

Blue MedicareRx Plan Comparison Chart

With Blue MedicareRx You Pay	Value	Plus	Premier
A Monthly Premium	\$23.29	\$31.28	\$38.27
Annual Deductible	\$250	\$0	\$0
A flat-dollar amount (copayment) or a percentage of the cost (coinsurance) for covered generic, brand or other prescription drugs, until the annual cost of prescription drug expenses reaches \$2250. (This includes any deductible, copayments or coinsurance.)	30-day supply* Generic: \$5 Brand: \$25 Injectable drugs: 25%	30-day supply* Generic: \$10 Brand: \$30 Injectable drugs: 30%	30-day supply* Generic: \$10 Brand: \$30 Non-preferred Brand: \$60 Injectable drugs: 30%
	90-day supply* Preferred Mail Order Pharmacy: Generic: \$7.50 Brand: \$62.50 Injectable drugs: 25%	90-day supply* Preferred Mail Order Pharmacy: Generic: \$15 Brand: \$75 Injectable drugs: 25%	90-day supply* Preferred Mail Order Pharmacy: Generic: \$15 Brand: \$75 Non-preferred Brand: \$150 Injectable drugs: 25%
	Retail 90-day Pharmacy: Generic: \$15 Brand: \$75 Injectable drugs: 25%	Retail 90-day Pharmacy: Generic: \$30 Brand: \$90 Injectable drugs: 30%	Retail 90-day Pharmacy: Generic: \$30 Brand: \$90 Non-preferred Brand: \$180 Injectable drugs: 30%
See back for explanation of Coverage Gap. The cost for covered prescription drug expenses between \$2250 in drug costs and \$3600 in annual out-of-pocket costs.	100% of the cost	100% of the cost	30-day supply* Generic: \$10 90-day supply* Preferred Mail Order Pharmacy: Generic: \$15 Retail 90-day Pharmacy: Generic: \$30
The cost for covered prescription drugs after you have paid \$3600 in annual out-of-pocket costs. You pay a flat-dollar amount or 5%, whichever is greater.	Generic/Preferred Multisource Brand: \$2 or 5%, whichever is greater All others: \$5 or 5%, whichever is greater	Generic/Preferred Multisource Brand: \$2 or 5%, whichever is greater All others: \$5 or 5%, whichever is greater	Generic/Preferred Multisource Brand: \$2 or 5%, whichever is greater All others: \$5 or 5%, whichever is greater

All covered drugs are on our formulary/ drug list unless otherwise noted.

***Network and Non-network Pharmacies**

At non-network pharmacies, you will be responsible for the difference between the network and non-network pharmacy costs, in addition to your copayment. This does not apply in emergency situations, or when you do not have adequate access to a network retail pharmacy.

Enjoy the Convenience of Extended Supplies

Many prescription drugs are available in 90-day extended supplies, when appropriate. We offer extended supplies through Preferred Mail Order Pharmacies. Or, avoid multiple trips to the pharmacy with Retail 90-day Pharmacies.

Blue MedicareRx Plan Important Terms

Brand-name Drugs: Prescription drugs that are protected by patent and typically produced and sold by one manufacturer.

Coinsurance: The share of expenses (a percentage of the cost of the drug) that a member pays for certain covered drugs.

Copayment: Usually a set, flat-dollar amount that a member pays for certain covered drugs.

Cost Sharing: When the member pays a portion of the cost of the drug with the Prescription Drug Plan. Examples of cost sharing are coinsurance, copayments and deductibles.

Coverage Gap: Once you and **Blue MedicareRx** have paid \$2250 in annual covered prescription drug expenses, you will be responsible for paying more or all of the cost for your medications, depending on the plan you choose, until your total out-of-pocket expenses reach \$3600.

With **Blue MedicareRx Value** and **Plus** plans, you are responsible for 100% of drug costs in the coverage gap. With **Blue MedicareRx Premier** plan, you will have benefits for covered generic drugs in the coverage gap.

After the coverage gap ends, (after you have paid \$3600 in annual out-of-pocket costs), your share of the cost for covered prescription drugs is minimal.

Deductible: A dollar amount a health care plan member must pay for covered services during a benefit period before the health care plan begins paying for covered services.

Formulary: Also known as a drug list. A list of the prescription drugs that are covered by a health care plan.

Generic Drugs: Prescription drugs that have the same active ingredient as brand-name drugs. Generic prescription drugs usually cost less than brand-name drugs and are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug.

Injectable Drugs: These medications are frequently given by injection or infusion and often require special packaging, mailing and storage. In some materials, you will find injectable drugs referred to as specialty and non-specialty.

Specialty injectable drugs are defined as high-cost, unique drugs used to treat conditions such as multiple sclerosis, hepatitis C, rheumatoid arthritis or cancer.

Non-specialty injectable drugs are used to treat less costly chronic conditions, as compared to specialty agents. Examples include injectable antibiotics as well as injectable medications designed for the treatment of diabetes.

Network Pharmacies: Pharmacies that have agreed to provide Part D services to our members. You will get the most from your prescription drug benefits when you visit a network pharmacy.

Retail 90-Day Pharmacies: Pharmacies within our network that have agreed to fill 90-day supplies of prescription medications, helping to eliminate multiple trips to the pharmacy.

Non-preferred Brand Drugs: Certain brand-name prescription drugs that are covered in order to offer a larger choice of medications. Your share of the cost is higher for non-preferred brand drugs compared to preferred brands.

PDP: Prescription Drug Plan, a company approved by Medicare that has a contract with the government to provide prescription drug coverage to people on Medicare.

Preferred Brand Drugs: A brand-name prescription drug included on our preferred drug list. This category of drugs includes "multisource brand drugs," which are brand drugs available through multiple manufacturers with a generic option available—and therefore are usually available at a lower cost.

Preferred Pharmacies: Available only for mail service and specialty medications, where members are expected to receive the largest savings through their prescription benefit.



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