



Important Information About Your Highmark Health Services Medicare Advantage Plan

If You Take Prescription Drugs

As a Highmark Health Services Medicare Advantage member, you need to know the difference between Part B and Part D drugs. Prescription drugs that are taken by you and are purchased at a retail pharmacy or through the Express Scripts mail-order service are called “Part D drugs.” These types of drugs are covered under your Medicare Part D Prescription Drug benefit.

Medicare provides coverage for some prescription drugs under your basic Medicare Medical benefit. These are often called “Part B drugs.” In general, these drugs are given to you by a health care professional. Part B drugs are available only from certain providers who can supply Medicare Part B Medical benefits. They may also be taken using durable medical equipment, such as nebulizers and insulin pumps.

In general, the following types of prescription drugs are Medicare-covered Part B drugs:

- Immunosuppressant drugs, if you have had an organ transplant covered by Medicare.
- Certain oral anti-cancer drugs and anti-nausea drugs.
- Certain drugs for home dialysis.
- Injectable osteoporosis drugs, if you are homebound, and have a bone fracture related to post-menopausal osteoporosis.
- Clotting factors you give yourself by injection if you have hemophilia.
- Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases.
- Drugs you take using durable medical equipment (such as inhalation drugs or insulin requiring an insulin pump.)

If you are taking one of the drugs listed above, it is very important that you talk with your prescribing physician. Your doctor should know if the drug is covered under Medicare Part B or under your Medicare Part D Prescription Drug benefit.

▶ If the drug is covered under your Medicare Part D Prescription Drug benefit, you must get it from a retail pharmacy or the Express Scripts mail-order service in order to have it covered.

▶ If the drug is covered under Medicare Part B Medical benefits, your physician will arrange for you to get the drug you need and make sure that it is covered by your Highmark Health Services Medicare Advantage plan.

If you have any questions about the drugs you are taking, please talk to your prescribing physician. Your doctor is the best person to coordinate all of the drugs you are taking.

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Important Information for Members with Diabetes

As a Highmark Health Services Medicare Advantage member, you get the medication and supplies to manage your diabetes in two different ways. That's because insulin, syringes and oral medications for treating diabetes are covered under your Part D prescription drug benefit, while diabetic testing supplies are covered under your medical benefits. The differences are highlighted below.

► **Insulin, syringes and oral medications for treating diabetes** can be obtained from retail pharmacies or the Express Scripts mail-order service.

► **Diabetic testing supplies (glucometers, lancets and test strips)** must be obtained from durable medical equipment (DME) suppliers in order for them to be covered by your Highmark Health Services Medicare Advantage plan.

It's easy to find a network provider

Just call a Member Service representative at the toll-free Member Service / TTY number on the back of your member ID card. Representatives are available any day of the week between 8:00 a.m. and 8:00 p.m. You also may visit your member Website and select "Find Providers".

Providers who supply free glucose monitors and deliver testing supplies to your home

The following is a list of participating mail-order providers who can mail your diabetic testing supplies directly to your home.

Company Name	Telephone
Better Living Now	1-888-598-2195
Byram Healthcare Centers	1-800-681-1395
CCS Medical – Medical Express Depot	1-800-633-0063
Edgepark Medical Supplies	1-800-321-0591
Liberator Medical Supply	1-877-232-4436
Liberty Medical Supply	1-888-306-7337
Sterling Medical Services	1-800-216-5500
Tri State Medical	1-888-297-3713
United States Medical Supply	1-877-840-8218

Coverage for the shingles vaccine - Zostavax

Your Highmark Health Services Medicare Advantage plan includes coverage for the shingles vaccine, Zostavax. Zostavax is covered under the Part D Prescription Drug benefit, and can be administered at the pharmacy or at your doctor's office. Upfront costs for Zostavax vary depending on where it is administered.

If you choose to have the vaccine administered at a participating retail pharmacy, you must have a prescription from your doctor. Simply present the prescription, along with your applicable Part D drug copayment to receive the vaccine. It may be beneficial to call ahead and make sure that the pharmacy carries the vaccine, as well as has someone available to administer it.

If you choose to have the vaccine administered at your doctor's office, your doctor will not be able to bill your Highmark Health Services Medicare Advantage plan because this vaccine is considered a Part D drug. This means that you will need to pay your doctor for the cost of the vaccine and its administration and file a claim with Highmark Health Services for reimbursement.

Just call a Member Service representative at the toll-free Member Service / TTY number on the back of your member ID card to request a claim form. Representatives are available any day of the week between 8:00 a.m. and 8:00 p.m. In addition to the information required on the claim form, you will also need to provide your physician's receipt showing that you paid for the vaccine. You should expect reimbursement within 3 weeks from the date you mail the completed claim form and receipt.

Questions?

We are pleased to provide you with a team of knowledgeable representatives who are dedicated to serving only Highmark Health Services Medicare Advantage members. If you have any questions, please call the toll-free Member Service / TTY number on the back of your member ID card. Representatives are available any day of the week between 8:00 a.m. and 8:00 p.m.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. Keystone Health Plan West, Highmark Health Services and Highmark Health Insurance Company are Medicare Advantage plans with a Medicare contract. Enrollment in Keystone Health Plan West, Highmark Health Services and Highmark Health Insurance Company depends on contract renewal.