

2010 BlueRxSM PDP Summary of Benefits

BlueRx Value (PDP), BlueRx Plus (PDP),
and BlueRx Complete (PDP)

Pennsylvania and West Virginia

January 1, 2010 through December 31, 2010

A detailed side-by-side comparison of
BlueRx PDP plans and Original Medicare.



A Medicare Prescription Drug Plan
from Highmark Senior Resources Inc.

Highmark Blue Shield and Highmark Senior Resources are
Independent Licensees of the Blue Cross and Blue Shield Association

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Section One:

Introduction to the Summary of Benefits for BlueRx Value (PDP), BlueRx Plus (PDP), and BlueRx Complete (PDP)

January 1, 2010—December 31, 2010

Thank you for your interest in BlueRx Value (PDP), BlueRx Plus (PDP), and BlueRx Complete (PDP). Our plan is offered by Highmark Senior Resources Inc., a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call BlueRx Value (PDP), BlueRx Plus (PDP) or BlueRx Complete (PDP) and ask for the "Evidence of Coverage."

You have choices in your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like BlueRx Value (PDP), BlueRx Plus (PDP), or BlueRx Complete (PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.



A Medicare Prescription Drug Plan
from Highmark Senior Resources Inc.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by BlueRx Value (PDP), BlueRx Plus (PDP) and BlueRx Complete (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are BlueRx Value (PDP), BlueRx Plus (PDP) and BlueRx Complete (PDP) available?

The service area for these plans includes Pennsylvania, West Virginia. You must live in one of these areas to join these plans.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call customer service for more information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 cost plan enroll in a PDP.

Does my plan cover Medicare Part B or Part D drugs?

BlueRx Value (PDP), BlueRx Plus (PDP) and BlueRx Complete (PDP) do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where can I get my prescriptions?

BlueRx Value (PDP), BlueRx Plus (PDP) and BlueRx Complete (PDP) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <http://www.highmarkblueshield.com>. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

BlueRx Value (PDP), BlueRx Plus (PDP) and BlueRx Complete (PDP) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://highmark.medicare-approvedformularies.com/>.

If you are currently taking a drug that is not on our formulary, or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

For questions about this plan's benefits or costs, please contact Highmark Senior Resources. Current members should call 1-800-290-3914, TTY users 1-800-988-0668 and prospective members call 1-866-465-4030, TTY users 1-866-465-4026.

Section One: *Continued*

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join BlueRx Value (PDP), BlueRx Plus (PDP), or BlueRx Complete (PDP). Get this information before you decide to enroll in this plan.

How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join BlueRx Value (PDP), BlueRx Plus (PDP), or BlueRx Complete (PDP), Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

As a member of BlueRx Value (PDP), BlueRx Plus (PDP), or BlueRx Complete (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an

exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization for your state, Quality Insights of Pennsylvania 1-877-346-6180, West Virginia Medical Institute 1-800-642-8686.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact BlueRx Value (PDP), BlueRx Plus (PDP) or BlueRx Complete (PDP) for more details.

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the Web, you may use the Web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-800-935-2583 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-988-0668.

Please call Highmark Senior Resources Inc. for more information about BlueRx Value (PDP), BlueRx Plus (PDP) or BlueRx Complete (PDP).

Visit us at www.highmarkblueshield.com or, call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern.

Current members should call toll free 1-800-290-3914.
(TTY/TDD 1-800-988-0668)

Prospective members should call toll free 1-866-465-4030.
(TTY/TDD 1-866-465-4026)

Current members should call locally 1-800-290-3914.
(TTY/TDD 1-800-988-0668)

Prospective members should call locally 1-866-465-4030.
(TTY/TDD 1-866-465-4026)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web. If you have special needs, this document may be available in other formats.



For questions about this plan's benefits or costs, please contact Highmark Senior Resources. Current members should call 1-800-290-3914, TTY users 1-800-988-0668 and prospective members call 1-866-465-4030, TTY users 1-866-465-4026.

Section Two: *Summary of Benefits*

Prescription Drugs	Original Medicare	BlueRx Value (PDP)	BlueRx Plus (PDP)	BlueRx Complete (PDP)
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IMPORTANT INFORMATION

<p>Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered Under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://highmark.medicare-approvedformularies.com/ on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <p>\$56.20 monthly premium.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from BlueRx Value (PDP) for certain drugs.</p>	<p>Drugs Covered Under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://highmark.medicare-approvedformularies.com/ on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <p>\$51.30 monthly premium.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from BlueRx Plus (PDP) for certain drugs.</p>	<p>Drugs Covered Under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://highmark.medicare-approvedformularies.com/ on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). <p>\$93.90 monthly premium.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan. Some drugs have quantity limits. Your provider must get prior authorization from BlueRx Complete (PDP) for certain drugs.</p>
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		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and BlueRx Value (PDP) approves the exception, you will pay Preferred Brand cost sharing for that drug.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and BlueRx Plus (PDP) approves the exception, you will pay Preferred Brand cost sharing for that drug.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and BlueRx Complete (PDP) approves the exception, you will pay Preferred Brand cost sharing for that drug.</p>
In-Network		\$310 yearly deductible.	\$0 deductible.	\$0 deductible.
Initial Coverage		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	You pay the following until total yearly drug costs reach \$2,830:	You pay the following until total yearly drug costs reach \$2,830:
Retail Pharmacy		<p>Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (34-day) supply of drugs in this tier • \$12 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

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Prescription Drugs	Original Medicare	BlueRx Value (PDP)	BlueRx Plus (PDP)	BlueRx Complete (PDP)
<p>Retail Pharmacy <i>(Continued)</i></p>		<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$33 copay for a one-month (34-day) supply of drugs in this tier • \$99 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$63 copay for a one-month (34-day) supply of drugs in this tier • \$189 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs in this tier • 25% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs in this tier • \$120 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (34-day) supply of drugs in this tier • \$270 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (34-day) supply of drugs in this tier • \$105 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (34-day) supply of drugs in this tier • \$210 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

<p>Long Term Care Pharmacy</p>		<p>Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (34-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$33 copay for a one-month (34-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$63 copay for a one-month (34-day) supply of drugs in this tier <p>Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs in this tier 	<p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (34-day) supply of drugs in this tier <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier 	<p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (34-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (34-day) supply of drugs in this tier <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier
<p>Mail Order</p>		<p>Generic</p> <ul style="list-style-type: none"> • \$10 copay for a one-month (34-day) supply of drugs in this tier • \$10 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$82.50 copay for a one-month (34-day) supply of drugs in this tier • \$82.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Generic</p> <ul style="list-style-type: none"> • \$17.50 copay for a one-month (34-day) supply of drugs in this tier • \$17.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$100 copay for a one-month (34-day) supply of drugs in this tier • \$100 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Generic</p> <ul style="list-style-type: none"> • \$17.50 copay for a one-month (34-day) supply of drugs in this tier • \$17.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$87.50 copay for a one-month (34-day) supply of drugs in this tier • \$87.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>

For questions about this plan's benefits or costs, please contact Highmark Senior Resources. Current members should call 1-800-290-3914, TTY users 1-800-988-0668 and prospective members call 1-866-465-4030, TTY users 1-866-465-4026.

Section Two: *Summary of Benefits*



A Medicare Prescription Drug Plan
from Highmark Senior Resources Inc.

Prescription Drugs	Original Medicare	BlueRx Value (PDP)	BlueRx Plus (PDP)	BlueRx Complete (PDP)
<p>Mail Order <i>(Continued)</i></p>		<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$157.50 copay for a one-month (34-day) supply of drugs in this tier • \$157.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) supply of drugs in this tier • 25% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$225 copay for a one-month (34-day) supply of drugs in this tier • \$225 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$175 copay for a one-month (34-day) supply of drugs in this tier • \$175 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p>
<p>Coverage Gap</p>		<p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier

				<p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Mail Order Generic</p> <ul style="list-style-type: none"> • \$17.50 copay for a one-month (34-day) supply of drugs in this tier • \$17.50 copay for a three-month (90-day) supply of drugs in this tier <p>Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
<p>Catastrophic Coverage</p>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or • 5% coinsurance.

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Section Two: *Summary of Benefits*

Prescription Drugs	Original Medicare	BlueRx Value (PDP)	BlueRx Plus (PDP)	BlueRx Complete (PDP)
Out of Network		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BlueRx Value (PDP).</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BlueRx Plus (PDP).</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from BlueRx Complete (PDP).</p>
Out-of-Network Initial Coverage		<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out of network until total yearly drug costs reach \$2,830:</p> <p>Generic</p> <ul style="list-style-type: none"> • \$4 copay for a one-month (34-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$33 copay for a one-month (34-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$63 copay for a one-month (34-day) supply of drugs in this tier <p>Specialty Tier</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (34-day) 	<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out of network until total yearly drug costs reach \$2,830:</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$40 copay for a one-month (34-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$90 copay for a one-month (34-day) supply of drugs in this tier <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day) 	<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out of network until total yearly drug costs reach \$2,830:</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • \$35 copay for a one-month (34-day) supply of drugs in this tier <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$70 copay for a one-month (34-day) supply of drugs in this tier <p>Specialty Tier</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (34-day)

		supply of drugs in this tier	supply of drugs in this tier	supply of drugs in this tier
Out-of-Network Coverage Gap		<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BlueRx Value (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueRx Value (PDP) so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p>	<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BlueRx Plus (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueRx Plus (PDP) so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p>	<p>You will be reimbursed for these drugs purchased out of network up to the full cost of the drug minus the following:</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (34-day) supply of drugs covered in this tier <p>Preferred Brand</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BlueRx Complete (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueRx Complete (PDP) so we can add the amounts you spent out of network to your total out-of-pocket costs for the year. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BlueRx Complete (PDP) for out-of-network purchases when you are in the coverage gap.

For questions about this plan's benefits or costs, please contact Highmark Senior Resources. Current members should call 1-800-290-3914, TTY users 1-800-988-0668 and prospective members call 1-866-465-4030, TTY users 1-866-465-4026.

Section Two: *Summary of Benefits*



A Medicare Prescription Drug Plan
from Highmark Senior Resources Inc.

Prescription Drugs	Original Medicare	BlueRx Value (PDP)	BlueRx Plus (PDP)	BlueRx Complete (PDP)
<p>Out-of-Network Coverage Gap <i>(Continued)</i></p>				<p>However, you should still submit documentation to BlueRx Complete (PDP) so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.</p> <p>Specialty Tier</p> <ul style="list-style-type: none"> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out of network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by BlueRx Complete (PDP) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to BlueRx Complete (PDP) so we can add the amounts you spent out of network to your total out-of-pocket costs for the year.
<p>Out-of-Network Catastrophic Coverage</p>		<ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out of network up to the full cost of the drug minus the following: A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance. 	<ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out of network up to the full cost of the drug minus the following: A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance. 	<ul style="list-style-type: none"> After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out of network up to the full cost of the drug minus the following: A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.

The chart below shows the differences and plan highlights for each BlueRx PDP Plan. This is not intended to be a full listing of all benefits offered.

	BlueRx Value (PDP)			BlueRx Plus (PDP)			BlueRx Complete (PDP)		
Premium*	\$56.20			\$51.30			\$93.90		
Deductible	\$310			\$0			\$0		
Total Drug Costs up to \$2,830	Generic	Brand	Specialty	Generic	Brand	Specialty	Generic	Brand	Specialty
	\$4 copay	\$33/\$63 copay	25%	\$7 copay	\$40/\$90 copay	33%	\$7 copay	\$35/\$70 copay	33%
Drug Costs after \$2,830 and until the \$4,550 Out-of-Pocket Maximum You Pay:**	100% after the Highmark Exclusive Discount			100% after the Highmark Exclusive Discount			\$7 copay (unlimited formulary generic coverage)	100% after the Highmark Exclusive Discount	
After Your Out-of-Pocket Costs Exceed \$4,550, You Pay:	Greater of \$2.50 copay or 5% coinsurance	Greater of \$6.30 copay or 5% coinsurance		Greater of \$2.50 copay or 5% coinsurance	Greater of \$6.30 copay or 5% coinsurance		Greater of \$2.50 copay or 5% coinsurance	Greater of \$6.30 copay or 5% coinsurance	
Drug Coverage	Coverage for all drugs allowed by Medicare.			Coverage for all drugs allowed by Medicare.			Coverage for all drugs allowed by Medicare.		

* You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Members who qualify for additional help from the government will have lower premiums and cost sharing.

** After the total yearly drug costs (paid by both you and the plan) reach \$2,830, you pay any applicable charges, depending on your plan, until your yearly out-of-pocket drug costs reach \$4,550. If you are eligible for some form of state or Federal assistance, the coverage gap may not apply. Please contact BlueRx PDP for more information.

For questions about this plan's benefits or costs, please contact Highmark Senior Resources. Current members should call 1-800-290-3914, TTY users 1-800-988-0668 and prospective members call 1-866-465-4030, TTY users 1-866-465-4026.

Pennsylvania and West Virginia



A Medicare Prescription Drug Plan
from Highmark Senior Resources Inc.

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