



Part D Prescription Drug Benefits

Effective
January 1, 2017 - December 31, 2017

2017 Enhanced Plus Rx Plan						
Description of Benefit	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Part D phase: Deductible	\$0 deductible					
Part D phase: Initial Coverage Limit (ICL) through the Coverage Gap- The following copays below will apply up to the amount of \$4,950						
Tier 1 - Preferred Generic	\$0/\$5	\$0/\$10	\$0/\$15	\$5	\$10	\$15
Tier 2 - Non-Preferred Generic	\$6/\$11	\$12/\$22	\$18/\$33	\$11	\$22	\$33
Tier 3 - Preferred Brand	\$39/\$44	\$78/\$88	\$117/\$132	\$44	\$88	\$132
Tier 4 - Non-Preferred Brand	\$85/\$95	\$170/\$190	\$255/\$285	\$95	\$190	\$285
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%
Catastrophic Phase cost sharing amounts	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of: ° 5% of the cost, or ° \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs					
PLEASE NOTE: • Areas in red indicate changes made by the federal government to all 2017 Medicare Part D program and are not subject to negotiation. • All cost-sharing presumes eligible prescriptions filled at a network pharmacy or our mail-order vendor, PrimeMail. • The Blue Cross Medicare Rx formulary is reviewed and approved annually by the Centers for Medicare & Medicaid Services (CMS), but is subject to change as maintenance updates are made throughout the year. • Standard 5 tier with Specialty formulary.						