PHARMACY		roup Medicare en Access (PPO) <sup>sM</sup>	Blue Cross Group Medicare Advantage (HMO)™			
Other Supplemental Benefits con	tinued					
Annual Part D Prescription Drug Deductible	\$0	\$0 \$0				
	Initial Coverage Stage					
	The fo	The following copays will apply up to the out-of-pocket cap				
	Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy		
	30-day supply	30-day supply	30-day supply	30-day supply		
	Standard	Standard	Standard	Standard		
Tier 1: Preferred Generic	\$10	\$10	\$10	\$10		
Tier 2: Generic	\$10	\$10	\$10	\$10		
Tier 3: Preferred Brand	\$20	\$20	\$20	\$20		
Tier 4: Non-Preferred Drug	\$35	\$35	\$40	\$40		
Tier 5: Specialty Drug	\$35	\$35	\$40	\$40		
Maximum Out-of-Pocket When member reachesthe maximun out-of-pocket limit, cost shares will no longer apply	n	\$2,100				
Catastrophic Coverage Member Cost Share		\$0				

## Blue Cross Group Medicare Advantage<sup>sM</sup> —60-day supply **Blue Cross Group Medicare** Blue Cross Group Medicare **PHARMACY** Advantage Open Access (PPO)<sup>SM</sup> Advantage (HMO)<sup>SM</sup> Other Supplemental Benefits continued Annua**l** Part D Prescription Drug \$0 \$0 Deductible **Initial Coverage Stage** The following copays will apply up to the out-of-pocket cap Retail Retail **Mail Order Mail Order Pharmacy** Pharmacy **Pharmacy Pharmacy** 60-day supply 60-day supply 60-day supply 60-day supply Standard Standard Standard Standard Tier 1: Preferred \$20 \$20 \$20 \$20 Generic Tier 2: Generic \$20 \$20 \$20 \$20 Tier 3: Preferred Brand \$40 \$40 \$40 \$40 \$70 \$80 Tier 4: Non-Preferred Drug \$70 \$80 Tier 5: Specialty Drug \$70 \$70 \$80 \$80 Maximum Out-of-Pocket When member reachesthe maximum \$2,100 out-of-pocket limit, cost shares will

no longer apply

Catastrophic Coverage

Member Cost Share

\$0

PHARMACY		Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>		Blue Cross Group Medicare Advantage (HMO)™		
Other Supplemental Benefits conti	nued					
Annual Part D Prescription Drug Deductible		\$0		\$0		
		Initial Coverage Stage				
	The	The following copays will apply up to the out-of-pocket cap				
	Retail Pharmacy	Mail Order Pharmacy	Retail Pharmacy	Mail Order Pharmacy		
	90-day supply	90-day supply	90-day supply	90-day supply		
	Standard	Standard	Standard	Standard		
Tier 1: Preferred Generic	\$30	\$20	\$30	\$20		
Tier 2: Generic	\$30	\$20	\$30	\$20		
Tier 3: Preferred Brand	\$60	\$40	\$60	\$40		
Tier 4: Non-Preferred Drug	\$105	\$70	\$120	\$80		
Tier 5: Specialty Drug	\$105	\$70	\$120	\$80		
Maximum Out-of-Pocket When member reachesthe maximum out-of-pocket limit, cost shares will no longer apply		\$2,100				
Catastrophic Coverage Member Cost Share		\$0				