



South Carolina



2011 SUMMARY OF BENEFITS

MedBlue RxSM (PDP) AND MedBlue RxSM PLUS (PDP)

JANUARY 1, 2011 – DECEMBER 31, 2011

BLUECROSS BLUESHIELD OF SOUTH CAROLINA CONTRACTS WITH THE FEDERAL GOVERNMENT.

CONTRACT # S5953

SECTION I — INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in MedBlue Rx (PDP) or MedBlue Rx Plus (PDP). Our plan is offered by BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA/BlueCross BlueShield of South Carolina, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call MedBlue Rx (PDP) or MedBlue Rx Plus (PDP) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like MedBlue Rx (PDP) or MedBlue Rx Plus (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by MedBlue Rx (PDP) and MedBlue Rx Plus (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE ARE MEDBLUE RX AND MEDBLUE RX PLUS AVAILABLE?

The service area for these plans includes: South Carolina. You must live in this area to join either plan.

WHO IS ELIGIBLE TO JOIN MEDBLUE RX (PDP) OR MEDBLUE RX PLUS (PDP)?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

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WHERE CAN I GET MY PRESCRIPTIONS?

MedBlue Rx (PDP) and MedBlue Rx Plus (PDP) have 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 certain cases.

MedBlue Rx (PDP) and MedBlue Rx Plus (PDP) have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.scblyesmedadvantage.com/marx11. Our Customer Service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

MedBlue Rx (PDP) and MedBlue Rx Plus (PDP) do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

MedBlue Rx (PDP) and MedBlue Rx Plus (PDP) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.scblyesmedadvantage.com/marx11.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join MedBlue Rx (PDP) or MedBlue Rx Plus (PDP). Get this information before you decide to enroll in this plan.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of MedBlue Rx(PDP) or Med Blue Rx Plus (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact MedBlue Rx (PDP) or MedBlue Rx Plus (PDP) for more details.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Service number is listed below.

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Please call BlueCross BlueShield of South Carolina for more information about MedBlue Rx (PDP) and MedBlue Rx Plus (PDP).

Visit us at www.scblesmedadvantage.com/marx11 or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern

Current members should call toll-free 888-645-6025. (TTY/TDD 888-645-6023)

Prospective Members should call toll-free 800-930-2836. (TTY/TDD 800-681-3846)

Current members should call locally 888-645-6025 . (TTY/TDD 888-645-6023)

Prospective members should call locally 800-930-2836. (TTY/TDD 800-681-3846)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above. If you have special needs, this document may be available in other formats.

If you have any questions about these plans' benefits or costs, please contact BlueCross BlueShield of South Carolina for details.

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
<p>Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.scbluesmedadvantage.com/rx11 on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>\$48.80 monthly plan premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>	<p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.scbluesmedadvantage.com/rxplus11 on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>\$93.30 monthly plan premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from MedBlue Rx (PDP) for certain drugs.</p>	<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from MedBlue Rx Plus (PDP) for certain drugs.</p>
		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of the drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of the drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>
		<p>If you request a formulary exception for a drug and MedBlue Rx (PDP) approves the exception, you will pay Tier 4: Specialty Tier Drugs cost-sharing for that drug.</p>	<p>If you request a formulary exception for a drug and MedBlue Rx Plus (PDP) approves the exception, you will pay Tier 5: Specialty Tier Drugs cost-sharing for that drug.</p>
		<p><u>In-Network</u></p> <p>\$0 deductible.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,840:</p>	<p><u>In-Network</u></p> <p>\$0 deductible.</p> <p>Initial Coverage</p> <p>You pay the following until total yearly drug costs reach \$2,840:</p>

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (31-day) supply of drugs in this tier - \$27 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31-day) supply of drugs in this tier - \$135 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$85 copay for a one-month (31-day) supply of drugs in this tier - \$255 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier 	<p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> - \$2 copay for a one-month (31-day) supply of drugs in this tier - \$6 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> - \$7 copay for a one-month (31-day) supply of drugs in this tier - \$21 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$33 copay for a one-month (31-day) supply of drugs in this tier - \$99 copay for three-month (90-day) of drugs in this tier supply <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$74 copay for a one-month (31-day) supply of drugs in this tier - \$222 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier
		<p>Long Term Care Pharmacy</p>	<p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> - \$2 copay for a one-month (31-day) supply of drugs in this tier

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p>Tier 1: Generic Drugs - \$9 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs - \$85 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p>	<p>Tier 2: Non-Preferred Generic Drugs - \$7 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$33 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$74 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p>
		<p>Mail Order</p> <p>Tier 1: Generic Drugs - \$22.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - \$27 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy</p> <p>Tier 2: Preferred Brand Drugs - \$112.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy</p>	<p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs - \$4 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - \$6 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy</p> <p>Tier 2: Non-Preferred Generic Drugs - \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy</p> <p>Tier 3: Preferred Brand Drugs - \$82.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy</p>

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p>- \$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$212.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - \$255 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p>- \$99 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$185.00 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - \$222 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy - 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy
		<p><u>Coverage Gap</u></p> <p>After your total yearly drug costs reach \$2,840 you receive a discount on brand- name drugs and pay 93% of the plan’s costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><u>Additional Coverage Gap</u></p> <p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> - \$2 copay for a one-month (31-day) supply of all drugs covered in this tier - \$6 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> - \$7 copay for a one-month (31-day) supply of all drugs covered in this tier - \$21 copay for a three-month (90-day) supply of all drugs covered in this tier

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
			<p>Long Term Care Pharmacy</p> <p>Tier 1: Preferred Generic Drugs - \$2 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$7 copay for a one-month (31-day) supply of all drugs</p> <p>Mail Order</p> <p>Tier 1: Preferred Generic Drugs - \$4 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$6 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy</p> <p>Tier 2: Non-Preferred Generic Drugs - \$17.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail order pharmacy</p> <p>After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand-name drugs and generally pay no more than 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p>

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p><u>Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p><u>Catastrophic Coverage</u> After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.
		<p><u>Out-of-Network</u> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from MedBlue Rx (PDP).</p>	<p><u>Out-of-Network</u> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from MedBlue Rx Plus (PDP).</p>
		<p><u>Out-of-Network Initial Coverage</u> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs - \$9 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Preferred Brand Drugs - \$45 copay for a one-month (31-day) supply of drugs in this tier</p>	<p><u>Out-of-Network Initial Coverage</u> You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Preferred Generic Drugs - \$2 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$7 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$33 copay for a one-month (31-day) supply of drugs in this tier</p>

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Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p>Tier 3: Non-Preferred Brand Drugs - \$85 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><u>Out-of-Network Coverage Gap</u></p> <p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand-name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Tier 4: Non-Preferred Brand Drugs - \$74 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><u>Additional Out-of-Network Coverage Gap</u></p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs - \$2 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$7 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Tier 3: Preferred Brand Drugs You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>Tier 4: Non-Preferred Brand Drugs</p>

Section II – Summary of Benefits

Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
		<p data-bbox="691 1245 1101 1308"><u>Out-of-Network Catastrophic Coverage</u></p> <p data-bbox="691 1339 1101 1560">After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul data-bbox="691 1591 1101 1749" style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. <p data-bbox="691 1780 1101 1938">You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p data-bbox="1127 258 1536 426">You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p data-bbox="1127 447 1536 615">You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p data-bbox="1127 636 1536 835">Tier 5: Specialty Tier Drugs You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p data-bbox="1127 856 1536 1024">You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p data-bbox="1127 1045 1536 1213">You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p data-bbox="1127 1234 1536 1308"><u>Out-of-Network Catastrophic Coverage</u></p> <p data-bbox="1127 1339 1536 1560">After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul data-bbox="1127 1591 1536 1749" style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. <p data-bbox="1127 1780 1536 1938">You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>