Blue Cross Group Medicare Advantage℠ —30-day supply

PHARMACY	Blue Cross Group Medicare Advantage Open Access (PPO)℠		Blue Cross Group Medicare Advantage (HMO)℠	
Other Supplemental Benefits continued				
Annual Part D Prescription Drug Deductible	$0		$0	
	Initial Coverage Stage			
	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 maximum out-of-pocket limit, cost shares will no longer apply	$2,100			
Catastrophic Coverage Member Cost Share	$0			

Blue Cross Group Medicare Advantage℠ —60-day supply

PHARMACY	Blue Cross Group Medicare Advantage Open Access (PPO)℠		Blue Cross Group Medicare Advantage (HMO)℠	
Other Supplemental Benefits continued				
Annual Part D Prescription Drug Deductible	$0		$0	
	Initial Coverage Stage			
	The following copays will apply up to the out-of-pocket cap			
	Retail Pharmacy	**Mail Order Pharmacy**	**Retail Pharmacy**	**Mail Order Pharmacy**
	60-day supply	**60-day supply**	**60-day supply**	**60-day supply**
	Standard	Standard	Standard	Standard
Tier 1: Preferred Generic	$20	$20	$20	$20
Tier 2: Generic	$20	$20	$20	$20
Tier 3: Preferred Brand	$40	$40	$40	$40
Tier 4: Non-Preferred Drug	$70	$70	$80	$80
Tier 5: Specialty Drug	$70	$70	$80	$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			

Blue Cross Group Medicare Advantage℠ —90-day supply

PHARMACY	Blue Cross Group Medicare Advantage Open Access (PPO)℠		Blue Cross Group Medicare Advantage (HMO)℠	
Other Supplemental Benefits continued				
Annual Part D Prescription Drug Deductible	$0		$0	
	Initial Coverage Stage			
	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			