



1 Cameron Hill Circle
Chattanooga, TN 37402-0001
bluecareplus.bcbst.com

Part D Transition Policy

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary or are subject to certain restrictions, such as prior authorization or quantity limit or step therapy exceptions. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. Please contact Member Service if your drug is not on our formulary or subject to restrictions and you need help switching to a different drug that we cover. We can also help you request a formulary exception or prior authorization.

We will cover a temporary supply of your drug during the first 90 days of your membership in the plan if you are new and during the first 90 days of the calendar year if you were in the plan last year. When you go to a network pharmacy, we will provide a temporary 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 30-day supply of medication (unless you have a prescription written for fewer days) of a drug that isn't on our formulary, or had coverage restrictions or limits (but otherwise considered a "Part D drug").

A successful transition process is dependent upon us informing you of your options and ensuring your medical needs are safely being met. We will send you a written notice through the U.S. mail within three (3) business days of dispensing the transition supply. The transition letter will include the reason for the transition supply as well as your right to request an exception and the process for you to follow.

Long-Term Care

If you are a resident of a long-term care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill (up to 98 day supply) of these drugs during the first 90 days of enrollment in our plan. If you have been enrolled in our Plan for more than 90 days and need a drug that isn't on our formulary or is subject to other restrictions, such as prior authorization, step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while pursuing a formulary exception or prior authorization.

Transition Policy Limitations

Our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access. A current enrollee will be provided with a transition supply of an eligible drug within a 365-day look back window, unless the drug was previously filled as a transition supply. Our transition policy does not apply to Part B versus Part D determinations, safety edits, or non-Part D drugs.

Our transition policy applies to:

- Part D drugs not on the formulary
- Part D drugs on the formulary but have utilization rules:
 - ✓ Prior Authorization (PA)
 - ✓ Step Therapy (ST)
 - ✓ Quantity Limits (QL)

Our transition process will be applied to:

- New members or members who were in the plan last year and aren't in a long-term care (LTC) facility.
- Members who are new or who were in the plan last year and reside in a long-term care (LTC) facility and need a supply right away.
- Members who have been in the plan for more than 90 days and reside in a long-term care (LTC) facility and need a supply right away.
- Members who have been in the plan for more than 90 days and experience a Level of Care change and need a supply right away.

Long Term Care (LTC)

We will fill up to a 98-day (in 31-day supply increments) supply for members who reside in a long-term care setting and are new to the plan or who were in the plan last year for:

- Part D drugs not on the formulary
- Part D drugs requiring prior authorization
- Part D drugs that do not follow the step therapy guidelines
- Part D drugs that have quantity limits

Cost Sharing

For people with Low Income Subsidy (LIS), the cost for a temporary supply of drugs shall never exceed the maximum copay amount set by CMS.

FOR MORE INFORMATION

For more detailed information about our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions, please contact BlueCare Plus Member Service at **1-800-332-5762**, TTY: **711**.

From **Oct. 1 to Feb. 14**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Feb. 15 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.

BlueCare Plus Tennessee, an Independent Licensee of the BlueCross BlueShield Association BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus Tennessee depends on contract renewal. BlueCross BlueShield of Tennessee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-332-5762-1

(رقم هاتف الصم والبكم: 711).