Value Plus for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Blue MedicareRx Value Plus. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Blue MedicareRx Value Plus. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).

To **change to Original Medicare without a prescription drug plan,** you must either:

- Send us a written request to disenroll. Contact Customer Care if you need more information on how to do so.
- *– OR –* Contact **Medicare,** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you recently moved into or, currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. Please see the Appendix at the end of your *Evidence of Coverage* to find the contact information for the SHIP in your state.

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

"Extra Help" from Medicare. People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 AM to 7 PM, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

Help from your state's pharmaceutical assistance program. Many states have programs called State Pharmaceutical Assistance Programs (SPAPs) that help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

Prescription Cost Sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible

individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state.

The Medicare Prescription Payment Plan. The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

"Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at Customer Care or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue MedicareRx Value Plus

Questions? We're here to help. Please call Customer Care at:

State of Residence	Customer Care number
Connecticut	1-888-620-1747
Massachusetts	1-888-543-4917
Rhode Island	1-888-620-1748
Vermont	1-888-620-1746

(TTY/TDD only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

You can file a complaint if you feel that you received inaccurate, misleading or inappropriate information. Please call Customer Care at the number listed above (TTY users call: 711). If your complaint involves a broker or agent, be sure to include the name of the broker/agent when filing your complaint.

Read your 2025 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Blue MedicareRx Value Plus. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our Document Portal at (rxmedicareplans.memberdoc.com). You may also call Customer Care to ask us to mail you an *Evidence of Coverage.*

Visit our Website

You can also visit our Document Portal at (rxmedicareplans.memberdoc.com). As a reminder, our Document Portal has the most up-to-date information about our pharmacy network *(Pharmacy Directory)* and our *List of Covered Drugs (Formulary/Drug List)*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call:
Connecticut 1-888-620-1747
Massachusetts 1-888-543-4917
Rhode Island 1-888-620-1748
Vermont 1-888-620-1746

(TTY/TDD: 711) for more information.