

**Community  
CCRx<sup>SM</sup> PDP**

*Local Pharmacists Caring for You.*

**2012  
Prescription Drug Plan  
and Enrollment Guide**



# Hello, Welcome to Community CCRx<sup>SM</sup> PDP

Community CCRx is a Medicare-approved Prescription Drug Plan serving nearly two million people\* who rely on Medicare Part D for their prescriptions. People like you who need affordable premiums but don't want to sacrifice coverage, care or convenience.

With Community CCRx you get all three: the benefits you want, the coverage you deserve and a choice of affordable plans that are welcomed in over 65,000 pharmacies across the U.S. In today's economy, it's good to know you can count on a Community CCRx plan to:

- **Help you save with \$0 and \$2 copays for some popular brand drugs\*\***
- **Look for generic opportunities that can help reduce your out-of-pocket cost**
- **Support a healthy relationship with your pharmacist for enhanced prescription drug care**
- **Offer the convenience of 90-day refills at any Community CCRx pharmacy**
- **Provide honest coverage that never includes surprise fees or hidden charges**
- **Assist you 7 days a week with toll free customer service that welcomes your calls**

Use this booklet to help you prepare for Medicare's Annual Enrollment Period that begins October 15, 2011. Should you have questions or concerns, please call a friendly Community CCRx plan representative toll free at:

**1-866-423-5040 (TTY users call 1-866-684-5351) 8:00 a.m. to 8:00 p.m. in your local time zone, 7 days a week.**

Thank you for your interest in our plans. All of us at Community CCRx look forward to having you as a member and making your Medicare years the very best they can be.

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\* Source [www.avalerehealth.net](http://www.avalerehealth.net)

*Community CCRx Basic 1,707,642 members, 7/2010*

\*\* Tier 1 copays are for up to a 30-day supply during the Initial Coverage Stage (ICS):

- Community CCRx Basic PDP: \$2 ICS copay begins after deductible is met.
- Community CCRx Choice PDP: \$0 ICS copay begins the first day of coverage.

# The Four Parts of Medicare Coverage

Medicare consists of four Parts: A, B, C and D. Part A and Part B are often called Original Medicare, because if you choose this coverage, the federal government manages your benefits. Parts C and D—though managed by Medicare-approved private insurers—are also included in the Medicare program, and provide the same rights, obligations and protections.

## ■ Part A Hospital Coverage

- Inpatient hospital care
- Inpatient stays at most skilled facilities
- Home health
- Hospice care

## ■ Part B Medical Coverage

- Doctor and clinical lab services
- Outpatient and preventive care
- Screenings, surgical fees and supplies
- Physical and Occupational therapy

## ■ Part C Medicare Advantage (MA)

Medicare Advantage combines Part A and Part B coverage into one plan. Certain MA plans allow you to add a prescription drug benefit (Part D) for complete coverage.

## ■ Part D Prescription Drug Coverage

- Available as stand-alone coverage, such as the Community CCRx Part D plans described in this Guide. (Often called a PDP plan).
- Also available as a prescription drug benefit added to a Medicare Advantage Plan. (Often called a MA-PD plan).\*

## Are you eligible to enroll in a Medicare Part D Drug Plan?

If you are entitled to receive Medicare Part A, or already enrolled in Part B, you are eligible to enroll in a Medicare Part D Prescription Drug Plan.

If you are eligible for Medicare due to disability, you can enroll in a Medicare Prescription Drug Plan three months before to three months after your 25th month of disability.

## What if you do not enroll when you first become eligible?

If you choose not to enroll in a Medicare Prescription Drug Plan when you turn 65, and do not have creditable drug coverage (coverage as good as Medicare), you may pay a penalty if you join at a later time.

If you currently have employee or retiree prescription drug coverage and will soon turn 65, call us. We can explain your enrollment options.

**Call toll free, 1-866-423-5040 (TTY users call 1-866-684-5351) 8:00 a.m. to 8:00 p.m. in your local time zone, 7 days a week. Find out more online at [www.CommunityCCRx.com](http://www.CommunityCCRx.com).**

\*MA-PD Plan: Prescription drug benefit must be obtained through the Medicare Advantage Plan

# Four Important Medicare Part D Enrollment Periods

Enrollment Period	Time Frame	Your Medicare Part D Enrollment Opportunity
<b>Initial Enrollment Period (IEP)</b>	Your 65th Birthday	You may enroll three months before your 65th birthday, during your birthday month, and up to three months after. Most people newly eligible for Medicare enroll during this period.
<b>Annual Enrollment Period (AEP)</b>	October 15, 2011 through December 7, 2011 <i>Note: Medicare has changed the 2011 AEP deadline for enrolling in a 2012 plan.</i>	You may enroll in or switch from one Prescription Drug Plan to another for coverage that begins January 1, 2012.
<b>Annual Disenrollment Period (ADP)</b>	January 1, 2012 through February 14, 2012	If enrolled in Medicare Part C (Medicare Advantage), you may switch to Original Medicare coverage. You may also enroll in a Prescription Drug Plan such as the Community CCRx plans in this Guide.
<b>Special Election Period (SEP)</b>	When Special Circumstances Apply	Medicare allows you to enroll or switch your plan when special circumstances arise, such as moving to a new service area. Learn more about SEP opportunities at <a href="http://www.Medicare.gov">www.Medicare.gov</a> .

## Important Medicare terms and what they mean

**Coinsurance:** The portion or percentage you pay for a covered drug, (see page 8).

**Copay:** A set dollar amount you pay for a covered drug, (see page 8).

**Coverage Gap:** The coverage stage where you pay substantially more for your drugs, (see page 8).

**Deductible:** A dollar amount you pay before your plan begins to cover any cost.

**Formulary:** A list of all drugs (brand and generic) covered by a Prescription Drug Plan.

**Generic:** A prescription drug that has the same active-ingredient formula as a brand name drug, but usually costs less. Generics are rated by the Food and Drug Administration to be safe and effective.

**Initial Coverage Stage:** The coverage stage that begins after your yearly deductible is met—if your plan has a deductible. Note: Community CCRx Choice plan has a \$0 deductible.

**Premium:** The monthly cost of your plan. Premiums can vary by state, (see page 9).

**Tier:** A drug category that determines your cost of a covered drug during the Initial Coverage Stage. Community CCRx uses four drug Tiers for both plans, and all four Tiers may contain generic drugs. See how Tiers affect your cost by reviewing the Plan Comparison on page 8.

## Read something you don't understand?

Our Customer Service team can help make sense of Medicare. Call toll free, 1-866-423-5040 (TTY Users call 1-866-684-5351) 8:00 a.m. to 8:00 p.m. in your local time zone, 7 days a week.

Find out more online at [www.CommunityCCRx.com](http://www.CommunityCCRx.com).

# The Advantages of Community CCRx Membership

## Important benefits for people who rely on Medicare Part D

### \$0 Copay for Tier 1 Drugs in the Initial Coverage Stage

In our Community CCRx Choice (PDP) plan, you pay nothing for 30 or 90-day supplies of Tier 1 drugs during the Initial Coverage Stage, (see page 8).

### Nationwide access, neighborhood convenience

Your plan is welcome in over 65,000 Community CCRx pharmacies nationwide.

### Coast to coast service area

Our plans are offered in all 50 states, the District of Columbia and the U.S. Virgin Islands.

### Strong pharmacy support that supports you

Whether you use one of our independent pharmacies or a regional chain pharmacy, you can always turn to a Community CCRx pharmacist for expert advice about prescriptions.

### Healthy saving opportunities with generic drugs

We look for ways to save you money with generics for your doctor to consider.

### Lower copays for brand name drugs

Community CCRx includes select brand name drugs with affordable Tier 1 copays.\*

### A choice between Community CCRx plans

No one plan is right for everyone, but everyone deserves a choice. Community CCRx Basic PDP and Choice PDP plans let you choose coverage that's right for you and your budget.

### Toll free U.S. Call Center assistance available 7 days a week

Friendly, professional and easy-to-understand member assistance whenever you call.

### No waiting for the mail to get your medicines

You receive your prescriptions when you need them from a Community CCRx pharmacist—without delay or waiting for the postal carrier.

\* Tier 1 copays are for up to a 30-day supply during the Initial Coverage Stage (ICS):

- Community CCRx Basic PDP: \$2 ICS copay begins after deductible is met.
- Community CCRx Choice PDP: \$0 ICS copay begins the first day of coverage.





## Which Prescription Drug Plan is Right for You?

Three important questions to ask before you enroll

### 1. Are my prescriptions covered?

Our Medicare-approved formularies cover a wide range of brand and generic drugs. If a drug you take is not covered, we may cover an alternate brand or generic drug for your doctor to consider. Keep in mind, you always have the option of submitting an Exception Request that may allow for coverage. The Summary of Benefits we send to our members following enrollment will provide more information on these requests for coverage.

### 2. What are my out-of-pocket costs?

Premiums and copays vary depending on your state and your plan, (see pages 8 and 9).

Your costs will also depend on:

- The Drug Tier, (see page 8).
- Whether your drugs are brand name or generic.
- The Coverage Stage you've reached, (see page 8).

### 3. Which pharmacy can I use?

Our network includes over 65,000 pharmacies. That means there's a good chance your pharmacy—or one nearby—is included. At home or travelling the U.S., you and your coverage are always welcome at any of our nationwide network pharmacies.

## Need answers right now? Call us toll free today!

- A helpful Plan Representative can tell you if the drugs you take are covered by our formulary.
- Based on your individual medication needs, we can explain your costs for either Community CCRx Basic PDP or Choice PDP.
- Want to know if a pharmacy is in our nationwide network? We'll look it up for you.

1-866-423-5040 (TTY 1-866-684-5351)  
8:00 a.m. to 8:00 p.m. in your local time zone, 7 days a week.

## For more answers online, visit [www.CommunityCCRx.com](http://www.CommunityCCRx.com)

Try our helpful interactive website tools and user-friendly search functions

### Prescription Drug Search Tool:

- Find covered drugs, review copays and search for low cost alternatives.
- View the quantity limits placed on certain drugs as well as any clinical requirements that may apply to usage and coverage.
- Download and print Prior Authorization and Exception Request forms.

### Network Pharmacy Locator:

- Search pharmacies by name, city or zip code.

### Online Enrollment Function:


- Enroll in a Community CCRx plan online.

### Frequently Asked Questions:

- Answers to common questions you may have about Medicare, enrollment or coverage.

# Compare Community CCRx Stand-Alone PDP Plans

See how copays, deductibles and coinsurance differ by plan

 Medicare Part D's 4 Coverage Stages		<b>Community CCRx BASIC (PDP)</b> \$320 Deductible	<b>Community CCRx CHOICE (PDP)</b> \$0 Deductible
<b>1 Annual Deductible Stage</b>		Coverage begins after Annual Deductible is met	\$0 Deductible means coverage begins the first day
<b>2 Initial Coverage Stage</b> What you pay until you reach \$2,930 in total drug costs paid by you and the plan, not including premiums		<i>(In Stage 2, plan costs differ)</i>	
<b>Tier 1*</b>	<b>Generic Drugs</b>	\$2 for 30-day supply, \$6 for 90-day supply	\$0 for 30-day supply, \$0 for 90-day supply
<b>Tier 2*</b>	<b>Preferred Brand Drugs</b> <i>(In Community CCRx Basic (PDP), your cost varies by state)</i>	See Page 9 under Tier 2 column for your state	\$40 for 30-day supply, \$120 for 90-day supply
<b>Tier 3*</b>	<b>Non-Preferred Brand Drugs</b> <i>(In Community CCRx Basic (PDP), your cost varies by state)</i>	See Page 9 under Tier 3 column for your state	\$70 for 30-day supply, \$210 for 90-day supply
<b>Tier 4*</b>	<b>Specialty Tier Drugs</b>	25%	33%
<b>3 Coverage Gap Stage</b> What you pay until you spend \$4,700 in out-of-pocket drug costs (not including premiums)		<i>(In Stage 3, plan costs are the same)</i> <b>For generic drugs:</b> If you are not a Low Income Subsidy (LIS) member, you pay 86% of the cost** <b>For most covered brand drugs:</b> You pay about 50% of the cost	
<b>4 Catastrophic Coverage Stage</b> What you pay after spending \$4,700 in out-of-pocket costs (not including premiums). You remain in this Stage through the end of the year when all four coverage stages reset on January 1.		<i>(In Stage 4, plan costs are the same)</i> <b>For generic drugs:</b> You pay the greater of 5% coinsurance or \$2.60 copay*** <b>For all other drugs:</b> You pay the greater of 5% coinsurance or \$6.50 copay	

\*All four Tiers may include generic drugs

\*\*Low Income Subsidy (LIS) members receive financial assistance from Medicare

\*\*\*Includes brand drugs treated as generic

## Not sure which Community CCRx plan is right for your situation?

Let us explain the advantages of each plan based on your individual needs. Call toll free, 1-866-423-5040 (TTY Users call 1-866-684-5351) 8:00 a.m. to 8:00 p.m. in your local time zone, 7 days a week. Find out more online at [www.CommunityCCRx.com](http://www.CommunityCCRx.com).

# Find the monthly plan premiums for your state

*Includes Community CCRx Basic (PDP) Plan Tier 2 and Tier 3 Cost Sharing Percentages*

Your State	Basic PDP	Choice PDP	Basic PDP Tier 2 %	Basic PDP Tier 3 %
Alabama	\$30.00	\$84.00	25%	47%
Alaska	\$53.10	\$95.60	24%	45%
Arizona	\$25.10	\$81.00	25%	47%
Arkansas	\$29.80	\$78.40	25%	47%
California	\$48.90	\$91.50	25%	46%
Colorado	\$30.20	\$90.50	25%	49%
Connecticut	\$31.50	\$83.10	25%	49%
Delaware	\$32.80	\$89.20	25%	48%
Dist. of Columbia	\$32.80	\$89.20	25%	48%
Florida	\$25.40	\$79.50	24%	45%
Georgia	\$28.90	\$75.20	25%	47%
Hawaii	\$39.30	\$83.40	25%	48%
Idaho	\$38.20	\$99.10	25%	46%
Illinois	\$27.40	\$79.80	25%	47%
Indiana	\$33.60	\$79.00	25%	46%
Iowa	\$34.80	\$87.60	25%	48%
Kansas	\$34.90	\$92.10	25%	48%
Kentucky	\$33.60	\$79.00	25%	46%
Louisiana	\$32.20	\$79.40	25%	45%
Maine	\$27.20	\$90.10	25%	47%
Maryland	\$32.80	\$89.20	25%	48%
Massachusetts	\$31.50	\$83.10	25%	49%
Michigan	\$33.00	\$82.80	25%	46%
Minnesota	\$34.80	\$87.60	25%	48%
Mississippi	\$31.00	\$82.20	25%	48%
Missouri	\$30.60	\$83.00	25%	45%
Montana	\$34.80	\$87.60	25%	48%

Your State	Basic PDP	Choice PDP	Basic PDP Tier 2 %	Basic PDP Tier 3 %
Nebraska	\$34.80	\$87.60	25%	48%
Nevada	\$24.90	\$84.30	25%	45%
New Hampshire	\$27.20	\$90.10	25%	47%
New Jersey	\$42.40	\$80.00	25%	46%
New Mexico	\$20.10	\$76.80	25%	47%
New York	\$37.10	\$79.00	25%	46%
North Carolina	\$32.10	\$75.90	25%	47%
North Dakota	\$34.80	\$87.60	25%	48%
Ohio	\$26.90	\$76.00	25%	45%
Oklahoma	\$31.20	\$87.90	25%	46%
Oregon	\$33.40	\$83.70	25%	50%
Pennsylvania	\$28.70	\$78.30	25%	46%
Rhode Island	\$31.50	\$83.10	25%	49%
South Carolina	\$34.40	\$77.30	25%	48%
South Dakota	\$34.80	\$87.60	25%	48%
Tennessee	\$30.00	\$84.00	25%	47%
Texas	\$28.80	\$77.90	25%	45%
Virgin Islands	\$21.40	\$76.70	29%	50%
Utah	\$38.20	\$99.10	25%	46%
Vermont	\$31.50	\$83.10	25%	49%
Virginia	\$30.00	\$78.50	25%	47%
Washington	\$33.40	\$83.70	25%	50%
West Virginia	\$28.70	\$78.30	25%	46%
Wisconsin	\$34.90	\$84.70	25%	47%
Wyoming	\$34.80	\$87.60	25%	48%

## What do these Community CCRx Basic (PDP) Tier 2 and Tier 3 Percentages mean to you?

If you choose to enroll in the Community CCRx Basic (PDP) plan, these percentages represent the portion of the drug cost you pay for Tier 2 and Tier 3 drugs in your state during the Initial Coverage Stage. Note: The Welcome Kit we send you following enrollment in one of our plans provides more information about our Formulary (list of covered drugs), the four Drug Tiers and your out-of-pocket coinsurance, costs and copays.

# Your 2011/2012 Community CCRx Enrollment Calendar



October 1, through October 14, 2011

**Medicare allows Part D plans these two weeks to distribute plan information.**

What you should do:	<ul style="list-style-type: none"> <li>• Review and compare benefits and costs</li> <li>• Call a Part D plan such as Community CCRx with your questions</li> <li>• Talk to your doctor or pharmacist about your prescription drug needs</li> <li>• Visit Medicare.gov or www.CommunityCCRx.com to learn about Part D plans</li> </ul>
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October 15, through December 7, 2011

**This is your opportunity to enroll during Medicare's Annual Enrollment Period, (see page 5).**

What you should do:	<ul style="list-style-type: none"> <li>• Complete a Part D enrollment form to enroll in or switch to another 2012 Prescription Drug Plan. Re-enrollment is not necessary if remaining in your current plan.</li> <li>• If you choose to enroll in a Community CCRx Plan, see the back of this Guide for three different ways to enroll before the December 7, 2011 enrollment deadline.</li> </ul>
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After you've enrolled but before January 1, 2012

**Community CCRx members receive their ID Card and plan documents by mail.**

What you will receive:	<ul style="list-style-type: none"> <li>• Community CCRx ID Card</li> <li>• Evidence of Coverage</li> <li>• 2012 Pharmacy Directory</li> <li>• Abridged Formulary (partial list of covered drugs) <i>Note: a complete formulary available upon request</i></li> <li>• Notice of Privacy Practices, and if applicable, information about Medicare's Extra Help program</li> </ul>
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Beginning January 1, 2012

**Your 2012 Prescription Drug Coverage begins.**

What you should do:	<ul style="list-style-type: none"> <li>• Keep your plan reference materials handy, and use as a reference</li> <li>• Always take your Community CCRx ID Card to the pharmacy</li> <li>• Keep your Medicare Card with you at all times</li> <li>• Call Community CCRx whenever you have a question or need information</li> <li>• Visit our website at www.CommunityCCRx.com for helpful online information</li> </ul>
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## Plan Representatives are here to answer your questions 7 days a week

Call toll free, 1-866-423-5040 (TTY users call 1-866-684-5351) 8:00 a.m. to 8:00 p.m. in your local time zone, 7 days a week. Find out more online at [www.CommunityCCRx.com](http://www.CommunityCCRx.com)

## Disclaimers Required of all Medicare Prescription Drug Plans

### Disability Enrollment Reminder:

If you are entitled to enroll in a Medicare Prescription Drug Plan due to a disability, you may enroll three months before and up to three months after your 25th month of receiving Social Security benefits.

### Part D Enrollment Reminders:

Members may enroll in the plan only during specific times of the year. Contact Community CCRx for more information. You may only be enrolled in one Part D plan at a time. If you are enrolled in a Medicare Advantage coordinated care (HMO or PPO) plan or a Medicare Advantage Private Fee-for-Service (PFFS) plan that includes Medicare prescription drug coverage, you may not enroll in a prescription drug plan unless you disenroll from the Medicare Advantage HMO, PPO, or PFFS plan. Members of a PFFS plan that does not provide Medicare prescription drug coverage or an MA Medical Savings Account (MSA) plan may enroll in a prescription drug plan. Enrollees in an 1876 Cost Plan may also enroll in a prescription drug plan.

### Benefit Reminders:

- The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, please contact Community CCRx.
- You must continue to pay your Medicare Part B premium.
- Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.
- Limitations, copayments and restrictions may apply.

### About the Community CCRx Pharmacy Network:

Community CCRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in emergencies or urgent situations, and quantity limitations and restrictions may apply. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [www.CommunityCCRx.com](http://www.CommunityCCRx.com). Our Customer Service number is **1-866-423-5040, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-866-684-5351) 7 days a week.**

### Extra Help from Medicare

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify, call:

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7p.m., Monday through Friday. TTY users call 1-800-325-0778.
- Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75%) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the Coverage Gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227) 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.



## Three convenient ways to enroll in a Community CCRx plan

Choose the method that's easiest for you or your caregiver

### ■ Call us to enroll over the phone

You provide the information, and we complete your application. Call toll free, 1-866-423-5040, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-866-684-5351) 7 days a week.

### ■ Enroll online at [www.CommunityCCRx.com](http://www.CommunityCCRx.com)

Complete the secure Enrollment Form on our website and submit it to us online, or by mail.

You can also visit Medicare online at [www.Medicare.gov](http://www.Medicare.gov) to enroll in a Medicare Part D plan.

### ■ Complete your Enrollment Form on your own and mail to Community CCRx

Stand-alone Community CCRx Prescription Drug Plan Enrollment Forms are available:

- In every Community CCRx Enrollment Kit
- Online at [www.CommunityCCRx.com](http://www.CommunityCCRx.com) (Complete and submit your Enrollment Form online)
- At many local pharmacies or through a qualified Medicare agent

Save on postage by mailing your completed Enrollment Form using the postage-paid business reply envelope that is included in your Community CCRx Enrollment Kit.

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Thank you for considering Community CCRx. We look forward to having you as our member.

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Community CCRx<sup>SM</sup> PDP is a federally qualified Medicare contracting Prescription Drug Plan.

#### **You may request this information in other formats or languages:**

This information is available for free in other languages. Please contact our Customer Service number at 1-866-684-5353, from 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users should call 1-866-684-5351), 7 days a week, for additional information.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-866-684-5353, de 8:00 a.m. a 8:00 p.m. en su zona horaria local (los usuarios de teléfono de texto (TTY) deben llamar al 1-866-684-5351), los 7 días a la semana, para obtener información adicional.