

	Standard Plan				Value Plan				Plus Plan			
Participating Pharmacies†	56,500 pharmacies total nationwide				56,500 pharmacies total nationwide				56,500 pharmacies total nationwide			
Individual Deductible	YOU PAY \$275				YOU PAY \$0				YOU PAY \$0			
In-store Benefits (30-day supply)	Generic	Preferred Brand	Brand	Specialty	Generic	Preferred Brand	Brand	Specialty	Generic	Preferred Brand	Brand	Specialty
Annual drug costs up to \$2,510	\$0 copayment	\$38 copayment	\$68 copayment	25% coinsurance	\$7 copayment	\$45 copayment	\$76 copayment	30% coinsurance	\$5 copayment	\$38 copayment	\$60 copayment	30% coinsurance
Annual drug costs exceeding \$2,510 (up to a total of \$4,050 out-of-pocket costs)	You pay 100%				You pay 100%				\$5 copayment for Generics. You pay 100% for Preferred Brand, Brand and Specialty drugs.			
After your total out-of-pocket costs exceed \$4,050	You pay the greater of a \$2.25 copayment for Generic (\$5.60 copayment for Preferred Brand and Brand) or 5% coinsurance. For Specialty drugs, you pay 5% coinsurance.				You pay the greater of a \$2.25 copayment for Generic (\$5.60 copayment for Preferred Brand and Brand) or 5% coinsurance. For Specialty drugs, you pay 5% coinsurance.				You pay the greater of a \$2.25 copayment for Generic (\$5.60 copayment for Preferred Brand and Brand) or 5% coinsurance. For Specialty drugs, you pay 5% coinsurance.			
Mail-order and Preferred Network Pharmacy Benefits (90-day supply)	Generic	Preferred Brand	Brand		Generic	Preferred Brand	Brand		Generic	Preferred Brand	Brand	
Annual drug costs up to \$2,510	\$0 copayment	\$95 copayment	\$170 copayment		\$17.50 copayment	\$112.50 copayment	\$190 copayment		\$12.50 copayment	\$95 copayment	\$150 copayment	
Annual drug costs exceeding \$2,510 (up to a total of \$4,050 out-of-pocket costs)	You pay 100%				You pay 100%				\$12.50 copayment for Generics. You pay 100% for Preferred Brand and Brand drugs.			
After your total out-of-pocket costs exceed \$4,050	You pay the greater of a \$2.25 copayment for Generic (\$5.60 copayment for Preferred Brand and Brand) or 5% coinsurance.				You pay the greater of a \$2.25 copayment for Generic (\$5.60 copayment for Preferred Brand and Brand) or 5% coinsurance.				You pay the greater of a \$2.25 copayment for Generic (\$5.60 copayment for Preferred Brand and Brand) or 5% coinsurance.			
Monthly Plan Premium‡	\$25.80				\$31.40				\$68.20			

For more information, please call 1-888-579-9373. For the hearing or speech impaired, please call: 1-888-579-9375.

You can also visit us online at www.bcbstx.com.

Blue MedicareRxSM



BlueCross BlueShield of Texas

The Medicare prescription drug plan with the **coverage, cost savings and convenience** you want.



- \$0 deductible options
- Copayments as low as \$0 for generic prescriptions
- Option with benefits during the “gap”
- Savings on mail-order prescriptions
- Unlimited lifetime benefit

Blue MedicareRx makes it easy to save even more when you use a preferred network pharmacy*

At a preferred network pharmacy, you may purchase a 90-day supply of an eligible generic or brand prescription drug right at the counter and pay only two and a half months of copayments instead of three. Save at any one of these preferred network pharmacies or their affiliates:



- Albertsons
- CVS
- Kmart
- Kroger
- Randalls
- Sam’s Club
- Sav-On
- Target
- Tom Thumb
- United Supermarket Pharmacies
- Walgreens
- Wal-Mart

Preferred Network Pharmacy Savings Example: Take a look at how much you can save on preferred brand and brand medications at a preferred pharmacy with our Value Plan.

Value Plan		
	Preferred Brand	Brand
Preferred or Network Pharmacy (30-day supply)	\$45	\$76
Network Pharmacy (90-day supply)	\$135	\$228
Preferred Network Pharmacy (90-day supply)	\$112.50	\$190
Estimated Savings[§]	\$22.50	\$38

[§] Copayment amounts are per prescription and assume member has not reached \$2,510 in annual drug costs. Preferred pharmacy savings also available with Blue MedicareRx Standard and Plus options.

* Network pharmacies that are not preferred pharmacies do not offer lower copayments for a 90-day supply. The list provided is current as of 5/1/2007 and does not guarantee that a pharmacy is still in the network. Currently there are approximately 1,750 preferred network pharmacies in Texas.

† Per a GEO Access analysis conducted by Prime Therapeutics on 7/3/2007.

‡ You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

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