

Anthem Blue Cross

Prescription Drug Plan (PDP) California 2012

**Blue Cross MedicareRx Standard (PDP)
Blue Cross MedicareRx Plus (PDP)
Blue Cross MedicareRx Gold (PDP)**

To see if this plan is available where you live, please refer to the *Summary of Benefits* section.

This information is available for free in other languages. Please contact our Customer Service number at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012,* for additional information.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con el número de nuestro Servicio de Atención al Cliente al **1-800-928-6201** (o a la línea TTY/TDD al **711**) de 8 a.m. a 8 p.m., los 7 días de la semana, hasta el 14 de febrero de 2012, para obtener información adicional. A partir del 15 de febrero de 2012, puede llamar al Servicio de Atención al Cliente al **1-800-928-6201** (o a la línea TTY/TDD al **711**), de 8 a.m. a 8 p.m., de lunes a viernes, excepto feriados.

You can also contact Medicare directly at **1-800-MEDICARE** (TTY/TDD **1-877-486-2048**), 24 hours a day, seven days a week. Or visit www.medicare.gov.

Medicare beneficiaries may enroll through the Centers for Medicare & Medicaid Services Online Enrollment Center located at www.medicare.gov. Call the Customer Service number above for more information.

The benefit information provided herein is a brief summary, not a comprehensive description, of benefits. For more information, contact the plan.

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

Thank you...

for your interest in our prescription drug plans.

We know you want a health care plan you can count on. That's why we've designed health plans that fit your goals and are easy to take along on all of your adventures. Our prescription drug plans offer benefits that meet the health care needs of people who expect quality coverage, yet still want to keep costs down. Just check out a few of the benefits:

- **Set copays for brand-name and generic prescription drugs**
- **Preferred Generic drugs are covered right away at a low copay before you meet your plan's deductible (if there is one)**
- **Coverage for all formulary generic drugs during the coverage gap (donut hole)¹ – some at a low copay! For those seeking additional coverage, our Blue Cross MedicareRx Gold (PDP) also covers certain Preferred Brand drugs during the gap!**
- **Monthly premiums as low as \$39.30²**
- **Access to a large network of retail pharmacies – more than 54,000 across the country**
- **Three plans to choose from**

We invite you to learn more by reading this booklet. For more information about our plans, call your local licensed insurance agent or one of our licensed insurance agents at **1-866-892-5340** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week. You may also call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.* Or, visit us online at www.anthem.com/ca/medicare.

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

1 See the definition for “coverage gap/donut hole” on the next page.

2 You must continue to pay your Medicare Part B premium. To find out more about covered benefits, see the *Summary of Benefits* section in this booklet. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

You may be able to get help with your prescription drug coverage. See the section, *Extra Help*, and find out how you may be eligible for Medicare's Extra Help program.

Limitations, copayments and restrictions may apply.

Some good terms to know

Before you move on, here are some of the common words you'll find in this booklet:

- **Premium** – The payment you make on a regular basis, usually monthly, to Medicare, an insurance company, or a health care plan for health care or prescription drug coverage.
- **Deductible** – The amount you must pay for health care or prescriptions, before Original Medicare or other insurance begins to pay.
- **Copayment/copay** – The specific dollar amount you may have to pay for certain covered services.
- **Coinsurance** – The percentage of cost you may have to pay for services or prescription drugs after you pay any plan deductibles.
- **Out-of-pocket limit** – Your protection from excessive cost sharing. Your out-of-pocket limit is the most you would pay during a certain time period (usually per year) for deductibles, copayments and coinsurance for in-network covered services.
- **Coverage gap (donut hole)** – Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after you and your drug plan have spent a certain amount for covered drugs. Not everyone will enter the coverage gap. While you're in the coverage gap, you may pay the full amount for your drugs. If you reach your plan's out-of-pocket limit, you leave the coverage gap. To learn more about the coverage gap, call **1-800-MEDICARE (1-800-633-4227)**; TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week. The *Medicare & You* handbook at **www.medicare.gov** is also an excellent resource.

Let's talk about...

Medicare.

It really doesn't matter which generation you are from. There's so much to know about Medicare, it's understandable to have lots of questions. We have put together this brief guide to help you get a clearer picture of how Medicare works, and how the choices can best fit together for you.



What is Original Medicare and who is eligible?

Medicare is a health insurance program that is run by the U.S. government. This insurance program offers you a broad range of coverage for medical care.

You are eligible to join this program if one of these items applies:

1. You are 65 or older.
2. You are under 65 with certain disabilities.
3. Original Medicare only: You are any age with end-stage renal disease (ESRD) – permanent kidney failure requiring dialysis or kidney transplant.¹
4. If you have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease), you automatically get Part A and Part B the month your disability benefits begin.

And, both of these items describe you:

1. You or your spouse worked and paid Social Security taxes for at least 10 years.
2. You are a permanent resident of the U.S. or a legal citizen who lived in the U.S. for five years in a row.

If you aren't eligible for premium-free Part A, you may be able to buy Part A. To give you an idea of what to expect, in 2011 the Medicare Part A premium for people who bought Part A was \$450. In most cases, you must also have Part B and pay monthly premiums for both. If you have limited income and resources, your state may help you pay for Part A and/or Part B. Please call the Social Security Office at **1-800-772-1213** for more information about the Part A premium. TTY users should call **1-800-325-0778**.

¹ If you have end-stage renal disease and have not had a kidney transplant, you usually can't join a Medicare Advantage plan. For more information about ESRD, view the booklet *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* at <http://go.usa.gov/lov>.

Did you know that Medicare comes in separate parts?

The simplest way to get a handle on Medicare is to understand each of the different parts. Parts A and B are Original Medicare run by the government. Part D plans cover prescription drugs and are offered by private insurers. Medicare Supplement is not a Medicare plan. It is offered by private insurers and can be sold alongside Part D plans. Following is a brief overview of how all of these can fit together.

Medicare Part A



Medicare Part A is hospital coverage that helps cover the costs for:

- Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care).
- Hospice and some home health care services.

What are your costs for Medicare Part A?

- **Premium:** You usually won't pay any premium for Part A coverage if you or your spouse paid Medicare taxes while working.
- **Other Costs:** To give you an idea of what to expect, in 2011 the Medicare Part A annual deductible for hospital stays was \$1,132. And, after meeting this deductible, you would pay nothing more for up to 60 days in the hospital. Longer stays required daily coinsurance.

Medicare Part B



Medicare Part B is medical care coverage that helps cover the cost for:

- Doctors' services, hospital outpatient care and some home health care services as well as lab tests and durable medical equipment.
- Most preventive services, including a yearly wellness exam.

What are your costs for Medicare Part B?

- **Premium:** Your monthly premium is on a sliding scale based on your annual income. Most will pay the standard monthly premium, which was \$115.40 per month for those who joined Medicare in 2011.
- **Other Costs:** To give you an idea of what to expect, in 2011 the Medicare Part B annual deductible was \$162. And, for most services, you would pay 20% of the Medicare-approved amount.

Medicare Part D



Medicare Part D is for prescription drug coverage.

Medicare Part D is only offered by private insurers approved by Medicare.

These plans:

- Help pay for most brand-name and generic prescribed drugs.
- Provide access to retail drugstores across the country and mail-order options.

What are your costs for Medicare Part D?

- **Premiums:** Monthly premiums will vary by plan, based on the coverage you choose.¹
- Most people will pay only the standard monthly Part D premium listed in the *Summary of Benefits*. However, if your annual income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your premium. If it applies, this amount will be billed by Medicare and deducted from your monthly Social Security check.
- **Other Costs:** Deductibles, copays and coinsurance may apply.

Medicare Supplement



Bridge the gap with Medicare Supplement plans... they pay expenses that are not fully covered by Original Medicare, such as:

- Medicare Part A or Part B deductibles
- Medicare Part A or Part B coinsurance or copays
- Skilled Nursing Facility care coinsurance
- Medicare Part B excess charges
- Foreign travel emergencies

What are your costs for Medicare Supplement plans?

- Monthly premiums will vary by plan, based on the insurer and coverage you select.
- Deductibles, copays and coinsurance may apply.

More questions about Medicare?

You can get more details on how Medicare works at **1-800-MEDICARE (1-800-633-4227)** or the TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week. The *Medicare & You* handbook at www.medicare.gov is also an excellent resource.

¹ You must continue to pay your Medicare Part B premium.

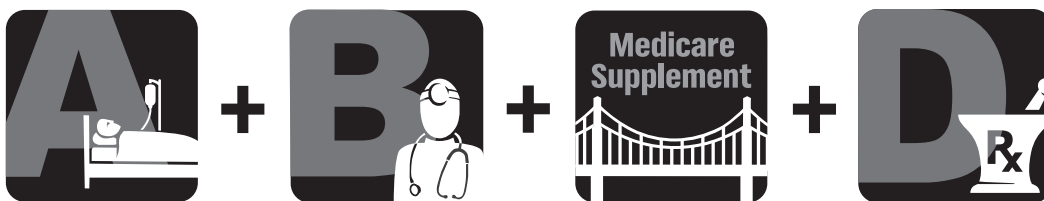
Here's how our plans work with Medicare

Original Medicare + Prescription Drug



Coverage for basic hospital and medical expenses, as well as prescription drugs

Original Medicare + Medicare Supplement + Prescription Drug Coverage



Original Medicare provides coverage for basic medical and hospital expenses, as well as prescription drugs. Medicare Supplement plans, offered by private insurers, can help pay your share of the costs of Medicare-covered services.

To find out if a PDP plan is right for you, please call your local licensed insurance agent or one of our licensed insurance agents at **1-866-892-5340** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week. You may also call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.*

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

When can you enroll?

When it comes to enrolling ... timing matters!

Getting Medicare benefits is not always as simple as just turning 65. There are actions to take during preset “enrollment periods.” For example, if you are like most, you must sign up when you are first eligible to receive Part A, Part B and Part D to avoid coverage delays and premium penalties that last for as long as you have Medicare.

A late enrollment penalty may cause your Part A premium to increase 10%, and you will have to pay the higher premium for twice the number of

years you could have had Part A, but didn't sign up. Also, a late enrollment penalty may cause your Part B monthly premium to increase 10% for each full 12-month period that you could have had Part B, but didn't sign up.

If you are already enrolled, you should review your plan each year during the annual election period. There may be changes to your costs or coverage. You may even wish to change to another plan, and can typically only do so at this time.

Initial enrollment period

7 months surrounding your Medicare eligibility: This is the 3 months before you turn 65, the month when you turn 65, and the 3 months after.



Annual election period

October 15 to December 7, 2011. The period you can enroll in or change your MA or MAPD plan. This is also the period you can enroll in, change or disenroll from a Part D plan. You may also switch to Original Medicare. New coverage will begin January 1, 2012. **Note that the annual election period dates are new for 2011.**

Medicare Advantage disenrollment period

January 1 to February 14, 2012. You may disenroll from your MA plan. During this time, you will be enrolled in Original Medicare and will have the option of choosing a stand-alone Part D plan.

Special enrollment period (SEP)

A common SEP is for those covered under their employer's health plans who retire after 65. In this case, you can enroll with no penalty during the three months before your Part B takes effect. Other examples include: if you qualify for Medicare's Extra Help for Part D (see the *Extra Help* section to follow), if you qualify for both Medicaid and Medicare, or if you have moved outside of the plan's service area.



Welcome...
to the prescription drug plans
that offer the benefits
you've been looking for
at the price you've
been hoping for.

Our Anthem Blue Cross Prescription Drug Plan (PDP) was designed with you in mind



Our prescription drug plans offer benefits that meet the health care needs of people who expect quality coverage, yet still want to keep costs down.

Just check out a few of the benefits:

- Set copays for brand-name and generic prescription drugs
- Preferred Generic drugs are covered right away at a low copay before you meet your plan's deductible (if there is one)
- Coverage for all formulary generic drugs during the coverage gap (donut hole) – some at a low copay! For those seeking additional coverage, our Blue Cross MedicareRx Gold (PDP) also covers certain preferred brand-name drugs during the gap!
- Monthly premiums as low as \$39.30¹
- Access to a large network of retail pharmacies – more than 54,000 across the country

¹ You must continue to pay your Medicare Part B premium. To find out more about your covered benefits, be sure to check the *Summary of Benefits* section in this booklet. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

What do you get with an Anthem Blue Cross PDP?



What our PDPs offer	How our PDPs benefit you
Options!	We offer three Part D plans for you to choose from, so you get the plan that best fits your needs and budget.
Monthly premiums as low as \$39.30 ¹	You have access to affordable prescription drug coverage.
Preferred Generic drugs are covered right away at a low copay before you meet your plan's deductible (if there is one)	Low copays for Preferred Generic drugs, even if your plan has a deductible!
Set copays for brand-name and generic prescribed drugs	No guesswork or surprises. You know your costs ahead of time.
The Anthem Blue Cross formulary gives you access to the most popularly prescribed drugs.	The drugs you need likely are on our formulary, which is frequently reviewed and updated by a group of doctors and pharmacists.
Coverage for all formulary generic drugs during the donut hole – some at a low copay	You'll have peace of mind knowing your generic drugs are covered during the gap.
Access to a large pharmacy network with more than 54,000 national and local pharmacies and drugstores across the country	You can feel confident that any network pharmacy anywhere in the country will honor and accept your Anthem Blue Cross member ID card. You get lower rates from network pharmacies and save even more using our mail-order pharmacy.
Access to our website anytime to find resources and tools	Use our online pharmacy and formulary directory search tools and get the most from your drug plan.
Customer Service by phone, by mail or through our website	You get help from us when you need it.

¹ You must continue to pay your Medicare Part B premium.



Things to know about PDPs

Original Medicare does not cover most prescribed drugs. However, our plans do.

You only have one Customer Service phone number to call for answers to your medical or prescribed drug coverage questions.

Whether or not you take prescribed drugs today, you should sign up for prescription drug coverage when you first become eligible for Medicare. Doing this will help you avoid cost penalties. As our plan member, please keep in mind that you would need to use network pharmacies to get your prescribed drugs, except in non-routine instances. Quantity limits and restrictions may apply.

About that gap, or “donut hole”

The “donut hole” is the coverage gap in Medicare Part D. It’s the time period when you have to pay most out-of-pocket costs (up to a yearly limit) for your covered prescribed drugs. This happens when you and your plan have reached the Initial Coverage Limit set by Medicare.

Help when you reach the “donut hole”

Part D Gap Generic Drug Coverage:

In 2012, our Part D plans will cover formulary generic drugs through the donut hole. This year, 14% of your costs will be paid. Want to know exactly what you’ll pay? We have plans that have set copays for some generic drugs during the gap, so you know exactly what you will pay. See the *Summary of Benefits* for more details.

Do you want coverage for brand-name drugs too? We also offer the Blue Cross MedicareRx Gold (PDP), which covers certain preferred brand-name drugs during the gap.

Part D Brand-Name Drug Discount:

In 2012, if you have Medicare Part D and you reach the Medicare coverage gap, you will also get a 50% discount on covered brand-name prescribed drugs. There will be additional savings in the coverage gap each year through 2020, when the donut hole is closed completely.

Things to know about PDPs (continued)



Convenient ordering options

If you need medicine right away, for a limited time, or need it on an ongoing basis, you'll enjoy several time-saving options:

- You can order your first prescription and refills at a retail pharmacy or drugstore, through the mail or by phone.
- When you need medicine right away for a limited time, you can also use retail plan pharmacies or drugstores to fill your order for up to a 90-day supply.
(Not all pharmacies are contracted to provide a 90-day supply.)
- In cases where you do not have access to one of our network pharmacies, please call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.*

When you need Extra Help¹

If you qualify, Medicare could pay for up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it.

You will qualify for Extra Help if you have one of these:

- Both Medicare and Medicaid
- Help from Medicaid paying your Medicare Part B
- Both Medicare and Supplemental Security Income (SSI)

Extra Help

To see if you qualify for Extra Help, call:

- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778**;
- **1-800-MEDICARE (1-800-633-4227)** TTY users should call **1-877-486-2048**, 24 hours a day/seven days a week; or
- Your State Medicaid Office.

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

¹ You can't get the Part D discount if you get Medicare Extra Help.



Other items to consider

Eligibility

- If you want to join one of our Blue Cross MedicareRx PDPs, you must be entitled to Medicare Part A or enrolled in Medicare Part B (or you have both Part A and Part B) and continue to pay your Medicare Part B premium. Your coverage can begin as soon as your effective date.
- You must live in the same service area of the drug plan you want to join.
- You cannot be enrolled in another Medicare prescription drug plan or another Medicare Advantage plan (HMO, PPO) at the same time. You can be enrolled if you are a member of a Medicare private-fee-for-service (PFFS) plan or if you are enrolled in an 1876 Cost Plan (which does not include Part D coverage).

Know if your drugs are covered

Make sure your drugs are covered before you enroll. As a rule, Medicare Part D only covers prescribed drugs that are FDA-approved, and used and sold in the United States. Part D drugs include prescribed drugs, biological products, insulin, vaccines and some medical supplies used with insulin injection. Part D will not cover any drugs covered by Medicare Parts A or B. If the drugs you are taking are removed from the formulary, we will let you know in writing, by mail, at least 60 days before the change takes place.

For a full list of covered drugs, visit www.anthem.com/ca/medicare or call **1-800-928-6201** (TTY/TDD line at 711), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.*

What you might pay for your drugs under our plan

While coverage and costs differ with each Medicare drug plan, all plans offer at least Medicare's set standard level of coverage. Factors that can affect the cost of your drug plan are:

- The drugs you use
- The plan you choose
- Your decision to use a network or out-of-network pharmacy
- Whether your drugs are on your plan's preferred drug list
- If you get Medicare's Extra Help to pay for some of your Part D costs
- Also keep in mind that many drug plans charge a yearly deductible, monthly premiums, copays or coinsurance, and out-of-pocket costs during your plan's coverage gap.

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at 711), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

Online resources and offers



Use the tools and resources at www.anthem.com/ca/medicare as often as you want

Your **Anthem Blue Cross** website gives you access to tips and tools 24 hours a day that can help you take control of your health. You'll also find health management programs and the latest news to help you make more informed health care decisions.¹

SpecialOffers@Anthem: Savings and discounts just for you

Of course we want to help you save money! As a member, you can cut costs by going to network pharmacies and using generic drugs on our preferred drug list. Depending on the plan you choose, you may get discounts for vision, hearing and dental services. You can access discounts on alternative health products and services. Check our website for a complete list of discounted products and services.¹

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Blue Cross MedicareRx PDP grievance process.

Count on the experience of a name you can trust

Consider the peace of mind you'll enjoy when you are covered by a company that's been a market leader for generations.

74 – number of years we have been offering health coverage

34,000,000 – number of members we serve together with our affiliates

54,000 – number of retail pharmacies across the U.S. you'll have access to

¹ Vendors and offers are subject to change without prior notice. Anthem Blue Cross does not endorse and is not responsible for the products, services or information provided by the SpecialOffers vendors. Arrangements and discounts were negotiated between each vendor and Anthem Blue Cross for the benefit of our members.



Information to review and remember

Sign up as soon as you're eligible

You're about to turn 65 or are just becoming eligible for Medicare. If you take one or more prescribed drugs, you know how costly they can be without insurance coverage. Now's your chance to sign up for Part D, Medicare prescription drug coverage, such as one of our Blue Cross MedicareRx PDPs.

What is a medical emergency and what should you do if you have one?

When you have a "medical emergency," you believe that your health is in serious danger. A medical emergency can include severe pain, a bad injury, a sudden illness or a medical condition that is quickly getting much worse. If you have a medical emergency: **Get help as quickly as possible. Call 911** for help or go to the nearest emergency room, hospital or urgent care center. Call for an ambulance if you need it. You do not need to get approval or a referral first from your primary care doctor.

Your right to coverage decisions and appeals

We want to ensure you get the most out of your drug benefits. If ever you have a concern about your Part D drug coverage, feel free to let us know ... and trust that we will listen.

In some cases, one or more of your medications may require a coverage decision in order for you to get a Part D drug, or if you want us to pay you back for a Part D drug. We will give you a coverage decision within 72 hours. For a drug you have already bought, we will give you our answer within 14 calendar days. If your health requires a quicker response, you must ask us to make a "fast decision." A fast decision can only be requested for a drug you have not yet received. If we are using the fast decision, we will give you our answer within 24 hours. You will receive a written notice with our decision.

If we say no, you have the right to request an appeal. Make your request for the appeal within 60 days of the date on the letter we sent you with our denial. We will address your appeal within 7 calendar days after we receive it. If your health requires a quick response, you must ask for a "fast appeal." If we are using the fast deadlines, we must give you our answer within 72 hours. More information can be found in your Evidence of Coverage, which you will receive after you enroll.

How to enroll and pay for a Part D prescription drug plan



You will need information from your Medicare card to fill out your enrollment form. Your sales representative or agent can help you and accept a copy for your enrollment. Or, you can tear out a copy and submit the top copy of each page to the address listed on the first page of the application. You can also sign up online at www.anthem.com/ca/medicare.

Late enrollment may mean higher premiums

Enrolling in a PDP is completely up to you. However, you may owe a late enrollment penalty if one of the following is true:

- You didn't join a Medicare drug plan when you were first eligible for Medicare, and you didn't have other creditable prescription drug coverage.
- You had a break in your Medicare prescription drug coverage or other creditable coverage of at least 63 days in a row.

Note: If you get Extra Help, the late enrollment penalty does not apply.

When you join one of our Part D plans, we will tell you if you owe a penalty and what your premium will be. To estimate your penalty amount, count the number of full months that you didn't have creditable coverage after you were eligible to join a Medicare drug plan.

If you multiply this number by the "1% penalty calculation" which is \$.32 in 2010, you can estimate the amount that will be added each month to your Medicare drug plan's premium for the current year.

The penalty fee becomes part of your premium as long as you are enrolled in a PDP, and it may even increase every year. At the same time, your Medicare Part B premium must continue to be paid – either by you, Medicaid or another third party. For more information, please call us at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.*

For more information on eligibility and enrollment, please check the *Medicare & You* handbook on the Medicare website (www.medicare.gov).

Paying your monthly premium

If your plan has a premium, you can pay your premium in several ways. Simply choose your desired plan payment option on the enrollment application:

Option 1: By check. If you choose to pay your premium directly to us, you will get a bill each month.

Option 2: By automatic withdrawal.

Option 3: Taken out of your monthly Social Security check.

You must continue to pay your Medicare Part B premium.

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.



We're here to help

You can call your local licensed insurance agent or one of our licensed insurance agents at **1-866-892-5340** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week. You may also call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., seven days a week through February 14, 2012.* Or, visit us online at **www.anthem.com/ca/medicare**.

You can call Medicare for basic questions about how Medicare works at **1-800-MEDICARE** (**1-800-633-4227**) or the TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week.

As a Blue Cross MedicareRx PDP member, if you sign up for Medicare Part D prescription drug coverage from any other plan, you automatically will be disenrolled (dropped) from your Medicare Advantage or Part D plan. Just remember, you only can join or leave a plan at certain times during the year.

For more information on Anthem Blue Cross' Medicare plan ratings information, see the following page or go to **www.medicare.gov**.

A stand-alone prescription drug plan with a Medicare contract.

The person who is discussing plan options with you is either employed by or contracted with Anthem Blue Cross. The person may be compensated based on your enrollment in a plan.

*Beginning February 15, 2012, you may call Customer Service at **1-800-928-6201** (TTY/TDD line at **711**), 8 a.m. to 8 p.m., Monday through Friday, except holidays.

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

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Blue MedicareRx - S5596

Medicare Plan Ratings

The Medicare Program rates how well Medicare health and drug plans perform in different categories (for example, detecting and preventing illness, ratings from patients, patient safety, drug pricing and customer service). The information provided below is an overall plan rating of our plan's performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance please contact us at 800-243-3363 (toll-free) or 800-241-6894 (TTY/TDD) for prospective members, 866-755-2776 (toll-free) or 866-798-7026 (TTY/TDD) for current members, or you may visit www.medicare.gov.

Below is a summary of how our plan rated in quality and performance.

The number of stars shows how well our plan performs.

★★★★★	means excellent
★★★★★	means above average
★★★★★	means average
★★★★★	means below average
★	means poor

Blue MedicareRx - S5596	
Overall Plan Rating	★★★★★ 3 Stars
The Overall Plan Rating combines scores for the types of services each plan offers:	
What is being measured?	<ul style="list-style-type: none">• For plans covering health services, the overall score for quality of those services covers 36 different topics in 5 categories:<ul style="list-style-type: none">◦ Staying healthy: screenings, tests, and vaccines: Includes how often members get various screening tests, vaccines, and other check-ups that help them stay healthy.◦ Managing chronic (long-term) conditions: Includes how often members with different conditions get certain tests and treatments that help them manage their condition.◦ Ratings of health plan responsiveness and care: Includes ratings of member satisfaction with the plan.◦ Health plan member complaints and appeals: Includes how often members filed a complaint against the plan.◦ Health plan telephone customer service: Includes how well the plan handles calls from members.• For plans covering drug services, the overall score for quality of those services covers 17 different topics in 4 categories:

- **Drug plan customer service:** Includes how well the drug plan handles calls and makes decisions about member appeals.
- **Drug plan member complaints and Medicare audit findings:** Includes how often members filed a complaint about the drug plan.
- **Member experience with drug plan:** Includes member satisfaction information.
- **Drug pricing and patient safety:** Includes how well the drug plan prices prescriptions and provides updated information on the Medicare website. Includes information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition.

- **For plans covering both health & drug services,** the overall score for quality of those services covers **all of the 53 topics listed above.**

Where does the information for the Overall Plan Rating come from?

- For quality of **health services,** the information comes from sources that include:
 - Member surveys done by Medicare
 - Information from clinicians
 - Information submitted by the plans
 - Results from Medicare's regular monitoring activities

- For quality of **drug services,** the information comes from sources that include:
 - Results from Medicare's regular monitoring activities
 - Reviews of billing and other information that plans submit to Medicare
 - Member surveys done by Medicare

Why is the Overall Plan Rating important?

The Overall Plan Rating gives you a single summary score that makes it easy for you to compare plans based on quality and performance. Learn more about differences among plans by looking at the detailed ratings.

Summary of Benefits

- **Section I:** Introduction to Summary of Benefits
- **Section II:** Summary of Benefits



Summary of Benefits

**for Blue Cross MedicareRx StandardSM (PDP),
Blue Cross MedicareRx PlusSM (PDP), and
Blue Cross MedicareRx GoldSM (PDP)**

Available in California

This plan is a PDP with a Medicare contract. Anthem Blue Cross Life and Health Insurance Company (Anthem) has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Prescription Drug Plans (PDPs) noted above or herein Anthem is the state-licensed, risk-bearing entity offering these plans. Anthem has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region. Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Section I:

Introduction to the Summary of Benefits

Thank you for your interest in Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP). Our plans are offered by Anthem Insurance Companies, 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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) and ask for the "Evidence of Coverage".

You Have Choice in Your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where Are Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) Available?

The service area for these plans includes:
California.

You must live in this area to join 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 Customer Service for more information.

Who Is Eligible to Join?

You can join these plans 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.

Where Can I Get My Prescriptions?

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.anthem.com/ca/medicare. Our customer service number is listed at the end of this introduction.

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

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

What Is a Prescription Drug Formulary?

Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.anthem.com/ca/medicare.

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. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP). Get this information before you decide to enroll in these plans.

How Can I Get Extra Help With My Prescription Drug Plan Costs or Get Extra Help With Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

What Are My Protections in these plans?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to

calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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 Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a

prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP) for more details.

Where Can I Find Information On 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 "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the Plan Ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the Plan Ratings for these plans. Our customer service number is listed below.

Please call Anthem Blue Cross for more information about Blue Cross MedicareRx Standard (PDP), Blue Cross MedicareRx Plus (PDP), and Blue Cross MedicareRx Gold (PDP).

- Visit us at www.anthem.com/ca/medicare or, call us:
 - **Customer Service Hours:** Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific
 - **Current members should call toll-free 1-800-928-6201 (TTY/TDD 711)**
 - **Prospective members should call toll-free 1-866-892-5340 (TTY/TDD 711)**
 - **Current members should call locally 1-800-928-6201 (TTY/TDD 711)**
 - **Prospective members should call locally 1-866-892-5340 (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, 7 days a week.
 - Or, visit www.medicare.gov on the Web.
 - This document may be available in other formats such as Braille, large print or other alternate formats
 - This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.
 - Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con el número de nuestro Servicio de Atención al Cliente al **1-800-928-6201** (o a la línea TTY/TDD al 711) de 8 a. m. a 8 p. m., los 7 días de la semana, hasta el 14 de febrero de 2012, para obtener información adicional.*
- * A partir del 15 de febrero de 2012, puede llamar al Servicio de Atención al Cliente al **1-800-928-6201** (o a la línea TTY/TDD al 711) de 8 a. m. a 8 p. m., de lunes a viernes, excepto feriados.

Section II:

Summary of Benefits

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
<p>Outpatient 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 General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.anthem.com/medicare 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) providers. <p>\$39.30 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000</p>	<p>Drugs Covered Under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.anthem.com/medicare 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) providers. <p>\$62.80 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000</p>	<p>Drugs Covered Under Medicare Part D General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.anthem.com/medicare 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) providers. <p>\$107.30 monthly premium</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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 a Part D plan.</p> <p>The plan may require you to first try one drug to treat your</p>	<p>for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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 a Part D plan.</p> <p>The plan may require you to first try one drug to treat your</p>	<p>for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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 a Part D plan.</p> <p>The plan may require you to first try one drug to treat your</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx Standard (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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.</p>	<p>condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx Plus (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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.</p>	<p>condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue Cross MedicareRx Gold (PDP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, 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.</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>If you request a formulary exception for a drug and Blue Cross MedicareRx Standard (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$320 deductible on all drugs except Tier 1: Preferred Generic Drugs.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier • \$6 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p>	<p>If you request a formulary exception for a drug and Blue Cross MedicareRx Plus (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier • \$6 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p>	<p>If you request a formulary exception for a drug and Blue Cross MedicareRx Gold (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier • \$6 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (30-day) supply of drugs in this tier • \$120 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (30-day) supply of drugs in this tier • \$270 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</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>Tier 6: Specialty Tier Drugs</p>	<ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (30-day) supply of drugs in this tier • \$135 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (30-day) supply of drugs in this tier • \$270 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</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 <p>Tier 6: Specialty Tier Drugs</p>	<ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (30-day) supply of drugs in this tier • \$135 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (30-day) supply of drugs in this tier • \$270 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</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 <p>Tier 6: Specialty Tier Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long-Term Care Pharmacy Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p>	<ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long-Term Care Pharmacy Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p>	<ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Long-Term Care Pharmacy Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (34-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Mail Order Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$10.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$100 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$225 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p>	<ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Mail Order Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$10.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$112.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$225 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p>	<ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier <p>Mail Order Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$3 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$10.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$112.50 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$225 copay for a three-month (90-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>	<ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Additional Coverage Gap The plan covers some formulary generics (10%-64% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs</p>	<ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Additional Coverage Gap The plan covers many formulary generics (65%-99% of formulary generic drugs), some formulary brands (10%-64% of formulary brand drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
			<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 Tier 1: Preferred Generic Drugs</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>Tier 2: Non-Preferred Generic Drugs</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>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • 69% coinsurance for a one-month (30-day) supply of select drugs covered in this tier • 69% coinsurance for a three-month (90-day) supply of select drugs covered in this tier <p>Long-Term Care Pharmacy Tier 1: Preferred Generic Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
			<ul style="list-style-type: none"> \$7 copay for a one-month (34-day) supply of all drugs covered in this tier <p>Mail Order Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> \$10.50 copay for a three-month (90-day) supply of all drugs covered in this tier <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the</p>	<ul style="list-style-type: none"> \$7 copay for a one-month (34-day) supply of all drugs covered in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> \$7 copay for a one-month (34-day) supply of all drugs covered in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> 69% coinsurance for a one-month (34-day) supply of select drugs covered in this tier <p>Mail Order Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> \$10.50 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> \$10.50 copay for a three-month (90-day) supply of all drugs covered in this tier <p>Tier 3: Preferred Brand Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<ul style="list-style-type: none"> • 69% coinsurance for a three-month (90-day) supply of select drugs covered in this tier <p>Please contact the plan for a complete list of drugs covered through the gap.</p> <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Cross MedicareRx Standard (PDP).</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,930:</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Cross MedicareRx Plus (PDP).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930: Tier 1: Preferred Generic Drugs</p>	<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue Cross MedicareRx Gold (PDP).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930: Tier 1: Preferred Generic Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the</p>	<ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p>	<ul style="list-style-type: none"> • \$2 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$45 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (30-day) supply of drugs in this tier <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>Tier 6: Specialty Tier Drugs</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of all drugs covered in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased</p>	<p>the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of all drugs covered in this tier <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of all drugs covered in this tier <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> • 69% coinsurance for a one-month (30-day) supply of select drugs covered in this tier <p>Tier 4: Non-Preferred Brand Drugs</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
			<p>out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for</p>	<ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
			<p>brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 5: Injectable Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 6: Specialty Tier Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. 	<p>Tier 6: Specialty Tier Drugs</p> <ul style="list-style-type: none"> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

Benefit	Original Medicare	Blue Cross MedicareRx Standard (PDP)	Blue Cross MedicareRx Plus (PDP)	Blue Cross MedicareRx Gold (PDP)
		<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>