[PlanLogo]

[JEPriorityReturnAddress2], [JEPriorityReturnCity], [JEPriorityReturnState] [JEPriorityReturnZip]

[DATE]

[F101]

[F109]

[F8] [F9] [F10]RxID: [F54]

[F102] RxGroup: [F14]

[F103] RxBin: [F11]

[F104], [F105] [F106]-[F107] RxPCN:[F12]

Dear [F8] [F10]:

Beginning [F79], you no longer qualify for Extra Help with your Medicare prescription drug costs. You will continue to be a member of [PlanName]SM (PDP).

How will your monthly premium change?

The monthly premium you pay to [PlanName]will increase from [F80]to [F62]. [(If F23=S or R, populate) Because your premium is deducted from your monthly Social Security check, the amount withheld from your check will increase.]

How will your other prescription drug costs change?

[(If Account=001VPLUS, populate)In this plan, there is an annual deductible of [DeductibleAmount] on all drugs EXCEPT Tier 1 (Preferred Generic) and Tier 2 (Generic) before we begin paying for part of your drug costs. After you meet the deductible, you will reach the Initial Coverage Level.][(If Account=003PREM, populate)In this plan there is no deductible before we begin paying for part of your drug costs. Therefore, you will pay the regular copayment/coinsurance percentage listed below in the Initial Coverage Level.]

The table below shows the copayment/coinsurance amount you pay for each tier when you are in your Initial Coverage Level.

Initial Coverage Level Copayment/Coinsurance

|  |  |  |  |
| --- | --- | --- | --- |
| Drug Tier | Retail Cost Sharing or Out-of-Network (OON) Cost Sharing\*  [PRDaySupplyMax1]-day supply/Long-term Care (LTC)\*\* [LTDaySupplyMax1]-day supply | | Mail Order Cost Sharing  [MOPDaySupplyMax3]-day supply |
|  | Preferred Retail Cost Sharing | Standard Retail Cost Sharing/OON/LTC |  |
| [TierNumber] - [TierName] | PRDaySupply  CostShareVal1] | NPRDaySupply  CostShareVal1] | [MOPDaySupply  CostShareVal3] |
| [TierNumber] - [TierName] | PRDaySupply  CostShareVal1] | NPRDaySupply  CostShareVal1] | [MOPDaySupply  CostShareVal3] |
| [TierNumber] - [TierName] | PRDaySupply  CostShareVal1] | NPRDaySupply  CostShareVal1] | [MOPDaySupply  CostShareVal3] |
| [TierNumber] - [TierName] | PRDaySupply  CostShareVal1] | NPRDaySupply  CostShareVal1] | [MOPDaySupply  CostShareVal3] |
| [TierNumber] - [TierName] | PRDaySupply  CostShareVal1] | NPRDaySupply  CostShareVal1] | Not Applicable. † |

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

\*\* Standard Retail Cost Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost Sharing.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.

Once you spend [CoverageGapMax] in a year, your copayment amount(s) will go down. During this payment stage, the plan pays the full cost for your covered Part D drugs.

These changes to your prescription drug costs begin [F79]. This date may have already passed when you get this letter. If you have filled prescriptions since [F79], you may have been charged less than you should have paid. If you do owe us money, we will let you know how much.

[(If F138=D, populate)You may still qualify for Extra Help, but you must apply to find out.If you haven’t already filled out an application for Extra Help, you can get an application or apply over the phone by calling Social Security at [CPSSNPhone], or apply online at www.socialsecurity.gov. TTY users should call [CPSSNTTY].]

What are your options?

Option 1: You can stay a member of our plan

You can continue to be a member of [PlanName]. You will pay the costs described above for your coverage.

Option 2: You can switch to a new plan

Because you no longer qualify for Extra Help, you can switch to a different Medicare drug plan starting [F79] until [(If F79=January 1, populate)March 31, [PlanYear]][(If F79≠January 1, populate)F79+60].You may want to choose a different drug plan for next year with costs and coverage that better meet your needs.

Visit www.medicare.gov on the Web or call 1-800-MEDICARE ([MedicarePhone]) for more information about Medicare drug plans available in your area. TTY users should call [MedicareTTY].

Option 3:You can find other ways to get help with your prescription drug costs

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

[(If F138=A, populate)What To Do If Your Situation Changes

You can file a new application for Extra Help at any time. You can get an application or apply over the phone by calling Social Security at [CPSSNPhone], or apply online at www.socialsecurity.gov. TTY users should call [CPSSNTTY].

If You Disagree With This Decision

If you think your Extra Help was terminated in error, you can call Social Security to appeal at [CPSSNPhone]. TTY users should call [CPSSNTTY].]

For More Information

If you have any questions about this letter, please contact Customer Care at [CustomerCareNumber], [CustomerCareHours]. TTY/TDD users should call [CustomerCareTTYNumber].

Thank you.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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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