



Employer Group MedicareBlueSM Rx (PDP)

Choose one of the Group MedicareBlueSM Rx plans below for your prescription coverage

Basic (\$78.20 per month)

Drug Level	30-Day Supply (retail pharmacy)	90-Day Supply (mail order and preferred pharmacy)
Tier 1: Generic Drugs	\$10 copay	\$20 copay
Tier 2: Preferred Brand Drugs	\$30 copay	\$60 copay
Tier 3: Non- Preferred Brand Drugs	\$50 copay	\$100 copay
Tier 4: Specialty Tier Drugs	\$50 copay	\$100 copay
Supplemental Drugs ¹	25% coinsurance	25% coinsurance
Coverage Gap	\$10 copay for Tier 1: Generic Drugs	\$20 copay for Tier 1: Generic Drugs

¹ The amount you spend on supplemental drugs does not apply toward catastrophic coverage.

Plus (\$146.72 per month)

Drug Level	30-Day Supply (retail pharmacy)	90-Day Supply (mail order and preferred pharmacy)
Tier 1: Generic Drugs	\$10 copay	\$20 copay
Tier 2: Preferred Brand Drugs	\$25 copay	\$50 copay
Tier 3: Non- Preferred Brand Drugs	\$40 copay	\$80 copay
Tier 4: Specialty Tier Drugs	25% coinsurance	25% coinsurance
Supplemental Drugs ¹	25% coinsurance	25% coinsurance
Coverage Gap	N/A – same copays as above	N/A – same copays as above

¹ The amount you spend on supplemental drugs does not apply toward catastrophic coverage.

Medicare Part D Deductible: Both Group MedicareBlue Rx plans pay the \$360 Medicare Part D deductible for you. You will not pay this amount. **Specialty Drug Coverage:** Medicare classifies certain unique and high-cost medications as specialty drugs. These include injectable antibiotics, transplant drugs, certain chemotherapy drugs and other self-injectable or administered drugs. **Supplemental Drugs:** Group MedicareBlue Rx coverage includes some drugs that Medicare does not cover and are not on Wellmark's formulary. You can purchase these select drugs for a 25 percent coinsurance.

Coverage Gap

Medicare (Part D) drug plans have several phases of coverage: the initial coverage period, the coverage gap or "donut hole," and the catastrophic coverage period. During the initial coverage period, you will pay copays for your drugs based on the plan design and tier on which your drug resides. If/once your Total Yearly Drug Costs equals \$3,310; you will enter the donut hole. In the donut hole:

- For the **Plus** plan, you pay the same copays as in the initial coverage period (no change) for all drug tiers.
- For the **Basic** plan, you will pay up to a \$10 copay for generics, and may receive up to a 45 percent discount on select brand-name drugs eligible for the Medicare Coverage Gap Discount Program.

You will remain in the donut hole until your True Out-of-Pocket (TROOP) costs reach \$4,850. This amount is calculated from the amounts that **you** pay in your copays not the full cost of the prescriptions. After your TROOP costs reach \$4,850, you hit the catastrophic coverage period where the Plus and Basic plans cover drugs under the same cost share structure: \$2.95 for covered generic or multi-source preferred brand drugs, and \$7.40 for all other covered drugs; or 5 percent of the cost of covered drugs.

Total Yearly Drug Costs determine when a member enters the coverage gap stage. Total yearly drugs costs are the amounts that you, the member, **and** your prescription drug plan have paid for covered drugs in that calendar year. This does not include any premiums.

TROOP or True Out-of-Pocket Maximum equals the costs used to determine when a member enters the catastrophic coverage stage. "Total out-of-pocket drug costs" refers to the amounts you, the member, have paid for covered drugs in a calendar year. This does **not** include the amount that your prescription drug plan has paid, any costs related to supplemental drugs, or premium you pay. If you should change Prescription Drug plans in the middle of the year to another Medicare Part D plan, your TROOP follows you, and you will receive credit for amounts already paid under the prior plan.

If you enroll in the Basic plan, once the \$3,310 figure is reached by the amounts that you have paid in your copays **and** the amounts that your prescription drug plan has paid, going forward into the gap, **only your copays** from the start of the calendar year will count towards reaching the total of \$4,850 to get you out of the gap and into catastrophic coverage. Any money the drug plan had paid for your prescriptions does not apply toward reaching catastrophic coverage at \$4,850.

For example:

Mary paid \$680 in prescription copays and Basic paid \$2,280 and she has now entered the gap/donut hole. Mary will start back at \$680 and has to reach \$4,850 in her copays plus any money paid by the 45 percent discount on brand name drugs by the manufacturer for her to reach catastrophic coverage. The money the Basic prescription drug plan paid for her (\$2,280) to make her reach the gap/donut hole does not apply to get her out of gap/donut hole.

If you enroll in the Plus plan, you will continue to pay your copays as in your initial coverage period. If you reach the \$4,850 amount in your copays, you will enter the catastrophic coverage period and pay reduced copays as described above.

This is a general description of coverage. Actual coverage is subject to the terms and conditions specified in the Benefits Certificate and enrollment regulations in force when the Benefits Certificate becomes effective. For complete details of Medicare benefits and exclusions, you may obtain a copy of *Medicare and You* from the Social Security Administration, or visit www.medicare.gov

Group MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlueSM Rx (PDP) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary or pharmacy network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.