

# Blue Cross & Blue Shield of Rhode Island



## Prescription Drug Plan (PDP) Options

Prescription Drug Benefits	Individual BlueMedicare Rx Value Plus		Individual BlueMedicare Rx Premier		Group BlueMedicare Rx Two Tier Option 2	
	Preferred Pharmacy*	Standard Pharmacy	Preferred Pharmacy*	Standard Pharmacy	Standard Pharmacy	
Plan Premium	\$50.50		\$135.00		\$232.00	
Drug Deductible	\$445 (applies to tiers 3-5 only)		\$0		\$0	
<b>Initial Coverage Stage</b>						
Tier 1: Preferred Generic	\$1	\$6	\$1	\$6	\$10	
Tier 2: Generic	\$6	\$20	\$7	\$12	\$10	
Tier 3: Preferred brand	\$36	\$47	\$30	\$40	\$20	
Tier 4: Non-preferred brand	40%	50%	35%	45%	\$20	
Tier 5: Specialty	25%	25%	33%	33%	\$10 Generic/\$20 Brand	
<b>Mail Order (90 day supply)</b>						
Tier 1: Preferred Generic	\$1		\$1		\$10	
Tier 2: Generic	\$12		\$14		\$10	
Tier 3: Preferred brand	\$72		\$60		\$40	
Tier 4: Non-preferred brand	40%		35%		\$40	
Tier 5: Specialty (30 day supply only)	25%		33%		\$10 Generic/\$20 Brand	
<b>Coverage Gap Stage</b>						
Tier 1: Preferred Generic	You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.		\$1	\$6	\$10	
Tier 2: Generic			\$7	\$12	\$10	
Tier 3: Preferred brand			You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.		\$20	
Tier 4: Non-preferred brand					\$20	
Tier 5: Specialty			\$10 Generic/\$20 Brand			
<b>Catastrophic</b>						
Generics & Pref Multi-Source Brands	Greater of 5% or \$3.70		Greater of 5% or \$3.70		Greater of 5% or \$3.70	
All other Brands	Greater of 5% or \$9.20		Greater of 5% or \$9.20		Greater of 5% or \$9.20	

### Have questions about our Prescription Drug plans?

Contact a Blue MedicareRx representative at (888) 543-4917 for individual plans or (888) 620-1748 for group plans.

### Have questions about other Prescription Drug plans?

You can contact the Rhode Island Senior Health Insurance Program (SHIP) – 401-462-0510 and Massachusetts SHINE Counselor – 1-800-243-4636 or email to SHINE@state.ma.us

IT'S WHAT WE LIVE FOR™



\* You may go to any of our network pharmacies. However, your costs may be even less for your covered drugs if you use a network pharmacy that offers preferred cost sharing rather than a network pharmacy that offers standard cost sharing. The Pharmacy Directory will tell you which of the network pharmacies offer preferred cost sharing.

Blue MedicareRx (PDP) is a Prescription Drug Plan with a Medicare Contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont. Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont. Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal. This information is not a complete description of benefits. Call your group representative for more information.