MEDICARE PART D

Transition Supply Policy

The transition policy helps you get certain Part D drugs for a little while after the covered drug list, also called a formulary, changes on Jan. 1, or after you join a new plan. Some drugs may have new limits like prior authorization, step therapy or quantity limits. And some may not be covered anymore. Or your new plan might have different limits than your old plan. The transition policy helps you transition to your new or updated coverage.

Who's eligible?

- New members
- Returning members whose drug coverage is changing on Jan. 1
- Members who've had the plan for more than 90 days, live in a long-term care facility and need a supply right away
- Members who've had the plan for more than 90 days, had a change in their level of care and need a supply right away

Our transition policy applies to:

- Medicare Part D drugs not on the covered drug list
- Medicare Part D drugs on the covered drug list with limits like:
  - Prior authorization (PA)
  - Step therapy (ST)
  - Quantity limit (QL)

What you can expect

Your transition fill amount depends on whether you're in long-term care and if you're a new member or a returning member. If your prescription is for fewer days, you can still refill up to the maximum supply amount in the chart below.

Eligibility

New Members (not in long-term care)	**One refill (up to a 30-day supply)** during the first 90 days after joining the new plan
New Members (in long-term care)	**One refill (up to a 31-day supply)** during the first 90 days after joining the new plan
Returning Members (not in long-term care)	**One refill (up to a 30-day supply)** until April 1 — must have taken the drug in the last 180 days, and the drug's coverage must have changed
Returning Members (in long-term care)	**One refill (up to a 31-day supply)** until April 1 — must have taken the drug in the last 180 days, and the drug's coverage must have changed

Long-term care members enrolled for more than 90 days

For drugs that aren't on our covered drug list or have limits (like prior authorization, step therapy or a quantity limit), we'll cover up to a **31-day emergency supply** of an eligible drug. In the meantime, you, your doctor or your representative will need to ask for an exception or prior authorization if you need to keep taking the same drug.

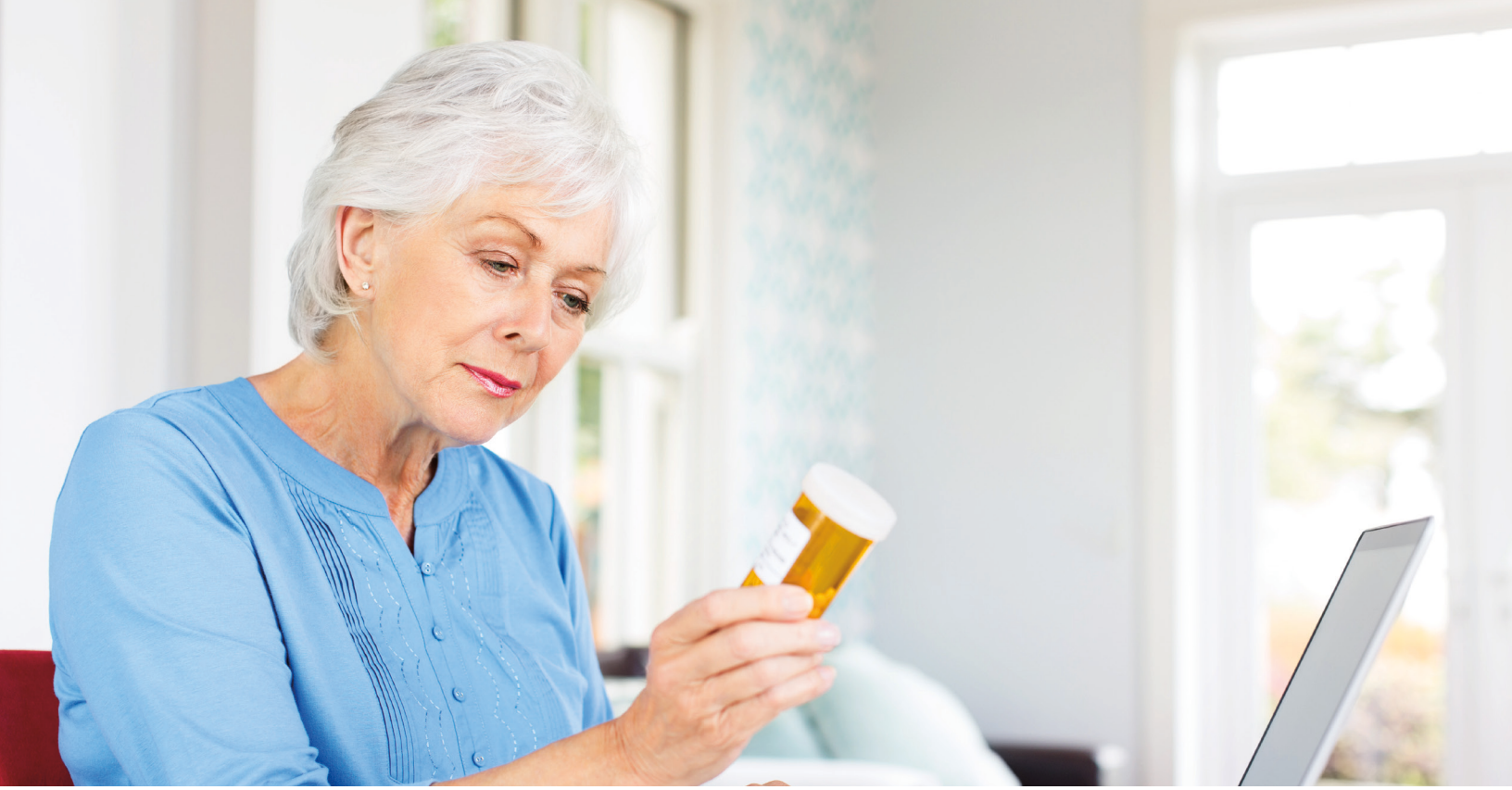
Members enrolled for more than 90 days with a level of care change

If you've had the plan for more than 90 days, had a change in your level of care and need a supply right away, we'll cover **up to a 30-day supply** (or **31-day supply** for long-term care). For example, if you've been discharged from the hospital, that's a change in your level of care.

What can you expect to pay for a transition supply?

If you have Low Income Subsidy, you won't pay more than the amount the Centers for Medicare and Medicaid Services sets.

If you don't have Low Income Subsidy, you'll pay the normal amount for the drug according to its tier on the covered drug list. For drugs not on the list, you'll pay the tier 4 amount.



Important things to know:

- Our transition policy is for eligible Medicare Part D drugs only.
- You'll need to use a network pharmacy unless you qualify for out-of-network access.
- For members who were in the plan last year, a prescription is only eligible for a transition supply if you took the drug in the last 180 days. If you only took the drug as a transition fill, it's not eligible for another transition fill this year.
- Our policy doesn't apply to drugs that need a determination to see if they're under Part B or Part D coverage.
- Our policy doesn't apply to drugs that have safety reviews to prevent unsafe use. This may include some opioid prescriptions.
- We'll send you a letter within three business days after you fill the transition supply. This letter will include the reason for the transition supply, your right to request an exception or a coverage determination, and the process to follow.

Ask for an exception or a coverage determination

If you and/or your doctor decide you need to keep taking a drug that's not on our covered drug list, you, your doctor or your representative can ask us for an exception. You can also ask for an exception or a coverage determination if your drug has limits like prior authorization, step therapy or quantity limits.

We're right here when you need us.

bcbstmedicare.com

Download the **BCBSTN℠ app** today to get important information about your plan on-the-go.

1-800-831-2583, TTY **711**

1 Cameron Hill Circle | Chattanooga, TN 37402

From **Oct. 1 to March 31**, you can call us from 8 a.m. to 9 p.m. ET, seven days a week. From **April 1 to Sept. 30**, we're available from 8 a.m. to 9 p.m. ET, Monday through Friday. Use of apps is voluntary. If you choose to use one of our apps, you're responsible for the cost of any technology (e.g., cell phone, tablet, computer, etc.), internet access and/or upgrades needed to use an app. They're not covered benefits. It's your responsibility to keep your phone, tablet or computer and access to the app secure. BlueCross BlueShield of Tennessee, Inc. does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583, TTY 711.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the Blue Cross Blue Shield Association