



## Medicare Advantage

### Compare Drug Plan Costs

Members automatically receive prescription drug coverage when they enroll in Medicare Blue<sup>SM</sup> or Medicare Blue<sup>SM</sup> Plus.

	<b>Rx Coverage</b> (Retail pharmacy amounts for up to a 31-day supply) <b>Save more using mail order. See details below.</b>			
<b>Medicare Blue</b>	<b>Annual Drug Cost</b>	<b>\$0–2,930</b>	<b>More Than \$2,930</b>	<b>More Than \$4,700</b>
	<b>Rx Type</b>	<b>You Pay</b>	<b>You Pay*</b>	<b>You Pay***</b>
No Deductible	Generic	\$9	86%	\$2.60 or 5%
	Preferred Brand	\$45	discounted	\$2.60 or 5%
	Non-preferred Brand	\$85	discounted	\$6.50 or 5%
	Specialty	33%	100%	\$6.50 or 5%
<b>Medicare Blue Plus</b>	<b>Annual Drug Cost</b>	<b>\$0–2,930</b>	<b>More Than \$2,930</b>	<b>More Than \$4,700</b>
	<b>Rx Type</b>	<b>You Pay</b>	<b>You Pay**</b>	<b>You Pay***</b>
No Deductible	Preferred Generic	\$2	\$2	\$2.60 or 5%
	Non-preferred Generic	\$9	\$9	\$2.60 or 5%
	Preferred Brand	\$35	discounted	\$2.60 or 5%
	Non-preferred Brand	\$75	discounted	\$6.50 or 5%
	Specialty	33%	100%	\$6.50 or 5%

\*After your total yearly drug costs reach \$2,930, you receive a discount on brand-name drugs and pay 86 percent of the plan’s costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,700.

\*\*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 percent of the plan’s costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,700.

\*\*\*After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:

- \$2.60 copayment for generic (including brand-name drugs treated as generic) and \$6.50 copayment for all other drugs, *OR*
- 5 percent coinsurance.

## Mail-Order Information

Order your drugs through our preferred mail-order pharmacy. It's easy and saves you money.

### Medicare Blue and Medicare Blue Plus

You can receive a **90-day supply** from our preferred mail-order pharmacy for these copayment amounts:

Drug Tier	Preferred Mail-Order Pharmacy	
	Medicare Blue	Medicare Blue Plus
Preferred Generic Drugs	NA	\$4.00
Non-preferred Generic Drugs	\$22.50	\$22.50
Preferred Brand Drugs	\$112.50	\$87.50
Non-preferred Brand Drugs	\$212.50	\$187.50