[PlanLogo]

[JEStandardReturnAddress2], [JEStandardReturnCity], [JEStandardReturnState] [JEStandardReturnZip]

[DATE]

[F101]

[F109]

[F8] [F10]

[F102]

[F103]

[F104], [F105] [F106]-[F107]

Dear [F8] [F10]:

This is an important reminder that you need to apply as soon as possible for extra help with your prescription drug costs in [PlanYear].You recently received a grey letter from Medicare telling you that although you received this help automatically in [PriorPlanYear], you will no longer automatically qualify to receive it beginning [PlanEffectiveDate].

You won’t automatically qualify for extra help next year either because you:

* No longer qualify for Medicaid;
* No longer get help from your state Medicaid program to pay your Medicare Part A and/or Part B premiums (belong to a Medicare Savings Program); OR
* No longer get Supplemental Security Income (SSI) benefits, but not Medicaid.

You may still qualify for extra help, but you must apply to find out. So, we are contacting you to encourage you to apply for the extra help now.

The easiest way to apply is by filling out and mailing the application that was included in your grey letter from Medicare. Other steps you can take are:

* For questions about extra help with your prescription drug costs or if you need assistance completing the application:
  + Call the Social Security Administration (SSA) at [CPSSNPhone] (TTY users call [CPSSNTTY]) between [CPSSHours] Monday through Friday. Automated messages are available 24 hours a day.
  + You can also fill out the application at SSA.gov on the web.
* To get another copy of the application by mail, call 1-800-MEDICARE ([MedicarePhone]). TTY users should call [MedicareTTY].
* Call a State Health Insurance Assistance Program (SHIP) in your area for free personalized health insurance counseling. See your “Medicare & You” handbook or call 1-800-MEDICARE for their telephone number.

In addition, we can:

* Provide help filling out the form.

If you don’t qualify for extra help, there are still ways you might be able to save on your drug costs.

* Your state may have programs that provide help paying your prescription drug costs. Contact your State Medical Assistance (Medicaid) office for more information. Call 1-800-MEDICARE ([MedicarePhone]) or visit Medicare.gov on the web for their telephone number. TTY users should call [MedicareTTY].

If you have any questions, please call us at [CustomerCareNumber], [CustomerCareHours]. TTY/TDD users should call [CustomerCareTTYNumber].

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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