



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.SM



Blue MedicareRx (PDP)SM
Summary of Benefits

January 1, 2010 - December 31, 2010

Introduction to the Summary of Benefits for Blue MedicareRx (PDP)

January 1, 2010 – December 31, 2010

Thank you for your interest in Blue MedicareRx (PDP). Our plan is offered by HCSC INSURANCE SERVICES COMPANY/HISC - Blue Cross Blue Shield of IL, NM, OK, and TX, 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 MedicareRx (PDP) and ask for the "Evidence of Coverage".

You have choices in your Medicare Prescription Drug Coverage

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

How can I compare my options?

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

Where is Blue MedicareRx (PDP) Available?

The service area for this plan includes Illinois. You must live in this area to join this plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Does my plan cover Medicare Part B or Part D Drugs?

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

Where can I get my prescriptions?

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

Blue MedicareRx (PDP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <https://qa.myrxassistant.com>. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

Blue MedicareRx (PDP) uses 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 <https://qa.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 Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join Blue MedicareRx (PDP). 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 Blue MedicareRx (PDP), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/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 coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of Blue MedicareRx (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, Illinois Foundation for Quality Health Care (IFQHC), 1-800-647-8089.

What is a Medication Therapy Management (MTM) Program?

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

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-888-285-2249 to obtain a copy of the plan ratings for this plan. TTY users call 1-888-285-2252. Our office hours are 8:00 a.m. – 8:00 p.m, Central time, 7 days a week.

Please call HISC - Blue Cross and Blue Shield of Illinois for more information about this plan.

Visit us at www.hisc.net or call us: 1-888-285-2249

Customer Service Hours: 8:00 a.m. – 8:00 p.m, Central time, 7 days a week

Current and Prospective Members should call: 1-888-285-2249

TTY/TDD users should call: 1-888-285-2252

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you need information in another format or language, (i.e. Braille or Spanish), contact Blue MedicareRx (PDP) at 1-888-285-2249. TTY/TDD users should call 1-888-285-2252. Our office hours are 8 a.m. - 8 p.m., Central time, 7 days a week.

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	PlusPlan
<p>Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add</p>			
<p>Drugs Covered under Medicare Part D</p>	<p>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>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> –have limited incomes, –live in long-term care facilities, or –have access to Indian/Tribal/Urban (Indian Health Service). <p>\$28.30 monthly premium</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> –have limited incomes, –live in long-term care facilities, or –have access to Indian/Tribal/Urban (Indian Health Service). <p>\$46.50 monthly premium</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>	<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at https://qa.myrxassistant.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> –have limited incomes, –live in long-term care facilities, or –have access to Indian/Tribal/Urban (Indian Health Service). <p>\$78.50 monthly premium</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
Drugs Covered under Medicare Part D (cont'd)		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue MedicareRx (PDP) – Value for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on 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>If you request a tier exception in this plan, you will pay Brand cost sharing.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue MedicareRx (PDP) – Standard for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on 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>If you request a tier exception in this plan, you will pay Brand cost sharing.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Blue MedicareRx (PDP) – Plus for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on 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>If you request a tier exception in this plan, you will pay Brand cost sharing.</p>
In-Network		\$0 deductible.	\$310 yearly deductible.	\$0 deductible.
Initial Coverage		You pay the following until total yearly drug costs reach \$2,830:	After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	You pay the following until total yearly drug costs reach \$2,830:
Retail Pharmacy		Generic –\$11 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy	Generic –\$3 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy	Generic –\$5 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
Retail Pharmacy (cont'd)		<p>-\$27.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$11 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$33 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Preferred Brand</p> <p>-\$45 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$112.50 copay for a three-month (90 day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$45 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$135 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Brand</p> <p>-\$89 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>	<p>-\$7.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$3 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Preferred Brand</p> <p>-\$27 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$67.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$27 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$81 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Brand</p> <p>-\$78 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>	<p>-\$12.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Preferred Brand</p> <p>-\$38 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$95 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$38 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$114 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Brand</p> <p>-\$75 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p>

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
Retail Pharmacy (cont'd)		<p>-\$222.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$89 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$267 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Specialty</p> <p>-33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p>	<p>-\$195 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$78 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$234 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Specialty</p> <p>-25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p>	<p>-\$187.50 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-\$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-\$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>Specialty</p> <p>-33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</p> <p>-33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</p> <p>-33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</p>
Long Term Care Pharmacy		<p>Generic</p> <p>-\$11 copay for a one-month (31-day) supply of drugs in this tier</p>	<p>Generic</p> <p>-\$3 copay for a one-month (31-day) supply of drugs in this tier</p>	<p>Generic</p> <p>-\$5 copay for a one-month (31-day) supply of drugs in this tier</p>

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
		<p>Preferred Brand -\$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Brand -\$89 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty -33% coinsurance for a one-month (31-day) supply of drugs in this tier</p>	<p>Preferred Brand -\$27 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Brand -\$78 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty -25% coinsurance for a one-month (31-day) supply of drugs in this tier</p>	<p>Preferred Brand -\$38 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Brand -\$75 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Specialty -33% coinsurance for a one-month (31-day) supply of drugs in this tier</p>
Mail Order		<p>Generic -\$27.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand -\$112.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Brand -\$222.50 copay for a three-month (90-day) supply of drugs in this tier</p>	<p>Generic -\$7.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand -\$67.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Brand -\$195 copay for a three-month (90-day) supply of drugs in this tier</p>	<p>Generic -\$12.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Preferred Brand -\$95 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Brand -\$187.50 copay for a three-month (90-day) supply of drugs in this tier</p>
Coverage Gap		After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	The plan covers all generics (100% of formulary generic drugs) through the coverage gap. You pay the following:
Retail				<p>Generic -\$5 copay for a one-month (30-day) supply of all drugs covered in this tier from a preferred pharmacy</p>

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
Retail (cont'd)				<p>–\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier from a preferred pharmacy</p> <p>–\$5 copay for a one-month (30-day) supply of all drugs you get at a non-preferred pharmacy</p> <p>–\$15 copay for a three-month (90-day) supply of all drugs covered in this tier from a non-preferred pharmacy</p>
Long Term Care Pharmacy				<p>Generic</p> <p>–\$5 copay for a one-month (31-day) supply of all drugs covered in this tier</p>
Mail Order				<p>Generic</p> <p>–\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Please contact the plan for a complete list of drugs covered through the gap. For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> –A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or –5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> –A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or –5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> –A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or –5% coinsurance.

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
Out-of-Network		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue MedicareRx (PDP) - Value.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue MedicareRx (PDP) - Standard.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Blue MedicareRx (PDP) - Plus.</p>
Out-of-Network Initial Coverage		<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Generic -\$11 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand -\$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Brand -\$89 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty -33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Generic -\$3 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand -\$27 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Brand -\$78 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty -25% coinsurance for a one-month (30-day) supply of drugs in this tier</p>	<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Generic -\$5 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Preferred Brand -\$38 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Brand -\$75 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Specialty -33% coinsurance for a one-month (30-day) supply of drugs in this tier</p>

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
<p>Out-of-Network Coverage Gap</p>		<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue MedicareRx (PDP) - Value for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue MedicareRx (PDP) - Value so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue MedicareRx (PDP) - Standard for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue MedicareRx (PDP) - Standard so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic - \$5 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Preferred Brand -After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue MedicareRx (PDP) - Plus for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Blue MedicareRx (PDP) - Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Brand -After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Blue MedicareRx (PDP) - Plus for out-of-network</p>

Summary of Benefits

Benefit	Original Medicare	Value Plan	Standard Plan	Plus Plan
				<p>purchases when you are in the coverage gap. However, you should submit documentation to Blue MedicareRx (PDP) - Plus so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty - 33% coinsurance for a one-month (30-day) supply of All Formulary Generics drugs covered in this tier</p>
<p>Out-of-Network Catastrophic Coverage</p>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$ 2.50 copay for generic (including brand drugs treated as generic) and a 6.30 copay for all other drugs, or -5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> -A \$ 2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or -5% coinsurance.

SM Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

[®] Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of Illinois refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for Medicare Part D products under contract number S5715 with the Centers for Medicare and Medicaid Services.