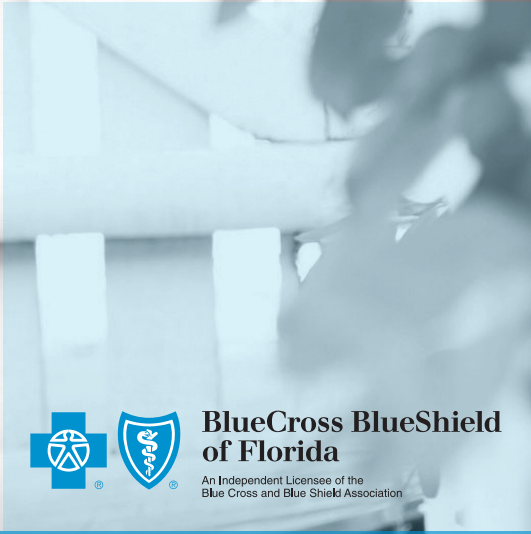


A Medicare Prescription Drug Plan

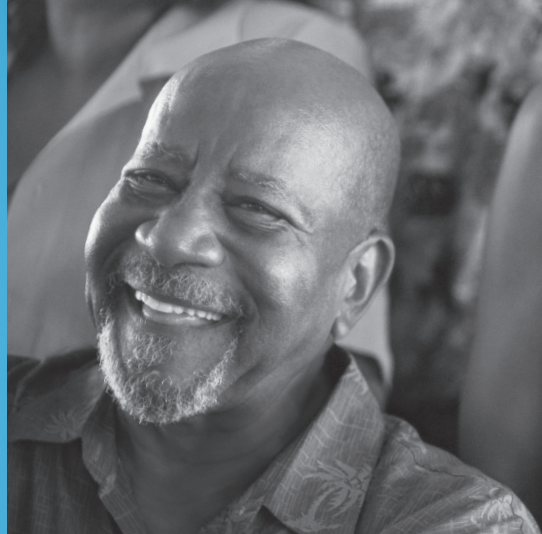


# BlueMedicare<sup>SM</sup> Rx

## 2009 Summary of Benefits

Options 1, 2 and 3

- (S5904 001)
- (S5904 002)
- (S5904 003)



## Section 1- Introduction to the Summary of Benefits for BlueMedicare Rx–Options 1, 2 and 3 January 1, 2009 - December 31, 2009

Thank you for your interest in BlueMedicare Rx–Options 1, 2 and 3. Our plan is offered by Blue Cross and Blue Shield of Florida, Inc., 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 BlueMedicare Rx-Options 1, 2 and 3 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 BlueMedicare Rx-Options 1, 2 and 3. 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 BlueMedicare Rx-Options 1, 2 and 3 to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### Where are BlueMedicare Rx-Options 1, 2 and 3 available?

The service area for these plans includes: Florida. You must live in Florida to join these plans.

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 Member Services 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. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO) unless they are a member of a Medicare Private-Fee-for-Service plan or are enrolled in an 1876 Cost Plan.

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

BlueMedicare Rx-Options 1, 2 and 3 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?

BlueMedicare Rx-Options 1, 2 and 3 have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at [www.myrxassistant.com](http://www.myrxassistant.com). Our Member Services number is listed at the end of this introduction.

### What is a prescription drug formulary?

BlueMedicare Rx-Options 1, 2 and 3 use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at [www.myrxassistant.com](http://www.myrxassistant.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) policy that includes prescription drug coverage, you must contact your Medigap issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join BlueMedicare Rx-Options 1, 2 or 3. Get this information before you decide to enroll in this plan.

### **How can I get help with my 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 BlueMedicare Rx-Options 1, 2 or 3, 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.

### **What are my protections in this plan?**

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

As a member of BlueMedicare Rx-Options 1, 2 or 3, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

## What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact BlueMedicare Rx-Options 1, 2 and 3 for more details.

**Please call Blue Cross and Blue Shield of Florida, Inc. for more information about BlueMedicare Rx-Options 1, 2 and 3.**

**Visit us at [www.bcbsfl.com](http://www.bcbsfl.com) or call us:**

### **Member Services Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday,  
Saturday, 8:00 a.m. - 9:00 p.m. Eastern

- **Current members** should call toll-free **1-800-926-6565. (TTY/TDD: 711)**
- **Prospective members** should call toll-free **1-800-876-2227. (TTY/TDD: 711)**

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, seven 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.**

## Section 2- Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact us at 1-800-926-6565 (for current members) or 1-800-876-2227 (for prospective members). If you are hearing or speech impaired, please call the Florida TTY Relay Service at 711.

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
<p><b>Prescription Drugs</b></p>	<ul style="list-style-type: none"> <li>▪ Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.</li> </ul>	<p><b><u>Drugs Covered under Medicare Part D</u></b> <b>General</b></p> <ul style="list-style-type: none"> <li>▪ This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.myrxassistant.com">www.myrxassistant.com</a> on the web.</li> <li>▪ Different out-of-pocket costs may apply for people who               <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> </li> <li>▪ \$56.70 monthly plan premium.</li> <li>▪ The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). 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).</li> <li>▪ Total yearly drug costs are the total drug costs paid by both you and the plan.</li> </ul>	<p><b><u>Drugs Covered under Medicare Part D</u></b> <b>General</b></p> <ul style="list-style-type: none"> <li>▪ This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.myrxassistant.com">www.myrxassistant.com</a> on the web.</li> <li>▪ Different out-of-pocket costs may apply for people who               <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> </li> <li>▪ \$88.60 monthly plan premium.</li> <li>▪ The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). 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).</li> <li>▪ Total yearly drug costs are the total drug costs paid by both you and the plan.</li> </ul>	<p><b><u>Drugs Covered under Medicare Part D</u></b> <b>General</b></p> <ul style="list-style-type: none"> <li>▪ This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.myrxassistant.com">www.myrxassistant.com</a> on the web.</li> <li>▪ Different out-of-pocket costs may apply for people who               <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> </li> <li>▪ \$32.90 monthly plan premium.</li> <li>▪ The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). 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).</li> <li>▪ Total yearly drug costs are the total drug costs paid by both you and the plan.</li> </ul>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
<b>Prescription Drugs</b>		<ul style="list-style-type: none"> <li>▪ The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>▪ Some drugs have quantity limits.</li> <li>▪ Your provider must get prior authorization from BlueMedicare Rx-Option 1 for certain drugs.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul> <p><b>IN-NETWORK</b></p> <ul style="list-style-type: none"> <li>▪ \$0 deductible</li> <li>▪ Some covered drugs don’t count toward your out-of-pocket drug costs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>▪ Some drugs have quantity limits.</li> <li>▪ Your provider must get prior authorization from BlueMedicare Rx-Option 2 for certain drugs.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul> <p><b>IN-NETWORK</b></p> <ul style="list-style-type: none"> <li>▪ \$0 deductible</li> <li>▪ Some covered drugs don’t count toward your out-of-pocket drug costs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>▪ Some drugs have quantity limits.</li> <li>▪ Your provider must get prior authorization from BlueMedicare Rx-Option 3 for certain drugs.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul> <p><b>IN-NETWORK</b></p> <ul style="list-style-type: none"> <li>▪ \$200 deductible on all drugs except generic drugs.</li> <li>▪ You pay \$0 copay for generic drugs until you reach the deductible.</li> </ul>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs		<p><b><u>Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>You pay the following until total yearly drug costs reach \$2,700:</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <p><b><u>Tier 1 – Covered Generic</u></b></p> <ul style="list-style-type: none"> <li>\$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Tier 2 – Covered Preferred Brand</u></b></p> <ul style="list-style-type: none"> <li>\$40 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$120 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$80 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Tier 3 – Covered Brand</u></b></p> <ul style="list-style-type: none"> <li>\$83 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$249 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$166 copay for a 60-day supply of drugs in this tier</li> </ul>	<p><b><u>Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>You pay the following until total yearly drug costs reach \$2,700:</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <p><b><u>Tier 1 – Covered Generic</u></b></p> <ul style="list-style-type: none"> <li>\$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Tier 2 – Covered Preferred Brand</u></b></p> <ul style="list-style-type: none"> <li>\$40 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$120 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$80 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Tier 3 – Covered Brand</u></b></p> <ul style="list-style-type: none"> <li>\$83 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$249 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$166 copay for a 60-day supply of drugs in this tier</li> </ul>	<p><b><u>Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <p><b><u>Tier 1 – Covered Generic</u></b></p> <ul style="list-style-type: none"> <li>\$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Tier 2 – Covered Preferred Brand</u></b></p> <ul style="list-style-type: none"> <li>\$45 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$135 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$90 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Tier 3 – Covered Brand</u></b></p> <ul style="list-style-type: none"> <li>\$90 copay for a one-month (31-day) supply of drugs in this tier</li> <li>\$270 copay for a three-month (90-day) supply of drugs in this tier</li> <li>\$180 copay for a 60-day supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
<b>Prescription Drugs</b>		<p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a 60-day supply of drugs in this tier</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><u>Tier 1 – Covered Generic</u></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- \$83 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a 60-day supply of drugs in this tier</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><u>Tier 1 – Covered Generic</u></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- \$83 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>- 25% coinsurance for a 60-day supply of drugs in this tier</li> </ul> <p><b>Long-Term Care Pharmacy</b></p> <p><u>Tier 1 – Covered Generic</u></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> <li>- \$45 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- \$90 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul>



Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs		<p><b>Mail Order</b></p> <p><u>Tier 1 – Covered Generic</u></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$80 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$80 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- \$83 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$166 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$166 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a 60-day supply of drugs in this tier</li> </ul>	<p><b>Mail Order</b></p> <p><u>Tier 1 – Covered Generic</u></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> <li>- \$40 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$80 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$80 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- \$83 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$166 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$166 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>- 33% coinsurance for a 60-day supply of drugs in this tier</li> </ul>	<p><b>Mail Order</b></p> <p><u>Tier 1 – Covered Generic</u></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier 2 – Covered Preferred Brand</u></p> <ul style="list-style-type: none"> <li>- \$45 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$90 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$90 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- \$90 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$180 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$180 copay for a 60-day supply of drugs in this tier</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- 25% coinsurance for a one-month (31-day) supply of drugs in this tier</li> <li>- 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> <li>- 25% coinsurance for a 60-day supply of drugs in this tier</li> </ul>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs		<p><b><u>Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>▪ After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</li> </ul>	<p><b><u>Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>▪ The plan covers All Formulary Generics through the coverage gap. You pay the following:</li> </ul> <p><b><u>Retail Pharmacy</u></b></p> <p><b><u>Tier 1 – Covered Generic</u></b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$0 copay for a 60-day supply of drugs in this tier</li> </ul> <p><b><u>Long-Term Care Pharmacy</u></b></p> <p><b><u>Tier 1 – Covered Generic</u></b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of all drugs</li> </ul> <p><b><u>Mail Order</u></b></p> <p><b><u>Tier 1 – Covered Generic</u></b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>- \$0 copay for a three-month (90-day) supply of drugs in this tier</li> <li>- \$0 copay for a 60-day supply of drugs in this tier</li> </ul> <ul style="list-style-type: none"> <li>▪ For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</li> </ul>	<p><b><u>Coverage Gap</u></b></p> <ul style="list-style-type: none"> <li>▪ After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</li> </ul>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs		<p><b><u>Catastrophic Coverage</u></b></p> <ul style="list-style-type: none"> <li>▪ After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> <li>- a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or</li> <li>- 5% coinsurance</li> </ul> </li> </ul> <p><b><u>OUT-OF-NETWORK</u></b></p> <ul style="list-style-type: none"> <li>▪ 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 BlueMedicare Rx-Option 1.</li> </ul> <p><b><u>Out-of-Network Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>▪ 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 \$2,700:</li> </ul>	<p><b><u>Catastrophic Coverage</u></b></p> <ul style="list-style-type: none"> <li>▪ After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> <li>- a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or</li> <li>- 5% coinsurance</li> </ul> </li> </ul> <p><b><u>OUT-OF-NETWORK</u></b></p> <ul style="list-style-type: none"> <li>▪ 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 BlueMedicare Rx-Option 2.</li> </ul> <p><b><u>Out-of-Network Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>▪ 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 \$2,700:</li> </ul>	<p><b><u>Catastrophic Coverage</u></b></p> <ul style="list-style-type: none"> <li>▪ After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of: <ul style="list-style-type: none"> <li>- a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or</li> <li>- 5% coinsurance</li> </ul> </li> </ul> <p><b><u>OUT-OF-NETWORK</u></b></p> <ul style="list-style-type: none"> <li>▪ 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 BlueMedicare Rx-Option 3.</li> </ul> <p><b><u>Out-of-Network Initial Coverage</u></b></p> <ul style="list-style-type: none"> <li>▪ 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 \$2,700:</li> </ul>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs		<p><b><u>Out-of-Network Pharmacy</u></b>  <u>Tier 1 – Covered Generic</u>  - \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 2 – Covered Preferred Brand</u>  - \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 3 – Covered Brand</u>  - \$83 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier S – Covered Specialty</u>  - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b><u>Out-of-Network Coverage Gap</u></b>  ▪ After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BlueMedicare Rx-Option 1 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueMedicare Rx-Option 1 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p><b><u>Out-of-Network Pharmacy</u></b>  <u>Tier 1 – Covered Generic</u>  - \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 2 – Covered Preferred Brand</u>  - \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 3 – Covered Brand</u>  - \$83 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier S – Covered Specialty</u>  - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b><u>Out-of-Network Coverage Gap</u></b>  ▪ The plan covers All Formulary Generics through the gap. You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:  <u>Tier 1 – Covered Generic</u>  - \$0 copay for a one-month (31-day) supply of all drugs covered in this tier  <u>Tier 2 – Covered Preferred Brand</u>  - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BlueMedicare Rx-Option 2 for out-of-network</p>	<p><b><u>Out-of-Network Pharmacy</u></b>  <u>Tier 1 – Covered Generic</u>  - \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 2 – Covered Preferred Brand</u>  - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier 3 – Covered Brand</u>  - \$90 copay for a one-month (31-day) supply of drugs in this tier</p> <p><u>Tier S – Covered Specialty</u>  - 25% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b><u>Out-of-Network Coverage Gap</u></b>  ▪ After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BlueMedicare Rx-Option 3 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueMedicare Rx-Option 3 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs			<p>purchases when you are in the coverage gap. However, you should still submit documentation to BlueMedicare Rx-Option 2 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><u>Tier 3 – Covered Brand</u></p> <ul style="list-style-type: none"> <li>- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by BlueMedicare Rx-Option 2 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueMedicare Rx-Option 2 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</li> </ul> <p><u>Tier S – Covered Specialty</u></p> <ul style="list-style-type: none"> <li>- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350.</li> </ul>	

Benefit	Original Medicare	BlueMedicare Rx - Option 1	BlueMedicare Rx - Option 2	BlueMedicare Rx - Option 3
Prescription Drugs		<p data-bbox="646 586 1016 654"><b><u>Out-of-Network Catastrophic Coverage</u></b></p> <ul data-bbox="646 670 1058 1076" style="list-style-type: none"> <li data-bbox="646 670 1058 881">▪ After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul data-bbox="695 898 1037 1076" style="list-style-type: none"> <li data-bbox="695 898 1037 1036">- a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or</li> <li data-bbox="695 1052 905 1076">- 5% coinsurance</li> </ul> </li> </ul>	<p data-bbox="1129 183 1499 581">You will not be reimbursed by BlueMedicare Rx-Option 2 for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueMedicare Rx-Option 2 so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p data-bbox="1087 586 1457 654"><b><u>Out-of-Network Catastrophic Coverage</u></b></p> <ul data-bbox="1087 670 1499 1076" style="list-style-type: none"> <li data-bbox="1087 670 1499 881">▪ After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul data-bbox="1136 898 1478 1076" style="list-style-type: none"> <li data-bbox="1136 898 1478 1036">- a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or</li> <li data-bbox="1136 1052 1346 1076">- 5% coinsurance</li> </ul> </li> </ul>	<p data-bbox="1535 586 1904 654"><b><u>Out-of-Network Catastrophic Coverage</u></b></p> <ul data-bbox="1535 670 1946 1076" style="list-style-type: none"> <li data-bbox="1535 670 1946 881">▪ After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: <ul data-bbox="1583 898 1925 1076" style="list-style-type: none"> <li data-bbox="1583 898 1925 1036">- a \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or</li> <li data-bbox="1583 1052 1793 1076">- 5% coinsurance</li> </ul> </li> </ul>

## NOTES

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