[PlanLogo]

[(If F38=AENOL, populate)[JEStandardReturnAddress2], [JEStandardReturnCity], [JEStandardReturnState] [JEStandardReturnZip]][(If F38=DCONF, populate)[JEPriorityReturnAddress2], [JEPriorityReturnCity], [JEPriorityReturnState] [JEPriorityReturnZip]]

[DATE]

[F101]

[F109]

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

[F102] RxGroup: [F14]

[F103] RxBin: [F11]

[F104], [F105] [F106-107] RxPCN: [F12]

Dear [F8] [F10]:

You are getting this letter because Medicare has enrolled you in [PlanName]SM (PDP) for coverage beginning [PlanEffectiveDate: Month Day, Year]. You should have already received a blue letter from Medicare telling you that they were moving you from the drug plan you were originally assigned to because either 1) that plan was leaving the Medicare program on [PriorPlanEndDate Month, Day, Year], or 2) the cost for that plan was increasing beginning [PlanEffectiveDate: Month Day, Year].

As of [PlanEffectiveDate: Month Day, Year], you should begin using [PlanName] network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, [PlanName] may not pay for your prescriptions.

[(If F38=AENOL, populate)You can use this letter as proof of your prescription drug coverage when you go to the pharmacy until you get your Member ID card from us.]

Because you qualify for extra help with your prescription drug costs, you will pay no more than the following:

* [F62] per month for your [PlanName] premium[(If F47=0).][(If F47≠0, populate),]
* [(If F47≠0, populate)[Logic: If F47=1, 2, 3, OR 4, populate)$0.00] for your yearly prescription drug plan deductible,
* [(If F47=1 or 4, populate)[CMSLICS1GenCoPay]/[CMSLICS1BrandCoPay]][( If F47=2, populate)[CMSLICS2GenCoPay]/[CMSLICS2BrandCoPay]][(If F47=3, populate)$0.00] when you fill a prescription.]

If you believe this is incorrect and you have proof that the extra help amounts should be different, please contact Customer Care.

You aren’t required to be in [PlanName]. If you want to join a different Medicare prescription drug plan, call that plan to find out how to join. If you don’t want Medicare prescription drug coverage at all, call [PlanName] at [EnrollmentNumber], [EnrollmentHours]. TTY/TDD users should call [EnrollmentTTY]. You will need to tell us you don’t want Medicare prescription drug coverage.

Thank you.

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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