



Blue MedicareRx (PDP)

Connecticut | Massachusetts | Rhode Island | Vermont

P.O. Box 30012, Pittsburgh, PA 15222-0330



October 13, 2019



Attached is the Blue MedicareRxSM Value Plus (PDP) disenrollment form you requested. Please read the important instructions in this letter regarding requesting disenrollment from Blue MedicareRx Value Plus.

When can I disenroll from Blue MedicareRx Value Plus?

Medicare will only allow you to disenroll at certain times during the year. After we receive your disenrollment form, Blue MedicareRx Value Plus will let you know if you can disenroll at this time. If you can disenroll, we will also tell you the effective date of your disenrollment.

Until your disenrollment date, you should keep using Blue MedicareRx Value Plus network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy except in an emergency, Blue MedicareRx Value Plus may not pay for your prescriptions. After your disenrollment date, Blue MedicareRx Value Plus won't cover your prescription drugs.

When can I make changes to my Medicare coverage?

You can change prescription drug plans only at certain times during the year. **From October 15 through December 7 each year**, you can join, switch or drop a Medicare health or drug plan for the following year. Generally, you can't make changes at other times except in certain situations, such as if you move out of Blue MedicareRx Value Plus's service area, want to join a plan in your area with a 5-star rating, or you qualify for (or lose) Extra Help in paying for your prescription drugs costs (see below).

What is Extra Help?

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

When should I submit a disenrollment request?

You **should not** fill out the attached form if you are planning to enroll, or have enrolled, in another Medicare Prescription Drug Plan or Medicare Advantage Prescription Drug Plan. Enrolling in a prescription drug plan or a Medicare Advantage Prescription Drug Plan will automatically disenroll you from Blue MedicareRx Value Plus.

You **should** fill out the attached form only if you no longer want Medicare prescription drug coverage and want to disenroll from this coverage completely.

If you would like to disenroll from Blue MedicareRx Value Plus, please fill out the form, sign it, and send it back to us in the enclosed envelope. You can also fax a signed and dated form to us at 1-866-342-7048.

Instead of sending a disenrollment request to Blue MedicareRx Value Plus, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

By disenrolling from Blue MedicareRx Value Plus, you are disenrolling from your Medicare prescription drug coverage. You may have to pay a late enrollment penalty in addition to your premium for Medicare Prescription Drug coverage if you join a Medicare Drug Plan in the future. For information about the Medicare plans available in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have any questions, please call Blue MedicareRx Value Plus at 1-866-832-9775, 24 hours a day, 7 days a week. TTY/TDD users should call 711.

Thank you.

Attachment

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 and 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.

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Please fill out and carefully read all information below before signing and dating this disenrollment form. We will notify you of your effective date after we get this form from you.

Instead of sending a disenrollment request to Blue MedicareRxSM Value Plus (PDP), you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Member ID:			
Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()	

By completing this disenrollment request, I agree to the following:

Blue MedicareRx Value Plus will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I must continue to fill my prescriptions at Blue MedicareRx Value Plus network pharmacies to get coverage. I understand that there are limited times in which I will be able to join other Medicare plans, unless I qualify for certain special circumstances. I understand that I am disenrolling from my Medicare Prescription Drug Plan and, if I don't have other coverage as good as Medicare, I may have to pay a late enrollment penalty for this coverage in the future.

Signature* _____ Date: _____

*Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by Medicare.

If you are the authorized representative, you must provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Relationship to Enrollee _____

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Typically, you may disenroll from a Medicare prescription drug plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to disenroll from a Medicare prescription drug plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I am joining a PACE program on (insert date) _____.
- ☐ I am joining employer or union coverage on (insert date) _____.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

If none of these statements applies to you or you're not sure, please contact Blue MedicareRxSM Value Plus (PDP) at 1-866-832-9775 (TTY/TDD users should call 711) to see if you are eligible to disenroll. We are open 24 hours a day, 7 days a week.

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Blue MedicareRxSM (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue MedicareRx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue MedicareRx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the number on the back of your Member ID Card. TTY/TDD users should call 711.

If you believe that Blue MedicareRx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Blue MedicareRx (PDP)
Grievance Department Coordinator
P.O. Box 30016
Pittsburgh, PA 15222-0330

Phone: 1-866-884-9478
Fax: 1-866-217-3353

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, Blue MedicareRx Grievance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your Member ID Card. TTY: 711.

ARABIC

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بالرقم المبين على ظهر بطاقة العضوية الخاصة بك. للصم والبكم: 711.

CHINESE

小贴士: 如果您说中文, 欢迎使用免费语言协助服务。请拨打您会员身份证上的电话号码。(TTY: 711)。

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le numéro figurant au verso de votre Carte de membre. TTY: 711.

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou do Kat ID Manm ou an. TTY: 711.

GREEK

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχει διαθέσιμη υπηρεσία γλωσσικής υποστήριξης, η οποία παρέχεται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της κάρτας μέλους (Αριθμός για άτομα με προβλήματα ακοής/ομιλίας: 711).

HINDI

ध्यान दीजिए : अगर आप हिंदी बोलते हैं तो आपके लिए भाषा सहायता सेवाएं मुफ्त उपलब्ध हैं। आपके सदस्य ID कार्ड के पीछे दिए गए नम्बर पर कॉल करें। TTY: 711.

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami il numero che si trova sul retro della sua tessera (Member ID Card). TTY: 711.

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KOREAN

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 회원 카드 뒷면에 표시된 전화번호(TTY: 711)로 연락주시기 바랍니다.

MON-KHMER, CAMBODIAN

ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បឿន គឺអាចរកបានសំរាប់អ្នក។

ចូរទូរស័ព្ទទៅលេខនៅខាងខ្នងនៃប័ណ្ណសម្គាល់ខ្លួនសមាជិករបស់អ្នក។ TTY: 711។

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie Twojej Członkowskiej karty ident. Tel. tekst.: 711.

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para o número no verso do seu Cartão de Identificação de Membro. TTY: 711.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону, указанному на обороте вашей идентификационной карты участника. Телетайп: 711.

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al número que aparece al reverso de su tarjeta de membresía. TTY: 711.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang numero sa likod ng iyong ID card ng Miyembro. TTY: 711.

VIETNAMESE

LƯU Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi tới số ở mặt sau Thẻ ID Thành Viên của quý vị. TTY: 711.