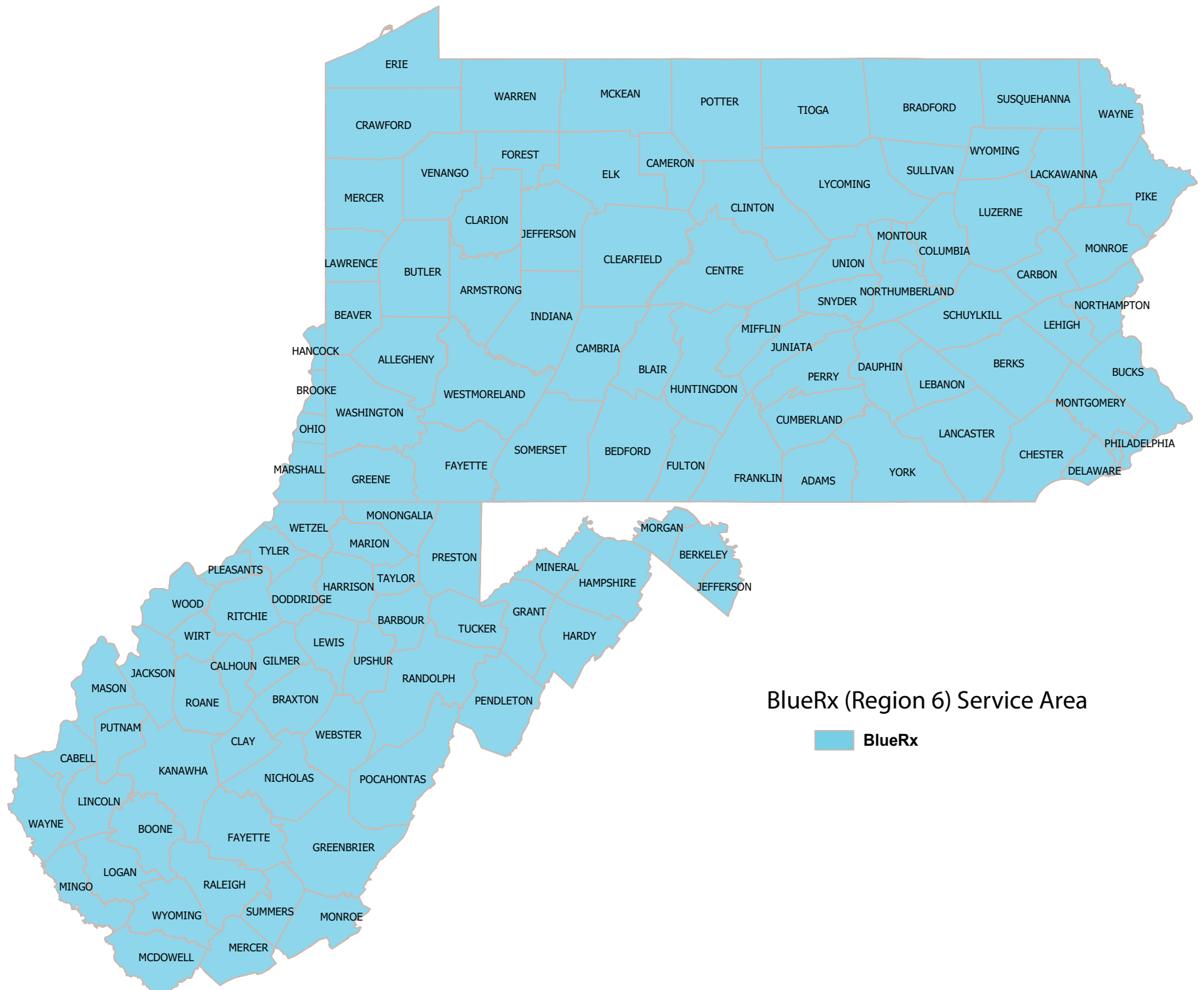


BlueRx PDP

	Value	Plus	Complete
Monthly Plan Premium	\$56.20	\$51.30	\$93.90
Deductible	\$310	\$0	\$0
Drugs Covered	All Drugs Allowed By Medicare		
Drugs from a Retail Pharmacy (Up to 34 Day Supply)			
Initial Coverage <i>(Up to \$2,830 in total Rx Costs)</i>	\$4 Generic, \$33 Preferred Brand, \$63 Non-Pref. Brand, 25% Specialty	\$7 Generic, \$40 Preferred Brand, \$90 Non-Pref. Brand, 33% Specialty	\$7 Generic, \$35 Preferred Brand, \$70 Non-Pref. Brand, 33% Specialty
Coverage Gap <i>(From \$2,830 in total Rx Costs to \$4,550 Member OOP)</i>	Not Covered	Not Covered	Generics Covered (\$7)
Catastrophic Coverage <i>(From \$4,550 Member OOP)</i>	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others	Greater of: 5% or \$2.50 Gen/Multi Source or \$6.30 for all others
Mail Order Drugs (Up to 90 Day Supply)			
Mail Order Drugs <i>(Initial Coverage Period)</i> <i>- Up to 90 Days</i>	\$10 Generic, \$82.50 Preferred Brand, \$157.50 Non-Pref. Brand, 25% Specialty	\$17.50 Generic, \$100 Preferred Brand, \$225 Non-Pref. Brand, 33% Specialty	\$17.50 Generic, \$87.50 Preferred Brand, \$175 Non-Pref. Brand, 33% Specialty



BlueRx (Region 6) Service Area

BlueRx