



MyBlue
MedicareSM

2010 Summary of Benefits

Jan. 1 – Dec. 31, 2010

Prescription BlueSM
Options A and B (PDP)

Prescription Blue (PDP)

Section 1

Introduction to the Summary of Benefits for Prescription Blue Options A and B (PDP)

January 1, 2010 – December 31, 2010

Thank you for your interest in **Prescription Blue Options A and B (PDP)**. Our plan is offered by Blue Cross Blue Shield Of Michigan, 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 Prescription Blue Options A and B (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 **Prescription Blue Options A or B (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 **Prescription Blue Options A and B (PDP)** to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is Prescription Blue Options A and B (PDP) available?

The service area for this plan includes: Michigan. You must live in this area to join this 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. 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.

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

Prescription Blue Options A and B (PDP) does 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.

Section 1 – Introduction *continued*

Where can I get my prescriptions?

Prescription Blue Options A and B (PDP) has 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.

Prescription Blue Options A and B (PDP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay 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.bcbsm.com/medicare/formulary.shtml. Our customer number is listed at the end of this introduction.

What is a prescription drug formulary?

Prescription Blue Options A and B (PDP) uses 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.bcbsm.com/medicare/formulary.shtml.

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 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 **Prescription Blue Options A or B (PDP)**. Get this information before you decide to enroll in this plan.

How can I get extra help with 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 **Prescription Blue Options A or B (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/TTD users should call 1-877-486-2048.

Section 1 – Introduction *continued*

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 **Prescription Blue Options A and B (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, Michigan Peer Review Organization, toll-free 1-800-365-5899, local 1-248-465-7300.

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 **Prescription Blue Options A and B (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 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 1-877-4MY-BLUE (1-877-469-2583) to obtain a copy of the plan ratings for this plan. TTY users call 1-800-481-8704.

Please call Blue Cross Blue Shield of Michigan for more information about Prescription Blue Options A and B (PDP).

Visit us at www.bcbsm.com 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 (800)-565-1770.
(TTY/TDD (800)-579-0235.)

Prospective members should call
toll-free (800)-485-4415.
(TTY/TDD (800)-481-8704.)

Current members should call
locally (800)-565-1770.
(TTY/TDD (800)-579-0235.)

Prospective members should call
locally (800)-485-4415.
(TTY/TDD (800)-481-8704.)

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.

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

Section 2 – Summary of Benefits

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
<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.bcbsm.com/medicare/formulary.shtml 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>\$64.50 monthly premium</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 drugs costs are the total drug costs paid by both you and the plan. 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. Your provider must get prior authorization from Prescription Blue Option A (PDP) for certain drugs.</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.bcbsm.com/medicare/formulary.shtml 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>\$71 monthly premium</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 drugs costs are the total drug costs paid by both you and the plan. 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. Your provider must get prior authorization from Prescription Blue Option B (PDP) for certain drugs.</p>

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details. 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 Medicare.gov.</p> <p>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. You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as “free first fill” on the plan’s website, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If you request a formulary exception for a drug and Prescription Blue Option A (PDP) approves the exception, you will pay the Non Preferred cost-sharing for that drug.</p>	<p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details. 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 Medicare.gov.</p> <p>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. You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as “free first fill” on the plan’s website, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If you request a formulary exception for a drug and Prescription Blue Option B (PDP) approves the exception, you will pay the Non Preferred cost-sharing for that drug.</p>

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p><i>In-Network</i> \$70 yearly deductible.</p>	<p><i>In-Network</i> \$0 deductible. Some covered drugs don't count toward your out-of-pocket costs.</p>
		<p><i>Initial Coverage</i> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</p>	<p><i>Initial Coverage</i> You pay the following until total yearly drug costs reach \$2,830.</p>
		<p><i>Retail Pharmacy</i> Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p><i>Retail Pharmacy</i> Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$30 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$30 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy • \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy • \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Non Self Administered Injectable</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy 	<p>Non Self Administered Injectable</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a preferred pharmacy • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from a non-preferred pharmacy
		<p>Long Term Care Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Non Self Administered Injectable</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Long Term Care Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Non Self Administered Injectable</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>Mail order</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy • \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy • \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-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>Mail order</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy • \$17.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy • \$7 copay for a one-month (31-day) supply of drugs in this tier from a non-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>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy • \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy • \$30 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy • \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy • \$75 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy • \$30 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy • \$90 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy • \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy • \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy • \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier from a preferred mail order pharmacy • \$175 copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy • \$70 copay for a one-month (31-day) supply of drugs in this tier from a non-preferred mail order pharmacy • \$210 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy
		<p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from preferred mail order pharmacy. • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from non preferred mail order pharmacy. 	<p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from preferred mail order pharmacy. • 25% coinsurance for a one-month (31-day) supply of drugs in this tier from non preferred mail order pharmacy.

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>Coverage Gap 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>Coverage Gap The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap. You pay the following: Retail Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply all covered drugs in this tier from a preferred pharmacy • \$17.50 copay for a three-month (90-day) supply of all covered drugs in this tier from a preferred pharmacy • \$7 copay for a one-month (31-day) supply of all covered drugs in this tier from a non-preferred pharmacy • \$21 copay for a three-month (90-day) supply of all covered drugs in this tier from a non-preferred pharmacy
			<p>Long Term Care Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of all drugs in this tier.

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
			<p>Mail order</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of all covered drugs in this tier from a preferred mail order • \$17.50 copay for a three-month (90-day) supply of all covered drugs in this tier from a preferred mail order • \$7 copay for a one-month (31-day) supply of all covered drugs in this tier from a non-preferred mail order • \$21 copay for a three-month (90-day) supply of all covered drugs in this tier from a non-preferred mail order
			<p>For all other covered drugs and after the total yearly drug costs reach \$2,830, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$4,550.</p>
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance 	<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> • \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p><i>Out-of-Network</i> 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 Prescription Blue Option A (PDP).</p>	<p><i>Out-of-Network</i> 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 Prescription Blue Option B (PDP).</p>
		<p><i>Out-of Network Initial Coverage</i> 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 cost reach \$2,830:</p>	<p><i>Out-of Network Initial Coverage</i> 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>

Note: The Medicare Part B deductible may change each year.

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
		<p>Out-of-Network Pharmacy Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Non Self Administered Injectable</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Out-of-Network Pharmacy Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier <p>Non Preferred</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (31-day) supply of drugs in this tier <p>Specialty</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier <p>Non Self Administered Injectable</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier
		<p>Out-of Network Coverage Gap</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. You will not be reimbursed by Prescription Blue Option A (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Prescription Blue Option A (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket cost for the year.</p>	<p>Out-of Network Coverage Gap</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>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of all drugs covered in this tier.

Note: The Medicare Part B deductible may change each year.

Section 2 – Summary of Benefits *continued*

Benefit	Original Medicare	Prescription Blue Option A (PDP)	Prescription Blue Option B (PDP)
			<ul style="list-style-type: none"> Preferred, Non Preferred, Specialty and Non Self-Administered Injectable drugs. <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. You will not be reimbursed by Prescription Blue Option B (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Prescription Blue Option B (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket cost for the year.</p>
		<p>Out-of Network Catastrophic Coverage 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"> A \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or 5% coinsurance 	<p>Out-of Network Catastrophic Coverage 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"> A \$2.50 copay for generic (including brand drugs treated as generic) and \$6.30 copay for all other drugs, or 5% coinsurance

Note: The Medicare Part B deductible may change each year.

Prescription **Blue PDP** SM



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Prescription Blue (PDP) is a stand-alone prescription drug plan with a Medicare contract.

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