



## **PENNSYLVANIA & WEST VIRGINIA**

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**Blue Rx PDP**

# **Summary of Benefits**

**January 1, 2022 to December 31, 2022**

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**The service area for these plans includes the following counties:**

**All Pennsylvania and West Virginia counties**

To enroll in the following plans, you need to be entitled to Medicare Part A and Medicare Part B, and live in our service area.

To contact us about Blue Rx PDP, call 1-866-435-1047 (TTY users call 711), 8:00 a.m. to 8:00 p.m., seven days a week or visit [medicare.highmark.com](https://www.medicare.highmark.com).

## PENNSYLVANIA & WEST VIRGINIA

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**This section is a summary of benefits. It doesn't list every service, limitation, or special circumstance. If you want the whole kit and caboodle — the full Evidence of Coverage — call the number on the plan page you're looking for.**

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### How to Find a Pharmacy

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [medicare.highmark.com](https://www.medicare.highmark.com). Or, call us and we'll send you a copy of the formulary.

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### More About Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [www.medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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	Blue Rx PDP Complete			Blue Rx PDP Plus		
<b>Premium</b>	\$178.30			\$109.10		
<b>Deductible</b>	\$0			\$480		
<b>Formulary</b>	Venture			Venture		
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.			After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.		
<b>Preferred Retail Cost-Sharing</b>	<b>Tier</b>	<b>31 Day Supply</b>	<b>90 Day Supply</b>	<b>Tier</b>	<b>31 Day Supply</b>	<b>90 Day Supply</b>
	Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay
	Tier 2 (Generic)	\$5 Copay	\$15 Copay	Tier 2 (Generic)	\$7 Copay	\$21 Copay
	Tier 3 (Preferred Brand)	\$40 Copay	\$120 Copay	Tier 3 (Preferred Brand)	20% of the cost	20% of the cost
	Tier 4 (Non-Preferred Drug)	35% of the cost	35% of the cost	Tier 4 (Non-Preferred Drug)	40% of the cost	40% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Applicable	Tier 5 (Specialty Tier)	25% of the cost	Not Applicable
<b>Standard Retail Cost-Sharing</b>	<b>Tier</b>	<b>31 Day Supply</b>	<b>90 Day Supply</b>	<b>Tier</b>	<b>31 Day Supply</b>	<b>90 Day Supply</b>
	Tier 1 (Preferred Generic)	\$4 Copay	\$12 Copay	Tier 1 (Preferred Generic)	\$6 Copay	\$18 Copay
	Tier 2 (Generic)	\$10 Copay	\$30 Copay	Tier 2 (Generic)	\$14 Copay	\$42 Copay
	Tier 3 (Preferred Brand)	\$45 Copay	\$135 Copay	Tier 3 (Preferred Brand)	25% of the cost	25% of the cost
	Tier 4 (Non-Preferred Drug)	50% of the cost	50% of the cost	Tier 4 (Non-Preferred Drug)	50% of the cost	50% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Applicable	Tier 5 (Specialty Tier)	25% of the cost	Not Applicable
<b>Standard Mail Cost-Sharing</b>	<b>Tier</b>	<b>31 Day Supply</b>	<b>90 Day Supply</b>	<b>Tier</b>	<b>31 Day Supply</b>	<b>90 Day Supply</b>
	Tier 1 (Preferred Generic)	Not Applicable	\$0 Copay	Tier 1 (Preferred Generic)	Not Applicable	\$0 Copay
	Tier 2 (Generic)	Not Applicable	\$12.50 Copay	Tier 2 (Generic)	Not Applicable	\$17.50 Copay
	Tier 3 (Preferred Brand)	Not Applicable	\$100 Copay	Tier 3 (Preferred Brand)	Not Applicable	20% of the cost
	Tier 4 (Non-Preferred Drug)	Not Applicable	35% of the cost	Tier 4 (Non-Preferred Drug)	Not Applicable	40% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Applicable	Tier 5 (Specialty Tier)	25% of the cost	Not Applicable
<b>Coverage Gap</b>	The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.			The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.		
	<b>See Table on Next Page</b>			Generics (25% Coinsurance) Brand (25% Coinsurance including 70% discount)		
<b>Catastrophic Stage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$7,050, you pay the greater of: 5% of the cost, or \$3.95 Copay for generics and a \$9.85 Copay for all other drugs.			After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$7,050, you pay the greater of: 5% of the cost, or \$3.95 Copay for generics and a \$9.85 Copay for all other drugs.		
	Greater of: 5% or \$3.95 Generic / Preferred Multi-Source or \$9.85 for all others			Greater of: 5% or \$3.95 Generic / Preferred Multi-Source or \$9.85 for all others		

**If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.**

**Blue Rx PDP Complete Coverage Gap Table**

<b>Coverage Gap</b>	<b>Preferred Network</b>	<b>Tier</b>	
		Tier 1 (Preferred Generic)	10% of the cost
		Tier 2 (Generic)	10% of the cost
		Tier 3-5 (Generic)	25% Coinsurance
		Brand	25% Coinsurance including 70% discount
	<b>Standard Network</b>	<b>Tier</b>	
		Tier 1 (Preferred Generic)	15% of the cost
		Tier 2 (Generic)	15% of the cost
		Tier 3-5 (Generic)	25% Coinsurance
		Brand	25% Coinsurance including 70% discount

**If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.**



Highmark Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Health Insurance Company depends on contract renewal.

Health benefits or health benefit administration may be provided by or through Highmark Health Insurance Company. Highmark Blue Shield provides certain administrative communications for this company. Highmark Blue Shield and Highmark Health Insurance Company are independent licensees of the Blue Cross Blue Shield Association. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration.

This information is not a complete description of benefits. Call 1-866-435-1047 (TTY users may call 711) for more information.