



# Blue MedicareRx (PDP)<sup>SM</sup>

|  | 2010 Value Plan  |                    |                 |                 | 2010 Standard Plan   |                   |                    |                 | 2010 Plus Plan  |                 |                    |                 |
|--|--|--------------------|-----------------|-----------------|--|-------------------|--------------------|-----------------|---|-----------------|--------------------|-----------------|
| <b>Individual Deductible</b>   | YOU PAY<br>\$0   |                    |                 |                 | YOU PAY<br>\$310   |                   |                    |                 | YOU PAY<br>\$0  |                 |                    |                 |
| <b>In-store Benefits (30-day supply)</b>   | Generic  | Preferred Brand    | Brand           | Specialty       | Generic  | Preferred Brand   | Brand              | Specialty       | Generic   | Preferred Brand | Brand              | Specialty       |
| Annual drug costs up to \$2,830  | \$11 copayment   | \$45 copayment     | \$88 copayment  | 33% coinsurance | \$3 copayment  | \$33 copayment    | \$83 copayment     | 25% coinsurance | \$5 copayment   | \$38 copayment  | \$75 copayment     | 33% coinsurance |
| Annual drug costs exceeding \$2,830 (up to a total of \$4,550 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 \$4,550                                | You pay the greater of a \$2.50 copayment for Generic (\$6.30 copayment for Preferred Brand and Brand) or 5% coinsurance. For Specialty drugs, you pay 5% coinsurance. |                    |                 |                 | You pay the greater of a \$2.50 copayment for Generic (\$6.30 copayment for Preferred Brand and Brand) or 5% coinsurance. For Specialty drugs, you pay 5% coinsurance. |                   |                    |                 | You pay the greater of a \$2.50 copayment for Generic (\$5 copayment for Preferred Brand and Brand) or 5% coinsurance. For Specialty drugs, you pay 5% coinsurance. |                 |                    |                 |
| <b>Mail-order and Preferred Network Pharmacy Benefits (90-day supply)</b>          | Generic  | Preferred Brand    | Brand           |                 | Generic  | Preferred Brand   | Brand              |                 | Generic   | Preferred Brand | Brand              |                 |
| Annual drug costs up to \$2,830  | \$27.50 copayment  | \$112.50 copayment | \$220 copayment |                 | \$7.50 copayment   | \$82.50 copayment | \$207.50 copayment |                 | \$12.50 copayment   | \$95 copayment  | \$187.50 copayment |                 |
| Annual drug costs exceeding \$2,830 (up to a total of \$4,550 out-of-pocket costs) | You pay 100%   |                    |                 |                 | You pay 100%   |                   |                    |                 | \$12.50 copayment for Generics. You pay 100% for Preferred Brand, Brand and Brand drugs.  |                 |                    |                 |
| After your total out-of-pocket costs exceed \$4,550                                | You pay the greater of a \$2.50 copayment for Generic (\$6.30 copayment for Preferred Brand and Brand) or 5% coinsurance.  |                    |                 |                 | You pay the greater of a \$2.50 copayment for Generic (\$6.30 copayment for Preferred Brand and Brand) or 5% coinsurance.  |                   |                    |                 | You pay the greater of a \$2.50 copayment for Generic (\$6.30 copayment for Preferred Brand and Brand) or 5% coinsurance.   |                 |                    |                 |
| <b>Monthly Plan Premium<sup>†</sup></b>  | <b>\$33.30</b>   |                    |                 |                 | <b>\$39.00</b>   |                   |                    |                 | <b>\$67.50</b>  |                 |                    |                 |

For more information, please call **1-877-296-8193**, 8 a.m. – 8 p.m., Central time, 7 days a week. For the hearing or speech impaired, please call: **1-888-285-2252**. You can also visit us online at [www.bcbstx.com](http://www.bcbstx.com).

## 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 or other preferred network pharmacies and their affiliates:

- CVS
- Target
- Walgreens
- Walmart
- Other pharmacies are available in the network.

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

### 2010 Standard Plan

| Type of Drug    | Preferred Network Pharmacy 30-Day Supply | Network Pharmacy 90-Day Supply | Preferred Network Pharmacy 90-Day Supply | Estimated Savings |
|-----------------|--|--------------------------------|--|-------------------|
| Generic         | \$3                                      | \$9                            | \$7.50                                   | \$1.50            |
| Preferred Brand | \$33                                     | \$99                           | \$82.50                                  | \$16.50           |

Copayment amounts are per prescription and assume member has not reached \$2,830 in annual drug costs. Preferred pharmacy savings also available with Blue MedicareRx (PDP) Value and Plus options.

### Are you eligible for Blue MedicareRx (PDP)?

There are multiple enrollment periods. In order to qualify for Blue MedicareRx (PDP)<sup>‡</sup>, you must:

- be entitled to Medicare Part A or enrolled in Medicare Part B;
- reside in Texas; and
- enroll during an available enrollment period.

### Remember:

In order to receive your member benefits, you must use network pharmacies except under limited circumstances. Participating pharmacies may change during the year so Blue MedicareRx (PDP) cannot guarantee that a pharmacy is still in the network at the time you fill your prescription. The list to the left is current as of May 2009 and may include additional pharmacies.

For more information about enrollment or plan details, please call **1-877-296-8193**, 8 a.m. – 8 p.m., Central time, 7 days a week. For the hearing or speech impaired, please call: **1-888-285-2252**.

You can also visit us online at [www.bcbstx.com](http://www.bcbstx.com).

<sup>‡</sup> Available to those eligible for Medicare based on age or disability. You may be enrolled in only one Medicare Part D plan at a time. Annual out-of-pocket costs are incurred throughout the benefit year.

<sup>SM</sup> Service Mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

<sup>®</sup> 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 Texas 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 HCSC Insurance Services Company's contract S5715 with the Centers for Medicare and Medicaid Services.