



Medicare Prescription Payment Plan Participation Request Form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

FIRST Name:		LAST Name:		MIDDLE Name (Optional):	
Medicare Number: _____ - _____ - _____					
Birth Date: (MM/DD/YYYY) _____ / _____ / _____		Phone Number: () _____			
Permanent Residence street address (don't enter a P.O. Box unless experiencing homelessness)					County (Optional):
Apt #:	City:	State:	Zip:		
Mailing address, if different from your permanent address (P.O. Box allowed):					
Apt #:	City:	State:	Zip:		
Read and Sign Below:					
<ul style="list-style-type: none"> ▪ I understand this form is a request to participate in the Medicare Prescription Payment Plan. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) will contact me if they need more information. ▪ I understand that signing this form means that I've read and understand the form and the attached terms and conditions. ▪ Blue Cross NC will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan. 					
Signature:					

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If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

FIRST Name:		LAST Name:		MIDDLE Name (Optional):	
Address:					
Apt #:		City:		State:	
Zip:					
Phone Number:		()		Relationship To Participant:	

How to Submit This Form:

Submit your completed form to:

Blue Cross NC
Mailstop: 1001
MPPP Election Dept.
13900 N. Harvey Ave
Edmond, OK 73013

Fax: 440-557-6525

Email: ElectMPPP@RxPayments.com

You can also complete the participation request form online at <https://www.bluecrossnc.com/members/medicare>, or call us at +1 888-310-4110 to submit your request via telephone.

If you have questions or need help completing this form, call us at +1 888-310-4110,
8 am - 8 pm EST Mon-Fri (*voicemails monitored on weekends*).
8 am - 8 pm EST 7 days a week (*October 1 – March 31*).

TTY users can call **711**

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Terms and Conditions for Participation in the Medicare Prescription Payment Program (M3P)

- 1. No Fees or Interest** The Medicare Prescription Payment Program (M3P) does not charge any fees or interest, and no credit check is required to enroll in the program.
- 2. Notification to Pharmacy** Upon acceptance into the Medicare Prescription Payment Program, we will inform your pharmacy that you are using this payment option.
- 3. Applicability** This payment option applies only to Medicare Part D covered drugs processed after your election is confirmed.
- 4. Cost Sharing** When you fill a prescription for an eligible drug, you will pay zero dollars at the pharmacy. However, you will still be responsible for your cost share of the drug associated with your Medicare Part D benefit under your plan that can be paid through a monthly invoice.
- 5. Monthly Invoices** Each month, you will receive an invoice detailing the amount you owe, the due date, and information on how to make a payment. Monthly payments are required while you carry a balance, but you can pay the balance in full at any time.
- 6. Calculation of Monthly Payments** The formula for calculating the minimum monthly payment (referred to as the “maximum monthly cap”) differs for the first month of participation versus the remaining months of the year. The maximum monthly cap calculations include specifics of a participant’s Part D drug costs (previously incurred costs and new out-of-pocket costs), as well as the number of months remaining in the plan year and the amount outstanding. As such, the amount can vary from person to person and month to month, with the expectation that the total balance will be completely paid off by January 31st of the next calendar year.
- 7. Missed Payments** If you miss a payment, you will receive a reminder notice. If you do not pay your bill by the date listed in the reminder notice, you will be given 60 days grace period before you are removed from the Medicare Prescription Payment Plan. However, you will still be required to pay the amount you owe and may not be able to re-enroll in the Medicare Prescription Payment Program.
- 8. Opting Out** You can leave the Medicare Prescription Payment Program at any time by selecting the opt-out option through the website or by calling the phone number listed on the back of your member ID card. After you opt out, you will continue to receive an invoice each month for the amount you owe until your balance is paid in full.
- 9. Communications and Notifications** If you provide an email, participation in this program will automatically make you eligible for important emails containing information related to the Medicare Prescription Payment Program.

10. Disenrollment and New Plan Enrollment If you are disenrolled from your plan for any reason or enroll in a new plan with drug coverage, your participation in the Medicare Prescription Payment Program will end. However, you will continue to receive an invoice each month for any outstanding amounts until your balance is paid in full. You remain responsible for the amount due under this Medicare Prescription Payment Program. If you enroll in a new plan with drug coverage, you may be able to rejoin the Medicare Prescription Payment Program by contacting your new plan.

11. Address Updates Any contact information or communication preferences you provide during election or directly through your M3P Payment Portal will only be used for your Medicare Prescription Payment Plan Program and may not be communicated to your Medicare Part D plan.

12. Communications By providing us with your contact information, you consent to our contacting you by any means you have provided regarding important information about your Medicare Prescription Payment Program account. This consent allows us to use text messaging for informational and account service calls, but not for telemarketing or sales calls. This may also include contact from companies working on our behalf to service your account.

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What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. **All plans offer this payment option and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

What to know before participating

How does it work?

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. Go to page 5 to learn about Extra Help and other programs that might save you money, if you qualify.

How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. All plans use the same formula to calculate your monthly payments.

Go to page 6 for examples of how the monthly bill is calculated.

Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (January – December), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The Medicare drug coverage annual out-of-pocket maximum (\$2,000 in 2025).

The prescription drug law caps your out-of-pocket drug costs at \$2,000 in 2025. **This is true for everyone with Medicare drug coverage, even if you don't participate in the Medicare Prescription Payment Plan.**

Will this help me?

It depends on your situation. **Remember, this payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.**

You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives you more months to spread out your drug costs. Go to [Medicare.gov/prescription-payment-plan/will-this-help-me](https://www.Medicare.gov/prescription-payment-plan/will-this-help-me) to answer a few questions, and find out if you're likely to benefit from this payment option.

This payment option may not be the best choice for you if:

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

Go to page 5 to learn about programs that can help lower your costs.

Who can help me decide if I should participate?

- **Your health or drug plan:** Visit your plan's website, or call your plan to get more information. If you need to pick up a prescription urgently, call your plan to discuss your options.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.Medicare.gov/prescription-payment-plan) to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit [shiphelp.org](https://www.shiphelp.org) to get the phone number for your local SHIP and get free, personalized health insurance counseling.

How do I sign up?

Visit your health or drug plan's website, or call your plan to start participating in this payment option:

- **In 2024, for 2025:** If you want to participate in the Medicare Prescription Payment Plan for 2025, contact your plan now. Your participation will start January 1, 2025.
- **During 2025:** Starting January 1, 2025, you can contact your plan to start participating in the Medicare Prescription Payment Plan anytime during the calendar year.

Remember, this payment option may not be the best choice for you if you sign up late in the calendar year (after September). This is because as new out-of-pocket drug costs are added to your monthly payment, there are fewer months left in the year to spread out your payments.

What to know if I'm participating

What happens after I sign up?

Once your health or drug plan reviews your participation request, they'll send you a letter confirming your participation in the Medicare Prescription Payment Plan. Then:

1. When you get a prescription for a drug covered by Part D, your plan will automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription.
Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.
2. Each month, your plan will send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment. You'll get a separate bill for your monthly plan premium (if you have one).

How do I pay my bill?

After your health or drug plan approves your participation in the Medicare Prescription Payment Plan, you'll get a letter from your plan with information about how to pay your bill.

What happens if I don't pay my bill?

You'll get a reminder from your health or drug plan if you miss a payment. If you don't pay your bill by the date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but **you won't pay any interest or fees, even if your payment is late**. You can choose to pay that amount all at once or be billed monthly. If you're removed from the Medicare Prescription Payment Plan, **you'll still be enrolled in your Medicare health or drug plan**.

Always pay your health or drug plan monthly premium first (if you have one), so you don't lose your drug coverage. If you're concerned about paying both your monthly plan premium and Medicare Prescription Payment Plan bills, go to page 5 for information about programs that can help lower your costs.

Call your plan if you think they made a mistake about your Medicare Prescription Payment Plan bill. If you think they made a mistake, you have the right to follow the grievance process found in your Member Handbook or Evidence of Coverage.

How do I leave?

You can leave the Medicare Prescription Payment Plan at any time by contacting your health or drug plan. Leaving won't affect your Medicare drug coverage and other Medicare benefits. Keep in mind:

- If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
- You can choose to pay your balance all at once or be billed monthly.
- You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave the Medicare Prescription Payment Plan.

What happens if I change health or drug plans?

If you leave your current plan, or change to a new Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage), your participation in the Medicare Prescription Payment Plan will end.

Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again.

What programs can help lower my costs?

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that might include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer Pharmaceutical Assistance Programs (sometimes called Patient Assistance Programs (PAPs)):** Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit go.medicare.gov/pap to learn more.

Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

Where can I get more information?

- **Your health or drug plan:** Visit your plan's website, or call your plan to get more information.
- **Medicare:** Visit Medicare.gov/prescription-payment-plan, or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

Examples of how a monthly bill is calculated

Example 1:

You take several high-cost drugs that have a total out-of-pocket cost of \$500 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:

- **First, we figure out your “maximum possible payment” for the first month:**

\$2,000 [annual out-of-pocket maximum]	
- \$0 [no out-of-pocket costs before using this payment option]	
= \$2,000	
	= \$166.67 [your “maximum possible payment” for the first month]
12 [remaining months in the year]	

- **Then, we figure out what you'll pay for January:**

- Compare your total out-of-pocket costs for January (\$500) to the “maximum possible payment” we just calculated: \$166.67.
- Your **plan will bill you the lesser of the two amounts**. So, you'll pay \$166.67 for the month of January.
- You have a remaining balance of \$333.33 (\$500-\$166.67).

For February and the rest of the months left in the year, we calculate your payment differently:

\$333.33 [remaining balance] + \$500 [new costs]	
= \$833.33	
	= \$75.76 [your payment for February]
11 [remaining months in the year]	

We'll calculate your March payment like we did for February:

\$757.57 [remaining balance] + \$500 [new costs]	
= \$1,257.57	
	= \$125.76 [your payment for March]
10 [remaining months in the year]	

In April, when you refill your prescriptions again, you'll reach the annual out-of-pocket maximum for the year (\$2,000 in 2025). You'll continue to pay what you already owe and get your prescription(s), but after April you won't add any new out-of-pocket costs for the rest of the year.

\$1,131.81 [remaining balance] + \$500 [new costs]	
= \$1,631.81	
	= \$181.31 [your payment for April and all remaining months in the year]
9 [remaining months in the year]	

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

Example 1: Start participating in January with high drug costs early in the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$500	\$166.67	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$500	\$75.76	
March	\$500	\$125.76	
April	\$500	\$181.31	This month you reached the annual out-of-pocket maximum (\$2,000 in 2025). You'll have no new out-of-pocket drug costs for the rest of the year.
May	\$0.00	\$181.31 *	*You'll still get your \$500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
June	\$0.00	\$181.31 *	
July	\$0.00	\$181.31 *	
August	\$0.00	\$181.31 *	
September	\$0.00	\$181.31 *	
October	\$0.00	\$181.31 *	
November	\$0.00	\$181.31 *	
December	\$0.00	\$181.31 *	
Total	\$2,000.00	\$2,000.00	You'll pay the same total amount for the year, even if you don't use this payment option.

If you're concerned about paying \$500 each month from January to April, this payment option will help you manage your costs. If you prefer to pay \$500 each month for 4 months and then pay \$0 for the rest of the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.

Example 2:

You take several drugs that have a total out-of-pocket cost of \$80 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:

- **First, we figure out your “maximum possible payment” for the first month:**

\$2,000 [annual out-of-pocket maximum]	
- \$0 [no out-of-pocket costs before using this payment option]	
= \$2,000	
12 [remaining months in the year]	= \$166.67 [your “maximum possible payment” for the first month]

- **Then, we figure out what you'll pay for January:**

- Compare your total out-of-pocket costs for January (\$80) to the “maximum possible payment” we just calculated: \$166.67.
- **Your plan will bill you the lesser of the two amounts.** So, you'll pay \$80 for the month of January.
- You have a remaining balance of \$0.

For February and the rest of the months left in the year, we calculate your payment differently:

\$0 [remaining balance] + \$80 [new costs] = \$80	
11 [remaining months in the year]	= \$7.27 [your payment for February]

We'll calculate your March payment like we did for February:

\$72.73 [remaining balance] + \$80 [new costs] = \$152.73	
10 [remaining months in the year]	= \$15.27 [your payment for March]

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

Example 2: Start participating in January with consistent costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$80.00	\$80.00	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$80.00	\$7.27	
March	\$80.00	\$15.27	
April	\$80.00	\$24.16	
May	\$80.00	\$34.16	
June	\$80.00	\$45.59	
July	\$80.00	\$58.93	
August	\$80.00	\$74.92	
September	\$80.00	\$94.93	
October	\$80.00	\$121.59	
November	\$80.00	\$161.59	
December	\$80.00	\$241.59	
Total	\$960.00	\$960.00	You'll pay the same total amount for the year, even if you don't use this payment option.

Depending on your specific circumstances, you might not benefit from using this payment option due to the higher payments that start in September. Contact your health or drug plan for personalized help.

Example 3:

You pay \$4 every month in out-of-pocket costs for a prescription you use regularly. In April 2025, you need a new one-time prescription that costs \$613, so your total out-of-pocket costs in April are \$617. That same month, before you fill your prescriptions, you decide to participate in the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:

- **First, we figure out your “maximum possible payment” for the first month:**

\$2,000 [annual out-of-pocket maximum]	
- \$12 [your out-of-pocket costs before using this payment option]	
= \$1,988	
9 [remaining months in the year]	= \$220.89 [your “maximum possible payment” for the first month]

- **Then, we figure out what you'll pay for April:**

- Compare your total out-of-pocket costs for April (\$617) to the “maximum possible payment” we just calculated: \$220.89.
- **Your plan will bill you the lesser of the two amounts.** So, you'll pay \$220.89 for the month of April.
- You have a remaining balance of \$396.11 (\$617 - \$220.89).

For May and the rest of the months left in the year, we calculate your payment differently:

\$396.11 [remaining balance] + \$4 [new costs] = \$400.11	
8 [remaining months in the year]	= \$50.01 [your payment for May]

Your payments will vary throughout the year. That's because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.

By the end of the year, you'll never pay more than:

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

Example 3: Start participating in April with varying costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$4.00	\$4.00*	*You made these payments directly to the pharmacy before you started participating in the Medicare Prescription Payment Plan.
February	\$4.00	\$4.00*	
March	\$4.00	\$4.00*	
April	\$617.00	\$220.89	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
May	\$4.00	\$50.01	
June	\$4.00	\$50.59	
July	\$124.00	\$71.25	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
August	\$4.00	\$72.05	
September	\$4.00	\$73.05	
October	\$124.00	\$114.39	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
November	\$4.00	\$116.39	
December	\$4.00	\$120.38	
Total	\$901.00	\$901.00	You'll pay the same total amount for the year, even if you don't use this payment option.

If you're concerned about paying \$617 in April, this payment option will help you spread your costs across monthly payments that vary throughout the year. If you're concerned about higher payments later in the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.



Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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