



# Summary of Benefits for Blue Cross MedicareRx Standard<sup>SM</sup> (PDP), Blue Cross MedicareRx Plus<sup>SM</sup> (PDP) and Blue Cross MedicareRx Gold<sup>SM</sup> (PDP)

**Available in California**

A Medicare-approved Part D sponsor.

Anthem Blue Cross Life and Health Insurance Company (Anthem) has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Prescription Drug Plans (PDPs) noted above or herein. Anthem is the state-licensed, risk-bearing entity offering these plans. Anthem has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region.

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# Section I: Introduction to the Summary of Benefits

Thank you for your interest in Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (PDP). Our plans are offered by Anthem Blue Cross Life and Health Insurance Company/Blue Cross MedicareRx, 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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) or Blue Cross MedicareRx Gold (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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) or Blue Cross MedicareRx Gold (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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage plans with prescription drug coverage.

## Where Are Blue Cross MedicareRx Standard (PDP),

## Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (PDP) Available?

The service area for these plans includes: California. You must live in this area to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

## 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.

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.

You cannot enroll in Blue Cross MedicareRx Gold (PDP) if your current or former employer or union (or your spouse's current or former employer or union) helps pay for your drugs.

## Does My Plan Cover Medicare Part B or Part D Drugs?

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (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.

## Where Can I Get My Prescriptions?

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (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.

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (PDP) have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. 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.PartDcoverage.com](http://www.PartDcoverage.com). Our customer service number is listed at the end of this introduction.

## What Is a Prescription Drug Formulary?

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (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 website at [www.PartDcoverage.com](http://www.PartDcoverage.com).

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 Insurance) 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 policy, your Medigap issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer 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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) or Blue Cross MedicareRx Gold (PDP). Get this information before you decide to enroll in this plan.

## **How Can I Get Extra Help With My Prescription 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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) or Blue Cross MedicareRx Gold (PDP), 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 coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) or Blue Cross MedicareRx Gold (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:

Lumetra Health Services Advisory Group  
1-800-841-1602

## **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. Contact Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) or Blue Cross MedicareRx Gold (PDP) for more details.

## 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](http://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 at 1-800-928-6201 to obtain a copy of the plan ratings for this plan. TTY users call 1-877-247-1657.

## Please Call Blue Cross MedicareRx for More Information About Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP) and Blue Cross MedicareRx Gold (PDP)

- Visit us at [www.medicarerx.anthem.com](http://www.medicarerx.anthem.com) or call us:
- **Customer Service Hours:** 8 a.m. to 8 p.m., 7 days a week
- **Current members should call, toll free, 1-800-928-6201** (TTY/TDD: 1-877-247-1657).
- **Prospective members should call, toll free, 1-866-892-5340** (TTY/TDD: 1-800-241-6894).
- **Current members should call, locally, 1-800-928-6201** (TTY/TDD: 1-877-247-1657).
- **Prospective members should call, locally, 1-866-892-5340** (TTY/TDD: 1-800-241-6894).
- **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](http://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 Blue Cross MedicareRx for details.

## Section II: Summary of Benefits

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
Prescription Drugs	<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><b><i>Drugs Covered Under Medicare Part D</i></b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.PartDcoverage.com">www.PartDcoverage.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long-term care facilities, or</li> <li>▪ have access to Indian / Tribal / Urban (Indian Health Service).</li> </ul> <hr/> <p><b>\$28.40 Monthly Premium</b></p>	<p><b><i>Drugs Covered Under Medicare Part D</i></b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.PartDcoverage.com">www.PartDcoverage.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long-term care facilities, or</li> <li>▪ have access to Indian / Tribal / Urban (Indian Health Service).</li> </ul> <hr/> <p><b>\$42.10 Monthly Premium</b></p>	<p><b><i>Drugs Covered Under Medicare Part D</i></b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.PartDcoverage.com">www.PartDcoverage.com</a> on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>▪ have limited incomes,</li> <li>▪ live in long-term care facilities, or</li> <li>▪ have access to Indian / Tribal / Urban (Indian Health Service).</li> </ul> <hr/> <p><b>\$78.50 Monthly Premium</b></p>

<b>Benefit</b>	<b>Original Medicare</b>	<b>Blue Cross MedicareRx Standard (PDP)</b>	<b>Blue Cross MedicareRx Plus (PDP)</b>	<b>Blue Cross MedicareRx Gold (PDP)</b>
		<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>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx Standard (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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on</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>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on</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>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx Gold (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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>www.medicare.gov. If the actual cost of a 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 Blue Cross MedicareRx Standard (PDP) approves the exception, you will pay Tier 2 Preferred Brand &amp; Certain Generic Drugs cost-sharing for that drug.</p> <p><b>In-Network</b> \$310 yearly deductible.</p> <p><b>Initial Coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</p> <p><b>Retail Pharmacy</b> <i>Tier 1 Preferred Generic Drugs</i> ▪ \$6.50 copay for a one-month (30-day)</p>	<p>www.medicare.gov. If the actual cost of a 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 Blue Cross MedicareRx Plus (PDP) approves the exception, you will pay Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs cost-sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p> <p><b>Retail Pharmacy</b> <i>Tier 1 Preferred Generic Drugs</i> ▪ \$7 copay for a one-month (30-day)</p>	<p>www.medicare.gov. If the actual cost of a 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 Blue Cross MedicareRx Gold (PDP) approves the exception, you will pay Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs cost-sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,830:</p> <p><b>Retail Pharmacy</b> <i>Tier 1 Preferred Generic Drugs</i> ▪ \$7 copay for a one-month (30-day)</p>



Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>supply of drugs in this tier</p> <ul style="list-style-type: none"> <li>▪ \$19.50 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul>	<p>supply of drugs in this tier</p> <ul style="list-style-type: none"> <li>▪ \$21 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$43 copay for a one-month (30-day) supply of drugs in this tier</li> <li>▪ \$129 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$85 copay for a one-month (30-day) supply of drugs in this tier</li> <li>▪ \$255 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul>	<p>supply of drugs in this tier</p> <ul style="list-style-type: none"> <li>▪ \$21 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$43 copay for a one-month (30-day) supply of drugs in this tier</li> <li>▪ \$129 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$85 copay for a one-month (30-day) supply of drugs in this tier</li> <li>▪ \$255 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b>Long-Term Care Pharmacy</b></p> <p><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$6.50 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>	<p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$43 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$85 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>	<p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$43 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$85 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p data-bbox="548 611 724 646"><b>Mail Order</b></p> <p data-bbox="548 674 781 747"><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul data-bbox="548 758 837 1184" style="list-style-type: none"> <li data-bbox="548 758 837 961">▪ \$9.75 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li data-bbox="548 982 837 1184">▪ \$19.50 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p data-bbox="548 1205 797 1310"><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul data-bbox="548 1320 837 1747" style="list-style-type: none"> <li data-bbox="548 1320 837 1524">▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li data-bbox="548 1545 837 1747">▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul>	<p data-bbox="868 323 1094 396"><b><i>Tier 5 Specialty Drugs</i></b></p> <ul data-bbox="868 407 1157 539" style="list-style-type: none"> <li data-bbox="868 407 1157 539">▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p data-bbox="868 611 1044 646"><b>Mail Order</b></p> <p data-bbox="868 674 1101 747"><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul data-bbox="868 758 1157 1184" style="list-style-type: none"> <li data-bbox="868 758 1157 961">▪ \$10.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li data-bbox="868 982 1157 1184">▪ \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p data-bbox="868 1205 1117 1310"><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul data-bbox="868 1320 1157 1747" style="list-style-type: none"> <li data-bbox="868 1320 1157 1524">▪ \$107.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li data-bbox="868 1545 1157 1747">▪ \$129 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul>	<p data-bbox="1188 323 1414 396"><b><i>Tier 5 Specialty Drugs</i></b></p> <ul data-bbox="1188 407 1477 539" style="list-style-type: none"> <li data-bbox="1188 407 1477 539">▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p data-bbox="1188 611 1364 646"><b>Mail Order</b></p> <p data-bbox="1188 674 1421 747"><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul data-bbox="1188 758 1477 1184" style="list-style-type: none"> <li data-bbox="1188 758 1477 961">▪ \$10.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li data-bbox="1188 982 1477 1184">▪ \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p data-bbox="1188 1205 1437 1310"><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul data-bbox="1188 1320 1477 1747" style="list-style-type: none"> <li data-bbox="1188 1320 1477 1524">▪ \$107.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li data-bbox="1188 1545 1477 1747">▪ \$129 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b><i>Tier 3 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p><b><i>Tier 4 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul>	<p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$212.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ \$255 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul>	<p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$212.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ \$255 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.</li> </ul> <p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail-order pharmacy.</li> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100%, until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>in this tier from a non-preferred mail-order pharmacy.</p> <p><b>Coverage Gap</b> After your total yearly drug costs reach \$2,830, you pay 100%, until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>in this tier from a non-preferred mail-order pharmacy.</p> <p><b>Coverage Gap</b> The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p><b>Retail Pharmacy</b></p> <p><i><b>Tier 1 Preferred Generic Drugs</b></i></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (30-day) supply of all drugs covered in this tier</li> <li>▪ \$21 copay for a three-month (90-day) supply of all drugs covered in this tier</li> </ul> <p><b>Long-Term-Care Pharmacy</b></p> <p><i><b>Tier 1 Preferred Generic Drugs</b></i></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (34-day) supply of all drugs covered in this tier</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>	<p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>	<p><b>Mail Order</b></p> <p><i><b>Tier 1 Preferred Generic Drugs</b></i></p> <ul style="list-style-type: none"> <li>▪ \$10.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail-order pharmacy</li> <li>▪ \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail-order pharmacy</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100%, until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b>Out-of-Network</b></p> <p>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 Blue Cross MedicareRx Standard (PDP).</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>After you pay your yearly deductible, 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 \$2,830:</p> <p><b>Tier 1 Preferred Generic Drugs</b></p> <ul style="list-style-type: none"> <li>▪ \$6.50 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>	<p><b>Out-of-Network</b></p> <p>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 Blue Cross MedicareRx Plus (PDP).</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>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 \$2,830:</p> <p><b>Tier 1 Preferred Generic Drugs</b></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>	<p><b>Out-of-Network</b></p> <p>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 Blue Cross MedicareRx Gold (PDP).</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>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 \$2,830:</p> <p><b>Tier 1 Preferred Generic Drugs</b></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (30-day) supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Out-of-Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network, until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$43 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$85 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Out-of-Network Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network, until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$43 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$85 copay for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><b>Out-of-Network Coverage Gap</b></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>



Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>You will not be reimbursed by Blue Cross MedicareRx Standard (PDP) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Blue Cross MedicareRx Standard (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>You will not be reimbursed by Blue Cross MedicareRx Plus (PDP) for out-of-network purchases when you are in the coverage gap.</p> <p>However, you should still submit documentation to Blue Cross MedicareRx Plus (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b><i>Tier 1 Preferred Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ \$7 copay for a one-month (30-day) supply of all drugs covered in this tier</li> </ul> <p><b><i>Tier 2 Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network, until your yearly out-of-pocket drug costs reach \$4,550.</li> <li>▪ You will not be reimbursed by Blue Cross MedicareRx Gold (PDP) for out-of-network purchases when you are in the coverage gap.</li> <li>▪ However, you should still submit documentation to Blue Cross MedicareRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
				<p><b><i>Tier 3 Non-Preferred Brand &amp; Certain Generic Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network, until your yearly out-of-pocket drug costs reach \$4,550.</li> <li>▪ You will not be reimbursed by Blue Cross MedicareRx Gold (PDP) for out-of-network purchases when you are in the coverage gap.</li> <li>▪ However, you should still submit documentation to Blue Cross MedicareRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p><b><i>Tier 4 Non-Specialty Injectable Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
				<p>network, until your yearly out-of-pocket drug costs reach \$4,550.</p> <ul style="list-style-type: none"> <li>▪ You will not be reimbursed by Blue Cross MedicareRx Gold (PDP) for out-of-network purchases when you are in the coverage gap.</li> <li>▪ However, you should still submit documentation to Blue Cross MedicareRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p><b><i>Tier 5 Specialty Drugs</i></b></p> <ul style="list-style-type: none"> <li>▪ After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network, until your yearly out-of-pocket drug costs reach \$4,550.</li> <li>▪ You will not be reimbursed by Blue Cross MedicareRx Gold (PDP) for out-of-network purchases when you are in the coverage gap.</li> </ul>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p><b>Out-of-Network Catastrophic Coverage</b></p> <p>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 the following:</p> <ul style="list-style-type: none"> <li>▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>	<p><b>Out-of-Network Catastrophic Coverage</b></p> <p>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 the following:</p> <ul style="list-style-type: none"> <li>▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ However, you should still submit documentation to Blue Cross MedicareRx Gold (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>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 the following:</p> <ul style="list-style-type: none"> <li>▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>▪ 5% coinsurance.</li> </ul>