



# 2010 Summary of Benefits

Option I (PDP) 006  
Option II (PDP) 001

## S1030

**BlueRx**   
A Regional Medicare Prescription Drug Plan

**INSIDE FRONT COVER**

## SECTION I

### Introduction to Summary of Benefits

# BlueRx Option I (PDP), BlueRx Option II (PDP)

Thank you for your interest in **BlueRx Option I (PDP) and BlueRx Option II (PDP)**. Our plans are offered by BCBS of Alabama and BCBS of Tennessee/BlueRx, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call **BlueRx Option I (PDP) and BlueRx Option II (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 **BlueRx Option I (PDP) and BlueRx Option II (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 **BlueRx Option I (PDP) and BlueRx Option II (PDP)** to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## WHERE IS BlueRx OPTION I (PDP) AND BlueRx OPTION II (PDP) AVAILABLE?

The service area for this plan includes: Alabama, Tennessee. You must live in one of these areas 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?

**BlueRx Option I (PDP) and BlueRx Option II (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.

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## WHERE CAN I GET MY PRESCRIPTIONS?

**BlueRx Option I (PDP) and BlueRx Option II (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.

The pharmacies in our network can change at any time.

You can ask for a Pharmacy Directory or visit us at [www.BlueRxAlaTenn.com](http://www.BlueRxAlaTenn.com).

Our customer service number is listed at the end of this introduction.

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## WHAT IS A PRESCRIPTION DRUG FORMULARY?

**BlueRx Option I (PDP) and BlueRx Option II (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 [www.BlueRxAlaTenn.com](http://www.BlueRxAlaTenn.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.

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## 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 **BlueRx Option I (PDP) or BlueRx Option II (PDP)**. Get this information before you decide to enroll in this plan.

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## HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION 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 **BlueRx Option I (PDP) or BlueRx Option II (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 users should call **1-877-486-2048, 24 hours a day/7 days a week**.

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## 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 **BlueRx Option I (PDP) or BlueRx Option II (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. For Alabama, contact the **Alabama Quality Assurance Foundation** at **1-800-760-4550**.

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## 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 **BlueRx Option I (PDP) and BlueRx Option II (PDP)** for more details.

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## 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 **1-877-233-3555 (AL) / 1-800-292-5146 (TN)** to obtain a copy of the plan ratings for this plan. TTY users call **1-800-257-3384**.

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**Please call BlueRx (PDP) for more information about BlueRx Option I (PDP) and BlueRx Option II (PDP).**

Visit us at [www.BlueRxAlaTenn.com](http://www.BlueRxAlaTenn.com) or, call us:

**CUSTOMER SERVICE HOURS:**

Sunday, Monday, Tuesday, Wednesday, Thursday,  
Friday, Saturday **8:00 a.m. - 8:00 p.m.**

**Beginning April 1 to November 14, Current members may be required to leave a message after 5 p.m. on holidays and weekends.**

**Beginning March 2 to November 14, Prospective members may be required to leave a message after 5 p.m., and on holidays and weekends**

|                                 |                  |                    |                       |          |           |                       |
|---------------------------------|------------------|--------------------|-----------------------|----------|-----------|-----------------------|
| Current members should call     | <b>Toll-Free</b> | <b>AL</b>          | <b>(800) 327-3998</b> | <b>/</b> | <b>TN</b> | <b>(888) 311-7508</b> |
|                                 | <b>TTY</b>       | <b>AL &amp; TN</b> | <b>(800) 257-3384</b> |          |           |                       |
| Prospective members should call | <b>Toll-Free</b> | <b>AL</b>          | <b>(877) 233-3555</b> | <b>/</b> | <b>TN</b> | <b>(800) 292-5146</b> |
|                                 | <b>TTY</b>       | <b>AL</b>          | <b>(800) 257-3384</b> | <b>/</b> | <b>TN</b> | <b>(877) 664-6422</b> |
| Current members should call     | <b>Locally</b>   | <b>AL</b>          | <b>(800) 327-3998</b> | <b>/</b> | <b>TN</b> | <b>(888) 311-7508</b> |
|                                 | <b>TTY</b>       | <b>AL &amp; TN</b> | <b>(800) 257-3384</b> |          |           |                       |
| Prospective members should call | <b>Locally</b>   | <b>AL</b>          | <b>(877) 233-3555</b> | <b>/</b> | <b>TN</b> | <b>(800) 292-5146</b> |
|                                 | <b>TTY</b>       | <b>AL</b>          | <b>(800) 257-3384</b> | <b>/</b> | <b>TN</b> | <b>(877) 664-6422</b> |

For more information about Medicare, please call Medicare at **1-800-MEDICARE** **1-800 633-4227**  
**TTY users should call** **1-877 486-2048**

You can call 24 hours a day, 7 days a week.  
Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact BlueRx (PDP) for details.

## SECTION II • SUMMARY OF BENEFITS

| Benefit                   | Original Medicare  | BlueRx OPTION I (PDP)   | BlueRx OPTION II (PDP)  |
|---------------------------|--|---|---|
| <b>Prescription Drugs</b> | <p>Most drugs are not covered under Original Medicare. You can add 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><b>Drugs covered under Medicare Part D General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbsalmedicare.com/2010/tools">www.bcbsalmedicare.com/2010/tools</a> on the web. Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p><b>\$28.50 Monthly Premium</b></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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <b>BlueRx Option I (PDP)</b> 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</p> | <p><b>Drugs covered under Medicare Part D General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bcbsalmedicare.com/2010/tools">www.bcbsalmedicare.com/2010/tools</a> on the web. Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p><b>\$61.10 Monthly Premium</b></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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <b>BlueRx Option II (PDP)</b> 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,</p> |

| Benefit                                      | Original Medicare | BlueRx OPTION I (PDP)  | BlueRx OPTION II (PDP)   |
|--|-------------------|--|--|
| <b>Prescription Drugs</b><br><br>(Continued) |                   | <p>website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</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 formulary exception for a drug and <b>BlueRx Option I (PDP)</b> approves the exception, you will pay Tier 4 cost-sharing for that drug.</p>  | <p>formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</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 formulary exception for a drug and <b>BlueRx Option II (PDP)</b> approves the exception, you will pay Tier 4 cost-sharing for that drug.</p>  |
| <b>In-Network</b>                            |                   | <b>\$220 yearly deductible</b>   | <b>\$0 yearly deductible</b>   |
| <b>Initial Coverage</b>                      |                   | After you pay your yearly deductible, you pay the following until total yearly drug costs reach <b>\$2,830</b> :   | You pay the following until total yearly drug costs reach <b>\$2,830</b> :   |
| <b>Retail Pharmacy</b>                       |                   | <p><b>Tier 1</b>    <b>\$3</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$9</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 2</b>    <b>\$5</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$15</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 3</b>    <b>\$35</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$105</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 4</b>    <b>\$60</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$180</b> copay for a three-month (90-day) supply of drugs in this tier.</p> | <p><b>Tier 1</b>    <b>\$2</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$6</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 2</b>    <b>\$4</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$12</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 3</b>    <b>\$35</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$105</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 4</b>    <b>\$60</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$180</b> copay for a three-month (90-day) supply of drugs in this tier.</p> |

| Benefit                                   | Original Medicare | BlueRx OPTION I (PDP)  | BlueRx OPTION II (PDP)  |
|---|-------------------|--|---|
| <b>Retail Pharmacy</b><br><br>(Continued) |                   | <b>Tier 5</b> <b>25%</b> coinsurance for a one-month (30-day) supply of drugs in this tier.<br><b>25%</b> coinsurance for a three-month (90-day) supply of drugs in this tier.   | <b>Tier 5</b> <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier.<br><b>33%</b> coinsurance for a three-month (90-day) supply of drugs in this tier.  |
| <b>Long-Term Care Pharmacy</b>            |                   | <b>Tier 1</b> <b>\$3</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 2</b> <b>\$5</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 3</b> <b>\$35</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 4</b> <b>\$60</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 5</b> <b>25%</b> coinsurance for a one-month (31-day) supply of drugs in this tier.  | <b>Tier 1</b> <b>\$2</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 2</b> <b>\$4</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 3</b> <b>\$35</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 4</b> <b>\$60</b> copay for a one-month (31-day) supply of drugs in this tier.<br><br><b>Tier 5</b> <b>33%</b> coinsurance for a one-month (31-day) supply of drugs in this tier.   |
| <b>Mail Order</b>                         |                   | <b>Tier 1</b> <b>\$3</b> copay for a one-month (30-day) supply of drugs in this tier.<br><b>\$9</b> copay for a three-month (90-day) supply of drugs in this tier.<br><br><b>Tier 2</b> <b>\$5</b> copay for a one-month (30-day) supply of drugs in this tier.<br><b>\$15</b> copay for a three-month (90-day) supply of drugs in this tier.<br><br><b>Tier 3</b> <b>\$35</b> copay for a one-month (30-day) supply of drugs in this tier.<br><b>\$105</b> copay for a three-month (90-day) supply of drugs in this tier. | <b>Tier 1</b> <b>\$2</b> copay for a one-month (30-day) supply of drugs in this tier.<br><b>\$5</b> copay for a three-month (90-day) supply of drugs in this tier.<br><br><b>Tier 2</b> <b>\$4</b> copay for a one-month (30-day) supply of drugs in this tier.<br><b>\$10</b> copay for a three-month (90-day) supply of drugs in this tier.<br><br><b>Tier 3</b> <b>\$35</b> copay for a one-month (30-day) supply of drugs in this tier.<br><b>\$87</b> copay for a three-month (90-day) supply of drugs in this tier. |

| Benefit                          | Original Medicare | BlueRx OPTION I (PDP)  | BlueRx OPTION II (PDP)  |
|----------------------------------|-------------------|--|---|
| <b>Mail Order</b><br>(Continued) |                   | <p><b>Tier 4</b>    <b>\$60</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$180</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 5</b>    <b>25%</b> coinsurance for a one-month (30-day) supply of drugs in this tier.<br/> <b>25%</b> coinsurance for a three-month (90-day) supply of drugs in this tier.</p> | <p><b>Tier 4</b>    <b>\$60</b> copay for a one-month (30-day) supply of drugs in this tier.<br/> <b>\$150</b> copay for a three-month (90-day) supply of drugs in this tier.</p> <p><b>Tier 5</b>    <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier.<br/> <b>33%</b> coinsurance for a three-month (90-day) supply of drugs in this tier.</p>  |
| <b>Coverage Gap</b>              |                   | <p>After your total yearly drug costs reach <b>\$2,830</b>, you pay <b>100%</b> until your yearly out-of-pocket drug costs reach <b>\$4,550</b>.</p>   | <p>The plan covers few generics (less than 10% of formulary generic drugs) through the coverage gap.</p> <p><b>You pay the following:</b></p> <p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b>    <b>\$2</b> copay for a one-month (30-day) supply of all drugs covered in this tier.<br/> <b>\$6</b> copay for a three-month (90-day) supply of all drugs covered in this tier.</p> <p><b>Long-Term Care Pharmacy</b></p> <p><b>Tier 1</b>    <b>\$2</b> copay for a one-month (31-day) supply of all drugs covered in this tier.</p> <p><b>Mail Order Pharmacy</b></p> <p><b>Tier 1</b>    <b>\$2</b> copay for a one-month (30-day) supply of all drugs in this tier.<br/> <b>\$5</b> copay for a three-month (90-day) supply of all drugs covered in this tier.</p> |

| Benefit                                | Original Medicare | BlueRx OPTION I (PDP)   | BlueRx OPTION II (PDP)   |
|--|-------------------|---|--|
| <b>Coverage Gap</b><br>(Continued)     |                   |   | For all other covered drugs, after your yearly drug costs reach <b>\$2,830</b> , you pay <b>100%</b> until your yearly out-of-pocket drug costs reach <b>\$4,550</b> .   |
| <b>Catastrophic Coverage</b>           |                   | After your yearly out-of-pocket drug costs reach <b>\$4,550</b> , you pay the greater of: <ul style="list-style-type: none"> <li>• A <b>\$2.50</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.30</b> copay for all other drugs, or</li> <li>• <b>5%</b> coinsurance.</li> </ul>  | After your yearly out-of-pocket drug costs reach <b>\$4,550</b> , you pay the greater of: <ul style="list-style-type: none"> <li>• A <b>\$2.50</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.30</b> copay for all other drugs, or</li> <li>• <b>5%</b> coinsurance.</li> </ul>   |
| <b>Out-of Network</b>                  |                   | 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.<br><br>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 <b>BlueRx Option I (PDP)</b> . | 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.<br><br>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 <b>BlueRx Option II (PDP)</b> . |
| <b>Out-of Network Initial Coverage</b> |                   | 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 <b>\$2,830</b> : <ul style="list-style-type: none"> <li><b>Tier 1:</b> <b>\$3</b> copay for a one-month (30-day) supply of drugs in this tier.</li> <li><b>Tier 2:</b> <b>\$5</b> copay for a one-month (30-day) supply of drugs in this tier.</li> </ul>                 | 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 <b>\$2,830</b> : <ul style="list-style-type: none"> <li><b>Tier 1:</b> <b>\$2</b> copay for a one-month (30-day) supply of drugs in this tier.</li> <li><b>Tier 2:</b> <b>\$4</b> copay for a one-month (30-day) supply of drugs in this tier.</li> </ul>  |

| Benefit   | Original Medicare | BlueRx OPTION I (PDP)   | BlueRx OPTION II (PDP)   |
|---|-------------------|---|--|
| <b>Out-of-Network Initial Coverage</b><br>(Continued) |                   | <p><b>Tier 3:</b>   <b>\$35</b> copay for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Tier 4:</b>   <b>\$60</b> copay for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Tier 5:</b>   <b>25%</b> coinsurance for a one-month (30-day) supply of drugs in this tier.</p>   | <p><b>Tier 3:</b>   <b>\$35</b> copay for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Tier 4:</b>   <b>\$60</b> copay for a one-month (30-day) supply of drugs in this tier.</p> <p><b>Tier 5:</b>   <b>33%</b> coinsurance for a one-month (30-day) supply of drugs in this tier.</p>  |
| <b>Out-of-Network Coverage Gap</b>                    |                   | <p>After your total yearly drug costs reach <b>\$2,830</b>, you pay <b>100%</b> of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach <b>\$4,550</b>. You will not be reimbursed by <b>BlueRx Option I (PDP)</b> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <b>BlueRx Option I (PDP)</b> 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><b>Tier 1</b><br/> <b>\$2</b> copay for a one-month (30-day) supply of all drugs covered in this tier.</p> <p><b>Tier 2</b><br/>           After your total yearly drug costs reach <b>\$2,830</b>, you pay <b>100%</b> of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach <b>\$4,550</b>. You will not be reimbursed by <b>BlueRx Option II (PDP)</b> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <b>BlueRx Option II (PDP)</b> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> |

| Benefit   | Original Medicare | BlueRx OPTION I (PDP) | BlueRx OPTION II (PDP)   |
|---|-------------------|-----------------------|--|
| <b>Out-of-Network Coverage Gap</b><br>(Continued) |                   |                       | <p><b>Tier 3</b><br/>           After your total yearly drug costs reach <b>\$2,830</b>, you pay <b>100%</b> of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach <b>\$4,550</b>. You will not be reimbursed by <b>BlueRx Option II (PDP)</b> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <b>BlueRx Option II (PDP)</b> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 4</b><br/>           After your total yearly drug costs reach <b>\$2,830</b>, you pay <b>100%</b> of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach <b>\$4,550</b>. You will not be reimbursed by <b>BlueRx Option II (PDP)</b> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <b>BlueRx Option II (PDP)</b> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 5</b><br/>           After your total yearly drug costs reach <b>\$2,830</b>, you pay <b>100%</b> of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach <b>\$4,550</b>. You will not be reimbursed by <b>BlueRx Option II (PDP)</b> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <b>BlueRx Option II (PDP)</b> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> |

| Benefit                                     | Original Medicare | BlueRx OPTION I (PDP)   | BlueRx OPTION II (PDP)  |
|---|-------------------|---|---|
| <b>Out-of-Network Catastrophic Coverage</b> |                   | <p>After your yearly out-of-pocket drug costs reach <b>\$4,550</b>, 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"> <li>• A <b>\$2.50</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.30</b> copay for all other drugs, or</li> <li>• <b>5%</b> coinsurance.</li> </ul> | <p>After your yearly out-of-pocket drug costs reach <b>\$4,550</b>, 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"> <li>• A <b>\$2.50</b> copay for generic (including brand drugs treated as generic) and a <b>\$6.30</b> copay for all other drugs, or</li> <li>• <b>5%</b> coinsurance.</li> </ul> |

**INSIDE BACK COVER**

**BlueRx (PDP) is a Medicare approved Part D sponsor.**

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