

SECTION ONE — INTRODUCTION TO SUMMARY OF BENEFITS

Summaries of Benefits for MedBlue Rxsm & MedBlue Rxsm Plus January 1, 2008 - December 31, 2008

Thank you for your interest in MedBlue Rx and MedBlue Rx Plus. Our plans are offered by BlueCross[®] Blue Shield[®] of South Carolina, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call BlueCross BlueShield of South Carolina 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 or MedBlue Rx Plus. 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 benefits offered by MedBlue Rx and MedBlue Rx Plus 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 include: **South Carolina**. You must live in this area to join either plan.

Who is eligible to join?

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. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in a 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

Does my plan cover Medicare Part B or Part D Drugs?

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

Where can I get my prescriptions?

MedBlue Rx and MedBlue Rx Plus 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.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Services for up-to-date list.

What is a prescription drug formulary?

MedBlue Rx and MedBlue Rx Plus use formularies. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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.SouthCarolinaBlues.com/marx08.

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. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. 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 or MedBlue Rx Plus. Get this information before you decide to enroll in this plan.

How can I get help with drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join MedBlue Rx or MedBlue Rx Plus, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

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 prescription drug 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 or MedBlue Rx Plus, 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.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may 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.

Please call BlueCross BlueShield of South Carolina for more information about these plans.

Visit us at www.SouthCarolinaBlues.com/marx08 or, call us:

Customer Service Hours:

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

Current members should call **1-888-645-6025**

TTY/TDD – 1-888-645-6023

Prospective Members should call **1-800-930-2836**

TTY/TDD – 1-800-681-3846

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY/TDD 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.

If you have special needs, this document may be available in other formats.

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

Section II – Summary of Benefits

Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
<p><u>Prescription Drugs</u></p> <p>Drugs covered under Medicare Part D General</p>	<p>Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.SouthCarolinaBlues.com/rx08 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>You pay a \$28.40 monthly premium for your Medicare Part D prescription benefits.</p> <p>Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy although you may have to pay additional charges. Contact the plan for details.</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.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from MedBlue Rx for certain drugs.</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.SouthCarolinaBlues.com/rxplus08 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>You pay a \$60.00 monthly premium for your Medicare Part D prescription benefits.</p> <p>Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy although you may have to pay additional charges. Contact the plan for details.</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.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from MedBlue Rx Plus for certain drugs.</p>

Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
<p>Deductible</p> <p>Initial Coverage</p> <p><u>In-network</u> Retail Pharmacy</p>		<p>If the actual cost of a drug is less than the normal copayment amount for that drug, you will pay the actual cost, not the higher copayment amount.</p> <p>There is no deductible.</p> <p>You pay the following until total yearly drug costs reach \$2,510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$7 for a one-month (34-day) supply of drugs - \$14 for a three-month (90-day) supply of drugs <p>Brand</p> <ul style="list-style-type: none"> - \$41 for a one-month (34-day) supply of drugs - \$92 for a three-month (90-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (34-day) supply of drugs - 33% coinsurance for a three-month (90-day) supply of drugs 	<p>If the actual cost of a drug is less than the normal copayment amount for that drug, you will pay the actual cost, not the higher copayment amount.</p> <p>There is no deductible.</p> <p>You pay the following until total yearly drug costs reach \$2,510:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$8 for a one-month (34-day) supply of drugs - \$16 for a three-month (90-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$36 for a one-month (34-day) supply of drugs - \$72 for a three-month (90-day) supply of drugs <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 for a one-month (34-day) supply of drugs - \$112 for a three-month (90-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (34-day) supply of drugs - 33% coinsurance for a three-month (90-day) supply of drugs
<p>Long-Term Care Pharmacy</p>		<p>Generic</p> <ul style="list-style-type: none"> - \$7 for a one-month (34-day) supply of drugs <p>Brand</p> <ul style="list-style-type: none"> - \$41 for a one-month (34-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (34-day) supply of drugs 	<p>Generic</p> <ul style="list-style-type: none"> - \$8 for a one-month (34-day) supply of drugs <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$36 for a one-month (34-day) supply of drugs <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 for a one-month (34-day) supply of drugs <p>Specialty</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (34-day) supply of drugs

Benefit	Original Medicare	MedBlue Rx	MedBlue Rx Plus
<p data-bbox="71 226 180 327"><u>Out-of-network</u> General</p> <p data-bbox="71 506 199 569">Initial Coverage</p> <p data-bbox="71 1083 199 1146">Coverage Gap</p> <p data-bbox="71 1220 237 1283">Catastrophic Coverage</p>		<p data-bbox="544 226 1036 468">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 pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p data-bbox="544 506 967 569">You pay the following until total yearly drug costs reach \$2,510:</p> <p data-bbox="544 590 656 621">Generic</p> <p data-bbox="544 625 1029 688">- \$7 for a one-month (34-day) supply of drugs</p> <p data-bbox="544 709 634 741">Brand</p> <p data-bbox="544 745 951 808">- \$41 for a one-month (34-day) supply of drugs</p> <p data-bbox="544 947 672 978">Specialty</p> <p data-bbox="544 982 1003 1045">- 33% coinsurance for a one-month (34-day) supply of drugs</p> <p data-bbox="544 1220 1019 1325">After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <p data-bbox="544 1329 1019 1455">- \$2.25 for generic (including brand drugs treated as generic) and \$5.60 for all other drugs, or - 5% coinsurance.</p>	<p data-bbox="1055 226 1547 468">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 pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p data-bbox="1055 506 1479 569">You pay the following until total yearly drug costs reach \$2,510:</p> <p data-bbox="1055 590 1167 621">Generic</p> <p data-bbox="1055 625 1541 688">- \$8 for a one-month (34-day) supply of drugs</p> <p data-bbox="1055 709 1284 741">Preferred Brand</p> <p data-bbox="1055 745 1459 808">- \$36 for a one-month (34-day) supply of drugs</p> <p data-bbox="1055 829 1354 861">Non-Preferred Brand</p> <p data-bbox="1055 865 1463 928">- \$56 for a one-month (34-day) supply of drugs</p> <p data-bbox="1055 949 1183 980">Specialty</p> <p data-bbox="1055 984 1516 1047">- 33% coinsurance for a one-month (34-day) supply of drugs</p> <p data-bbox="1055 1083 1523 1146">You pay the following for Generics:</p> <p data-bbox="1055 1150 1536 1182">- \$8 for a one-month (34-day) supply of drugs</p> <p data-bbox="1055 1220 1533 1325">After your yearly out-of-pocket drug costs reach \$4,050, you pay the greater of:</p> <p data-bbox="1055 1329 1531 1455">- \$2.25 for generic (including brand drugs treated as generic) and \$5.60 for all other drugs, or - 5% coinsurance.</p>