

Consumer Corner

This periodic *LifeTimes* report helps you fully understand specific features of HCSC products and answers questions about your health care insurance.

Introducing Blue MedicareRxSM prescription drug plans

It's here! Blue Cross and Blue Shield of Texas is pleased to announce the introduction of Blue MedicareRx, a new Medicare-approved Part D prescription drug plan. Previous editions of "LifeTimes" explained the basics of Medicare's new prescription drug coverage. In this edition we'll provide details about Blue MedicareRx — how it works, how you can save money and how easy it is to use. The Blue MedicareRx plan becomes effective Jan. 1, 2006. The earliest you can enroll is Nov. 15, 2005.

As a valued Blue Cross and Blue Shield of Texas Medicare Supplement member, you'll be receiving an enrollment package in early November that includes additional information on the drug plans, as well as an application.

Blue MedicareRx offers a choice of three plans to fit your needs. They are designed to be easy to use, easy to choose and easy on your budget. In fact, the monthly premium for Blue MedicareRx's Value Plan is less than the national average premium of \$32.20. And unlike the standard government plan, two Blue MedicareRx plans require no deductible and offer a variety of copays, including one as low as \$3 per prescription for generics. The

advantage of a copay instead of a deductible: Your drug benefit begins as soon as you fill your first prescription!

In addition to the standard government plan, Blue MedicareRx includes a Value Plan option for just \$25.73 a month. This may be a good choice for individuals who currently have little or no prescription drug needs but desire protection against future high drug costs. The Plus Plan offers lower copays than the Value Plan in exchange for a higher monthly premium. Both the Value and Plus Plans offer standard copayments for every covered generic or brand-name prescription when your annual drug costs are up to \$2,250, and 95 percent coverage once you have met your \$3,600 in out-of-pocket costs for the year. Copay amounts are determined by whether the prescription is for a generic, preferred brand or brand-name drug. All plans cover either a 30-day pharmacy supply or a 90-day mail-order supply.

With the mail-order option, you can receive a 90-day supply of a prescription, have it delivered to your door and pay just two copays instead of three! And you'll save yourself a trip to the pharmacy. When you start to run low on your medication, you can simply order refills by phone or online.

Blue MedicareRx prescription drug plans*

Value Plan (\$25.73 monthly premium)

- No deductible
- Generic (tier 1) copay: \$5 pharmacy or \$10 for a 90-day supply via mail order
- Preferred Brand (tier 2) copay: \$40 pharmacy or \$80 for a 90-day supply via mail order
- Brand Name (tier 3) copay: \$59 pharmacy or \$118 for a 90-day supply via mail order

Plus Plan (\$43.32 monthly premium)

- No deductible
- Generic (tier 1) copay: \$3 pharmacy or \$6 for a 90-day supply via mail order
- Preferred Brand (tier 2) copay: \$20 pharmacy or \$40 for a 90-day supply via mail order
- Brand Name (tier 3) copay: \$50 pharmacy or \$100 for a 90-day supply via mail order

Standard Government Plan (\$25.53 monthly premium)

- \$250 deductible
- 25 percent co-insurance between \$251 and \$2,250 in total drug costs

All Blue MedicareRx plans include:

- "Coverage gap" (no coverage between \$2,251 and whenever you meet your total out-of-pocket costs of \$3,600) applies annually to all plans.
- Catastrophic coverage — after your yearly out-of-pocket drug costs reach \$3,600, you pay a \$2 copay for generic/\$5 copay for preferred or brand name, or 5 percent coinsurance, whichever is greater.

The set copays for the Value Plan and Plus Plan apply to drug costs up to \$2,250 (your copay plus the amount paid by Blue MedicareRx).

**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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