

# Let's look at your options for a 2020 Medicare Advantage plan.



		Blue Rx PDP Plus	Blue Rx PDP Complete	
Drug	Basic Plan Information	Monthly Plan Premium <sup>1</sup>	\$92.80	\$168.40
		Deductible	\$435	\$0
	Retail Pharmacy Costs	Formulary	Venture	Venture
		Initial Coverage- Up to \$4,020 in total Rx Costs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty	Preferred Retail: Tier 1: \$0, Tier 2: \$7, Tier 3: 20%, Tier 4: 40%, Tier 5: 25% Specialty Standard Retail: Tier 1: \$4, Tier 2: \$12, Tier 3: 25%, Tier 4: 50%, Tier 5: 25% Specialty	Preferred Retail: Tier 1: \$0, Tier 2: \$5, Tier 3: \$40, Tier 4: 35%, Tier 5: 33% Specialty Standard Retail: Tier 1: \$4, Tier 2: \$10, Tier 3: \$45, Tier 4: 50%, Tier 5: 33% Specialty
		Coverage Gap	Generics (25% coinsurance) Brand (25% coinsurance including 70% discount)	Preferred Retail: Tier 1 Generics: 10% of the cost, Tier 2 Generics 10% of the cost, Tiers 3-5 Generics: 25% Coinsurance, Brand: 25% Coinsurance including a 70% discount Standard Retail: Tier 1 Generics: 15% of the cost, Tier 2 Generics: 15% of the cost, Tiers 3-5 Generics: 25% Coinsurance, Brand: 25% Coinsurance including a 70% discount
		Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$6,350, you pay the greater of: 5% of the cost, or \$3.60 Copay for generics and a \$8.95 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 \$6,350, you pay the greater of: 5% of the cost, or \$3.60 Copay for generics and a \$8.95 Copay for all other drugs.
		Mail-Order-Drugs	Mail-Order-Drugs (Up to 90 day Supply; Specialty Tier up to 31 day Supply)  Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty	Preferred Mail: Tier 1: \$0, Tier 2: \$17.50, Tier 3: 20%, Tier 4: 40%, Tier 5: 25% Standard Mail: Tier 1: \$10, Tier 2: \$30, Tier 3: 25%, Tier 4: 50%, Tier 5: 25%

- Call **1-800-207-9304** (8 a.m.–8 p.m., seven days a week, TTY users call 711)
- Visit a Highmark Direct store or a local Medicare seminar
- Go to [YourHighmarkPlan.com](https://www.yourhighmarkplan.com)

\*\*Does not apply to all benefits across all plans.

This information is not a complete description of benefits. Call the phone number on the back of your member ID card (TTY users may call 711) for more information.

Highmark Choice Company and Highmark Senior Health Company are Medicare Advantage plans with a Medicare contract. Enrollment in Highmark Choice Company and Highmark Senior Health Company depends on contract renewal. Highmark Blue Cross Blue Shield West Virginia, Highmark Choice Company, and Highmark Senior Health Company are independent licensees of the Blue Cross and Blue Shield Association.

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SilverSneakers is a registered mark of Tivity Health, Inc. Tivity Health, Inc. is a separate company that administers the SilverSneakers program.

Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members and/or Community Blue Medicare PPO members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.