



MASSACHUSETTS

## Blue MedicareRx<sup>SM</sup>

### Benefits Overview 2008

\$5/\$10/\$25



# 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. Examples of cost sharing are coinsurance, copayments and deductibles.

**Deductible:** The dollar amount a Blue MedicareRx plan member must pay for covered services each calendar year before the 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 equivalent 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:** Medications that are frequently given by injection or infusion and that often require special packaging, mailing and storage. Injectable drugs referred to as specialty and nonspecialty injectable drugs.

Specialty injectable drugs are usually 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 than specialty agents. One example is injectable antibiotics.

**Network Pharmacies:** Pharmacies that have agreed to fill prescriptions for our members. You will get the most from your prescription drug benefits when you visit a network pharmacy.

**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.

**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 Sponsor (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 that will cost you less than drugs that are considered non-preferred brand drugs. Preferred Multi-Source Brand drugs are brand drug that are available through multiple manufacturers and that have a generic option.

**Preferred Pharmacies:** These are the network pharmacies listed as “preferred” in our pharmacy directory.

**90-Day Retail Pharmacies:** Pharmacies within our network that have agreed to fill 90-Day supplies of prescription medications, which are designed to help reduce trips to the pharmacy.

## New in 2008

Our group plans now cover certain generic benzodiazepines and barbiturates.\* These drugs are covered before any deductible and during the coverage gap you will continue to pay the generic drug copayment.

Copayments and coinsurance amounts for these drugs will not apply toward your annual out-of-pocket costs that help satisfy the coverage gap.

\* All covered drugs are on the Blue MedicareRx formulary/drug list.

# Blue MedicareRx Benefit Chart \$5/\$10/\$25

| With Blue MedicareRx<br>You Pay  | \$5/\$10/\$25   |
|--|---|
| Annual Deductible  | \$0   |
| A copayment for covered prescription drugs until you have paid \$4,050 in annual out-of-pocket costs.  | <b>30-Day Supply</b><br>Generic: \$5<br>Preferred Brand: \$10<br>Non-preferred brand: \$25  |
|  | <b>90-Day Supply Preferred Mail-Order Pharmacy:</b><br>Generic: \$10<br>Preferred Brand: \$20<br>Non-preferred brand: \$50<br><br><b>90-Day Retail Pharmacy:</b><br>Generic: \$15<br>Preferred Brand: \$30<br>Non-preferred brand: \$75 |
| The cost for covered prescription drugs after you have paid \$4,050 in annual out-of-pocket costs. This is called Catastrophic Coverage. You pay a flat-dollar amount or 5%, whichever is greater. | <b>Generic/Preferred Multisource Brand:</b><br>\$2.25 or 5%, whichever is greater<br><br>All others: \$5.60 or 5%, whichever is greater   |

\*\* At participating pharmacies that distribute 90 day supplies, listed on our pharmacy directory.



## To Complete Your Enrollment Form:

Be sure to complete all information, sign and date your enrollment form, and return it to your employer.

Formulary and pharmacy network are subject to change.

Benefits, premium, copayments and/or coinsurance may change January 1, 2009.

Please contact Blue MedicareRx for more details at **1-800-678-2265**, 8 a.m. to 8 p.m. (EST), 7 days a week. (TTY: **1-800-522-1254**)

**Blue MedicareRx is a prescription drug plan with a Medicare contract.**



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