

Drug Tier	What You Pay Blue MedicareRx Value Plus*			What You Pay Blue MedicareRx Premier*			What You Pay Blue MedicareRx Group Plus (PDP)**	
	*Not sponsored by the City of Providence – Individual plan only			*Not sponsored by the City of Providence – Individual plan only			**Group Plan – sponsored by the City of Providence	
Monthly Premium	\$42.50			\$128.00			\$209.00	
Annual Deductible	\$0 (Tiers 1 & 2) \$435 (Tiers 3, 4, & 5)			\$0			\$0	
Initial Coverage Level You pay the following until your annual prescription drug costs for covered drugs reach \$4,020	Network Retail Pharmacy with Preferred Cost-Sharing 30-day supply Retail	Network Retail Pharmacy with Standard Cost-Sharing 30-day supply Retail	90-day supply Mail Order	Network Retail Pharmacy with Preferred Cost-Sharing 30-day supply Retail	Network Retail Pharmacy with Standard Cost-Sharing 30-day supply Retail	90-day supply Mail Order	Standard Retail 30 day supply	Mail-Order 90 day supply
	\$2 / \$8 / \$37 / 40% / 25%	\$7 / \$19 / \$47 / 50% / 25%	\$2 / \$16 / \$74 / 40% / N/A	\$1 / \$7 / \$30 / 35% / 33%	\$6 / \$12 / \$40 / 45% / 33%	\$1 / \$14 / \$60 / 35% / N/A	Tier 1 Generics - \$10 Tier 2 Brand - \$20 Tier 2 Specialty - \$20	Tier 1 Generics - \$10 Tier 2 Brand - \$40 Tier 2 Specialty - N/A
Coverage Gap Between \$4,020 in annual drug costs and \$6,350 in annual out-of-pocket costs	For covered generics, you pay: 37% of costs For covered brands, you pay: 25% of negotiated price (excluding the dispensing fee)			For covered generics in Tiers 1 & 2 you pay: \$1 / \$7 30-Day Supply Retail with Preferred Cost-Sharing \$6 / \$12 30-Day Supply Retail with Standard Cost-Sharing \$1 / \$14 90-Day Supply Mail-Order For covered generics in other tiers you pay 37% of costs For covered brands, you pay 25% of negotiated price			There is no coverage gap for this plan After your total yearly drug costs reach \$4,020, or the coverage gap, your copayments, and monthly premium will remain the same as outline above. Your copayments will not change until you qualify for catastrophic coverage	
Catastrophic Coverage Level After yearly out-of-pocket drug costs reach \$6,350	You pay greater of: • \$3.60 or 5% - generics or brands treated like generics • \$8.95 or 5% - all other drugs			You pay greater of: • \$3.60 or 5% - generics or brands treated like generics • \$8.95 or 5% - all other drugs			You pay greater of: • \$3.60 - generics or brands treated like generics • \$8.95 - all other drugs	