

Medicare Advantage

Compare Drug Plan Costs

Plan Feature		BlueCross Rx Value SM \$53.80/month	BlueCross Rx Plus SM \$137.10/month
Yearly Deductible Stage		You pay \$95 \$95 annual deductible does not apply to Tier 1: Preferred Generic; or Tier 2: Generic.	You pay \$0 No annual deductible.
Preferred Retail Pharmacy 30-Day Supply	Tier 1: Preferred Generic	\$4	\$0
	Tier 2: Generic	\$15	\$3
	Tier 3: Preferred Brand	\$37	\$20
	Tier 4: Non-Preferred Brand	45% coinsurance	40% coinsurance
	Tier 5: Specialty	31% coinsurance	33% coinsurance
Standard Retail Pharmacy 30-Day Supply	Tier 1: Preferred Generic	\$9	\$5
	Tier 2: Generic	\$20	\$10
	Tier 3: Preferred Brand	\$47	\$30
	Tier 4: Non-Preferred Brand	50% coinsurance	45% coinsurance
	Tier 5: Specialty	31% coinsurance	33% coinsurance
Initial Coverage Stage		You + Plan = \$3,820 You pay the copayment or coinsurance for your drugs, and the plan pays the remainder until total drug costs reach \$3,820.	
Coverage Gap Stage		You receive a discount on brand-name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 37% of the plan's costs for covered generic drugs until your yearly out-of-pocket drug costs reach \$5,100.	You receive a discount on brand-name drugs and generally pay no more than 25% for the plan's costs for brand drugs and 34% of the plan's costs for generic drugs, or your standard copayment for covered generic drugs , whichever is less, until your yearly out-of-pocket drug costs reach \$5,100.
Catastrophic Coverage Stage		After your yearly out-of-pocket drug costs reach \$5,100, you pay the greater of \$3.40 for generic, \$8.50 for brand, or 5% of the total drug cost.	
Preferred Mail-Order Pharmacy 90-Day Supply	Tier 1: Preferred Generic	\$10.00	\$0.00
	Tier 2: Generic	\$37.50	\$7.50
	Tier 3: Preferred Brand	\$92.50	\$50.00
	Tier 4: Non-Preferred Brand	45% coinsurance	40% coinsurance
	Tier 5: Specialty	31% coinsurance	33% coinsurance
Standard Mail-Order Pharmacy 90-Day Supply	Tier 1: Preferred Generic	\$27.00	\$15
	Tier 2: Generic	\$60.00	\$30
	Tier 3: Preferred Brand	\$141.00	\$90
	Tier 4: Non-Preferred Brand	50% coinsurance	45% coinsurance
	Tier 5: Specialty	31% coinsurance	33% coinsurance

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This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.