



Federal Employee Program.

54797



FEP Medicare Prescription Drug Program
P.O. Box 3539, Scranton, PA 18505
fepblue.org

October 17, 2023

RICHARD J CONOBOY

An exciting new prescription drug benefit for you!

Dear RICHARD J CONOBOY:

We are pleased to let you know that as a member of the Blue Cross and Blue Shield Federal Employee Program (FEP), you're eligible for the **FEP Medicare Prescription Drug Program Standard Option**. This new benefit begins January 1, 2024.

What is the FEP Medicare Prescription Drug Program (MPDP)?

MPDP is a Medicare prescription drug (Part D) plan for FEP members enrolled in Medicare Part A and/or B. Here are some highlights of the program:

- You keep your current FEP medical plan coverage.
- You have additional covered prescription drugs in some drug tiers.
- You have lower out-of-pocket costs for higher-cost drugs.
- You have an annual maximum on what you pay for prescriptions each year. Once you reach the maximum we cover your prescriptions in full for the remainder of the year.
- You don't pay a separate premium – it's included in your FEP premium*.

For a full description of benefits, including appeals rights and coverage rules, download your Evidence of Coverage at fepblue.org/medicarerx. On the same website, you can also download a summary of benefits document that simply explains the FEP Medicare Prescription Drug Program Standard Option benefits you'll receive.

S2135_MPDPEL80#24_C

*Depending on your income, you may need to pay an Income Related Monthly Adjustment Amount (IRMAA). Learn more at medicare.gov. Most members will not meet the threshold to qualify for IRMAA.

How do I know if my prescription is covered under MPDP?

You can use our FEP Prescription Drug Cost tool to see what is covered and what your current prescriptions will cost at your local pharmacies with this new benefit. Use the tool during Open Season or download your full formulary at [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx).

How do I enroll?

We will automatically enroll you in MPDP. You do not need to do anything to enroll in the benefit. If we are missing any information we need to enroll you (such as your Medicare ID number), we will send you a separate communication asking you to provide that to us.

What about the other members on my coverage?

MPDP is a benefit for members who have Medicare coverage as stated above. If your covered spouse or other covered family members have Medicare A and B primary and meet the other automatic enrollment rules, they will get their own letter like this one in the mail.

If your family members do not have Medicare, they will keep their current FEP prescription drug coverage. Regardless of which prescription drug coverage you're enrolled in, all covered members in your household will receive new individual member ID cards with their names on them. Each member will have one card to use for both medical and pharmacy benefits.

What if I have an existing prior approval on file for a prescription?

We will transfer any existing prior approvals over for you automatically. Once it is time for you to renew the prior approval, we will send you a communication with instructions on how your doctor can submit the request for you.

What happens if I don't want MPDP?

You are not required to join MPDP, but you must let us know if you don't want to be enrolled. **We will not enroll you until 26 days after the date at the top of this letter.** Please contact us before **November 12, 2023** if you don't want MPDP, or you will remain enrolled.

Here's how to let us know:

1. Call **1-888-338-7737 (TTY: 711)** between the hours of 8 a.m. to 5 p.m. Eastern time. Please let the representative know you wish to opt-out of the MPDP benefit or you will remain enrolled.

The FEP Medicare Prescription Drug Program (MPDP) is a prescription drug plan with a Medicare contract. Enrollment in MPDP depends on contract renewal. By enrolling in this benefit you authorize us to send information related to your prescription drug coverage to Medicare. The Blue Cross and Blue Shield Federal Employee Program® and FEP® are trademarks owned by the Blue Cross Blue Shield Association.



2. Complete the opt-out request included with this letter and mail it before November 12, 2023 to:

**FEP Medicare Prescription Drug Program
P.O. Box 3539
Scranton, PA 18505**

We will send you a letter to confirm that we received your opt-out request once we process it and it will be effective immediately upon receipt during this auto-enrollment period. We will also keep you enrolled in the traditional FEP pharmacy benefit. All FEP prescription drug programs meet Medicare's standard to qualify as creditable coverage.

If you enroll in MPDP and decide later that you want to go back to the traditional FEP pharmacy benefit, you can mail us at the address above or call **1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)** to disenroll.

How can I learn more?

We want to ensure you have the information you need to learn more about this benefit change. You can call customer service at **1-888-338-7737 (TTY: 711)**. If it's after-hours, you can leave us a voicemail with your contact information and we'll return your call. You can also learn more and download resources at **feblue.org/medicarerx**.

As always, we value your membership in the Blue Cross and Blue Shield Federal Employee Program. We are always looking for new ways to improve your coverage and that's why we're introducing this new benefit for you. Please do not hesitate to reach out to us if you have any questions about this letter or benefit change.

Wishing you the best of health,

Blue Cross and Blue Shield Federal Employee Program
FEP Medicare Prescription Drug Program

Enclosures:
Opt-out form

The FEP Medicare Prescription Drug Program (MPDP) is a prescription drug plan with a Medicare contract. Enrollment in MPDP depends on contract renewal. By enrolling in this benefit you authorize us to send information related to your prescription drug coverage to Medicare. The Blue Cross and Blue Shield Federal Employee Program® and FEP® are trademarks owned by the Blue Cross Blue Shield Association.



Federal Employee Program.



FEP Medicare Prescription Drug Program Opt-Out Form

*If you wish to opt-out of the FEP Medicare Prescription Drug Program (MPDP), you can call us toll-free at **888-338-7737 (TTY: 711)** between 8 a.m. and 5 p.m., Eastern time to have a representative process the opt-out securely over the phone.*

If you would like to write to us instead, please use this template and send to:
FEP Retiree Prescription Drug Program, P.O. Box 3539, Scranton, PA 18505.

Request to opt-out of MPDP

I reviewed the information related to the FEP MPDP and I do not want the Blue Cross and Blue Shield Federal Employee Program (FEP) to enroll me in this benefit.

I understand that by choosing to opt-out I will receive the traditional FEP pharmacy benefits for the FEP plan option I am currently enrolled in.

I also understand that if I want to enroll in MPDP in the future, I will not be able to do so until Open Season in a future benefit year.

Member Name:

Member ID Number:

Signature:

Date:

If you are an authorized representative completing this form on behalf of the member, please include your name and signature below. You must be on file as an authorized representative for this member for us to accept the form. If you are not on file as an authorized representative, please download a copy of the authorized representative form at **fepblue.org/forms** to submit prior to requesting an opt-out.

Authorized Representative Name:

Signature: