



Summary of Benefits for Blue MedicareRx StandardSM (PDP), Blue MedicareRx PlusSM (PDP) and Blue MedicareRx PremierSM (PDP)

Available in Ohio

A Medicare-approved Part D sponsor.

Anthem Insurance Companies, Inc. (AICI) has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Prescription Drug Plans (PDPs) noted above or herein. AICI is the state-licensed, risk-bearing entity offering these plans. AICI 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.

In Ohio, Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. ®The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Section I: Introduction to the Summary of Benefits

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

Where Are Blue MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) and

Blue MedicareRx Premier (PDP) Available?

The service area for these plans includes: Ohio. 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 MedicareRx Premier (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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) and Blue MedicareRx Premier (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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) and Blue MedicareRx Premier (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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) and Blue MedicareRx Premier (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. Our customer service number is listed at the end of this introduction.

What Is a Prescription Drug Formulary?

Blue MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) and Blue MedicareRx Premier (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.

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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) or Blue MedicareRx Premier (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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) or Blue MedicareRx Premier (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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) or Blue MedicareRx Premier (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:

KePRO Rock Run Center
1-800-750-0750

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 MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) or Blue MedicareRx Premier (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 1-866-755-2776 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-798-7026.

Please Call Blue MedicareRx for More Information About Blue MedicareRx Standard (PDP), Blue MedicareRx Plus (PDP) and Blue MedicareRx Premier (PDP)

- Visit us at www.anthem.com/partd or call us:
- **Customer Service Hours:** 8 a.m. to 8 p.m., 7 days a week
- **Current members should call, toll free, 1-866-755-2776** (TTY/TDD: 1-866-798-7026).
- **Prospective members should call, toll free, 1-800-243-3363** (TTY/TDD: 1-800-241-6894).
- **Current members should call, locally, 1-866-755-2776** (TTY/TDD: 1-866-798-7026).
- **Prospective members should call, locally, 1-800-243-3363** (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 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 MedicareRx for details.

Section II: Summary of Benefits

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (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><i>Drugs Covered Under Medicare Part D</i></p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.PartDcoverage.com 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). <hr/> <p>\$31.60 Monthly Premium</p>	<p><i>Drugs Covered Under Medicare Part D</i></p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.PartDcoverage.com 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). <hr/> <p>\$47 Monthly Premium</p>	<p><i>Drugs Covered Under Medicare Part D</i></p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.PartDcoverage.com 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). <hr/> <p>\$94.20 Monthly Premium</p>

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<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 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 www.medicare.gov.</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 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 www.medicare.gov.</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 MedicareRx Premier (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 www.medicare.gov.</p>

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<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.</p> <p>If you request a formulary exception for a drug and Blue MedicareRx Standard (PDP) approves the exception, you will pay Tier 2 Preferred Brand & Certain Generic Drugs cost-sharing for that drug.</p> <p>In-Network \$310 yearly deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy <i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$6.50 copay for a one-month (30-day) supply of drugs in this tier 	<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.</p> <p>If you request a formulary exception for a drug and Blue MedicareRx Plus (PDP) approves the exception, you will pay Tier 3 Non-Preferred Brand & Certain Generic Drugs cost-sharing for that drug.</p> <p>In-Network \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy <i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (30-day) supply of drugs in this tier 	<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.</p> <p>If you request a formulary exception for a drug and Blue MedicareRx Premier (PDP) approves the exception, you will pay Tier 3 Non-Preferred Brand & Certain Generic Drugs cost-sharing for that drug.</p> <p>In-Network \$0 deductible. Some covered drugs don't count toward your out-of-pocket drug costs.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,830:</p> <p>Retail Pharmacy <i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (30-day) supply of drugs in this tier

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

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p data-bbox="548 615 808 688">Long-Term Care Pharmacy</p> <p data-bbox="548 716 781 789"><i>Tier 1 Preferred Generic Drugs</i></p> <ul data-bbox="548 800 821 930" style="list-style-type: none"> <li data-bbox="548 800 821 930">▪ \$6.50 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="548 957 797 1058"><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul data-bbox="548 1068 826 1199" style="list-style-type: none"> <li data-bbox="548 1068 826 1199">▪ 25% coinsurance for a one-month (34-day) supply of drugs in this tier <p data-bbox="548 1226 826 1327"><i>Tier 3 Non-Specialty Injectable Drugs</i></p> <ul data-bbox="548 1337 826 1467" style="list-style-type: none"> <li data-bbox="548 1337 826 1467">▪ 25% coinsurance for a one-month (34-day) supply of drugs in this tier <p data-bbox="548 1495 776 1568"><i>Tier 4 Specialty Drugs</i></p> <ul data-bbox="548 1579 826 1709" style="list-style-type: none"> <li data-bbox="548 1579 826 1709">▪ 25% coinsurance for a one-month (34-day) supply of drugs in this tier 	<p data-bbox="868 327 1096 401"><i>Tier 5 Specialty Drugs</i></p> <ul data-bbox="868 411 1146 541" style="list-style-type: none"> <li data-bbox="868 411 1146 541">▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p data-bbox="868 615 1128 688">Long-Term Care Pharmacy</p> <p data-bbox="868 716 1101 789"><i>Tier 1 Preferred Generic Drugs</i></p> <ul data-bbox="868 800 1130 930" style="list-style-type: none"> <li data-bbox="868 800 1130 930">▪ \$7 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="868 957 1117 1058"><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul data-bbox="868 1068 1146 1199" style="list-style-type: none"> <li data-bbox="868 1068 1146 1199">▪ \$43 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="868 1226 1146 1367"><i>Tier 3 Non-Preferred Brand & Certain Generic Drugs</i></p> <ul data-bbox="868 1377 1146 1507" style="list-style-type: none"> <li data-bbox="868 1377 1146 1507">▪ \$85 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="868 1535 1146 1635"><i>Tier 4 Non-Specialty Injectable Drugs</i></p> <ul data-bbox="868 1646 1146 1776" style="list-style-type: none"> <li data-bbox="868 1646 1146 1776">▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier 	<p data-bbox="1188 327 1416 401"><i>Tier 5 Specialty Drugs</i></p> <ul data-bbox="1188 411 1466 541" style="list-style-type: none"> <li data-bbox="1188 411 1466 541">▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p data-bbox="1188 615 1448 688">Long-Term Care Pharmacy</p> <p data-bbox="1188 716 1421 789"><i>Tier 1 Preferred Generic Drugs</i></p> <ul data-bbox="1188 800 1450 930" style="list-style-type: none"> <li data-bbox="1188 800 1450 930">▪ \$7 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="1188 957 1437 1058"><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul data-bbox="1188 1068 1466 1199" style="list-style-type: none"> <li data-bbox="1188 1068 1466 1199">▪ \$43 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="1188 1226 1466 1367"><i>Tier 3 Non-Preferred Brand & Certain Generic Drugs</i></p> <ul data-bbox="1188 1377 1466 1507" style="list-style-type: none"> <li data-bbox="1188 1377 1466 1507">▪ \$85 copay for a one-month (34-day) supply of drugs in this tier <p data-bbox="1188 1535 1466 1635"><i>Tier 4 Non-Specialty Injectable Drugs</i></p> <ul data-bbox="1188 1646 1466 1776" style="list-style-type: none"> <li data-bbox="1188 1646 1466 1776">▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p data-bbox="548 611 724 646">Mail Order</p> <p data-bbox="548 674 781 747"><i>Tier 1 Preferred Generic Drugs</i></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 data-bbox="548 978 837 1184">▪ \$19.50 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy. <p data-bbox="548 1209 797 1310"><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></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 data-bbox="548 1541 837 1747">▪ 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy. 	<p data-bbox="868 327 1094 401"><i>Tier 5 Specialty Drugs</i></p> <ul data-bbox="868 411 1157 541" style="list-style-type: none"> <li data-bbox="868 411 1157 541">▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p data-bbox="868 611 1044 646">Mail Order</p> <p data-bbox="868 674 1101 747"><i>Tier 1 Preferred Generic Drugs</i></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 data-bbox="868 978 1157 1184">▪ \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy. <p data-bbox="868 1209 1117 1310"><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></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 data-bbox="868 1541 1157 1747">▪ \$129 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy. 	<p data-bbox="1188 327 1414 401"><i>Tier 5 Specialty Drugs</i></p> <ul data-bbox="1188 411 1477 541" style="list-style-type: none"> <li data-bbox="1188 411 1477 541">▪ 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p data-bbox="1188 611 1364 646">Mail Order</p> <p data-bbox="1188 674 1421 747"><i>Tier 1 Preferred Generic Drugs</i></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 data-bbox="1188 978 1477 1184">▪ \$21 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy. <p data-bbox="1188 1209 1437 1310"><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></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 data-bbox="1188 1541 1477 1747">▪ \$129 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail-order pharmacy.

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

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (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>in this tier from a non-preferred mail-order pharmacy.</p> <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>in this tier from a non-preferred mail-order pharmacy.</p> <p>Coverage Gap The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy</p> <p><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (30-day) supply of all drugs covered in this tier ▪ \$21 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Long-Term-Care Pharmacy</p> <p><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (34-day) supply of all drugs covered in this tier

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p>Catastrophic Coverage</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"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance. 	<p>Catastrophic Coverage</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"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance. 	<p>Mail Order</p> <p><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$10.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred mail-order pharmacy ▪ \$21 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred mail-order pharmacy <p>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>Catastrophic Coverage</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"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance.

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p>Out-of-Network</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 MedicareRx Standard (PDP).</p> <p>Out-of-Network Initial Coverage</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><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$6.50 copay for a one-month (30-day) supply of drugs in this tier 	<p>Out-of-Network</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 MedicareRx Plus (PDP).</p> <p>Out-of-Network Initial Coverage</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><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (30-day) supply of drugs in this tier 	<p>Out-of-Network</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 MedicareRx Premier (PDP).</p> <p>Out-of-Network Initial Coverage</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><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (30-day) supply of drugs in this tier

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier <p><i>Tier 3 Non-Specialty Injectable Drugs</i></p> <ul style="list-style-type: none"> ▪ 25% coinsurance for a one-month (30-day) supply of drugs in this tier <p><i>Tier 4 Specialty Drugs</i></p> <ul style="list-style-type: none"> ▪ 25% coinsurance for a one-month (30-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.</p>	<p><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$43 copay for a one-month (30-day) supply of drugs in this tier <p><i>Tier 3 Non-Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$85 copay for a one-month (30-day) supply of drugs in this tier <p><i>Tier 4 Non-Specialty Injectable Drugs</i></p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p><i>Tier 5 Specialty Drugs</i></p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-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.</p>	<p><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$43 copay for a one-month (30-day) supply of drugs in this tier <p><i>Tier 3 Non-Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$85 copay for a one-month (30-day) supply of drugs in this tier <p><i>Tier 4 Non-Specialty Injectable Drugs</i></p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p><i>Tier 5 Specialty Drugs</i></p> <ul style="list-style-type: none"> ▪ 33% coinsurance for a one-month (30-day) supply of drugs in this tier <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>

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p>You will not be reimbursed by Blue 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 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 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 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><i>Tier 1 Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ \$7 copay for a one-month (30-day) supply of all drugs covered in this tier <p><i>Tier 2 Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ 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 Blue MedicareRx Premier (PDP) for out-of-network purchases when you are in the coverage gap. ▪ However, you should still submit documentation to Blue MedicareRx Premier (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p><i>Tier 3 Non-Preferred Brand & Certain Generic Drugs</i></p> <ul style="list-style-type: none"> ▪ After your total yearly drug costs reach

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
				<p>\$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> <ul style="list-style-type: none"> ▪ You will not be reimbursed by Blue MedicareRx Premier (PDP) for out-of-network purchases when you are in the coverage gap. ▪ However, you should still submit documentation to Blue MedicareRx Premier (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p><i>Tier 4 Non-Specialty Injectable Drugs</i></p> <ul style="list-style-type: none"> ▪ 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 Blue MedicareRx Premier (PDP) for out-of-

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
				<p>network purchases when you are in the coverage gap.</p> <ul style="list-style-type: none"> ▪ However, you should still submit documentation to Blue MedicareRx Premier (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p><i>Tier 5 Specialty Drugs</i></p> <ul style="list-style-type: none"> ▪ 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 Blue MedicareRx Premier (PDP) for out-of-network purchases when you are in the coverage gap. ▪ However, you should still submit documentation to Blue MedicareRx Premier (PDP) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Benefit	Original Medicare	Blue MedicareRx Standard (PDP)	Blue MedicareRx Plus (PDP)	Blue MedicareRx Premier (PDP)
		<p>Out-of-Network Catastrophic Coverage</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"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance. 	<p>Out-of-Network Catastrophic Coverage</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"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance. 	<p>Out-of-Network Catastrophic Coverage</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"> ▪ A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or ▪ 5% coinsurance.