



MASSACHUSETTS

Welcome to Blue MedicareRxSM (PDP)

Confirming your membership

Blue MedicareRx will send a confirmation letter to let you know we received your completed enrollment application. If Medicare approves your application, we will send you your Blue MedicareRx Member ID card.

Proof of membership

If you need to fill a prescription before your Blue MedicareRx Member ID card arrives, you may use either your Blue MedicareRx enrollment confirmation letter (or confirmation number), or a temporary Member ID card as proof of your Blue MedicareRx enrollment.

Temporary Blue MedicareRx Member ID Card

- Print this document which includes your card and fill in the blanks by writing your name and Member ID. This information can be found at the top of your Confirmation Letter.
- For your convenience, cut and fold your temporary Member ID card. It is now ready to use.
- Present your temporary Member ID card at the pharmacy or use the information on your card if you use CVS/caremark Mail Service Pharmacy.

Locating a pharmacy that welcomes your Blue MedicareRx coverage

There are two easy ways to find any pharmacy in your plan's nationwide pharmacy network:

1. Visit our website at groups.rxmedicareplans.com and click on Pharmacy Locator.
2. Call Blue MedicareRx Customer Care toll free at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users call 711.

Always use a pharmacy that participates in your plan's nationwide pharmacy network

If you use an out-of-network pharmacy due to an emergency, you may request reimbursement from Blue MedicareRx for your cost sharing amount. Reimbursement depends on our review of your request.

Caution: If you purchase prescription drugs using your Blue MedicareRx Member ID card before the date your Blue MedicareRx benefits take effect, or if Medicare does not approve your application, we may send you a bill for the amount we paid for any prescriptions you received. For more information, call Blue MedicareRx Customer Care at the toll free number shown above.

CUT ALONG DOTTED LINE	FOLD HERE	CUT ALONG DOTTED LINE
 MASSACHUSETTS NAME: ID: RXBIN: 004336 RXPCN: MEDDADV RXGRP: NEJERX ISSUER: (80840) 9151014609	Blue MedicareRx SM (PDP) Prescription Drug Plan  S2893-801	 MASSACHUSETTS Groups.RxMedicarePlans.com For Member Use: Customer Care: 1-888-543-4917 TTY/TDD: 711 Pharmacy Provider Services: 1-866-693-4620 Submit Claims to: Medicare Part D Paper Claims P.O. Box 52066 Phoenix, AZ 85072-2066 <small>Blue Cross and Blue Shield of Massachusetts, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.</small>  Pharmacy benefits administrator

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