

**Your 2011 Prescription Drug Benefit Chart**  
**Premier 10/20/40 Plan**  
**MEBA – High Option BC PPO**  
**Effective January 1, 2011**

<b>Formulary</b>	<b>Premier 3 Tier – Open</b>
<b>Mandatory Generic</b>	<b>No</b>
<b>Deductible</b>	<b>\$0</b>
<b>Covered Services</b>	<b>What you pay</b>

**Initial Coverage**

Below is your payment responsibility from the time you meet your deductible, until the cost paid by you for your prescriptions reaches your True Out of Pocket costs of \$3,600.

<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	\$10 copay
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$40 copay
<ul style="list-style-type: none"> <li>• Diabetic Supplies – insulin syringes and alcohol swabs</li> </ul>	\$10 copay (up to a 90-day supply)

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

<b>Mail Order Pharmacy</b>	per 90-day supply
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$40 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non Formulary Drugs</li> </ul>	\$80 copay
<ul style="list-style-type: none"> <li>• Diabetic Supplies – insulin syringes and alcohol swabs</li> </ul>	\$20 copay

If you purchase drugs at Retail or Mail Order Pharmacies that are not listed in our participating pharmacy directory, you will be responsible for all amounts over our negotiated cost. If you need an emergency supply of drugs and you are not near a Retail Pharmacy in our participating pharmacy directory, you will not be responsible for amounts over our negotiated costs.

**A stand alone prescription drug plan with a Medicare contract.**

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2011 Custom Premier 10/20/40 Plan MEBA – High Option BC PPO Full Gap

P3TARO (10R)

09/08/2010

Covered Services	What you pay
<b>Vaccine Coverage</b>	
<p>The up front costs for vaccines will vary based upon where the vaccine is purchased and administered. Some vaccines, such as Flu Vaccines, are paid under your Medicare Part B coverage. Vaccines that are covered by Medicare Part B are not covered by your Part D plan. Please see your Evidence of Coverage booklet for a complete explanation of your vaccine coverage.</p>	
<b>Catastrophic Coverage</b>	
<p>Your payment responsibility changes after the cost you have paid for prescription drugs reaches your True Out of Pocket cost of \$3,600.</p>	
<ul style="list-style-type: none"> <li>Generics, including Specialty Drugs</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>Select Generics</li> </ul>	\$0 copay for Select Generics
<ul style="list-style-type: none"> <li>Preferred and Non-Preferred Brands including Specialty Drugs, Vaccines, and Non-Formulary Drugs</li> </ul>	\$0 copay
<b>Extra Covered Drug Group</b>	
<p>These are drugs that are covered by your plan that are often excluded from Part D Prescription Drug Plans. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.</p>	
<p><b>Benzodiazepines and Barbiturates</b>  <b>Cosmetics</b>  <b>Cough and Cold</b>  <b>DESI</b>  <b>Over the Counter Vitamins and Minerals</b>  <b>Erectile Dysfunction</b></p>	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> <li>Generics</li> </ul>	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> <li>Brands</li> </ul>	You pay your retail or mail order brand copay
<b>Non Part D Diabetic Supplies</b>	
<ul style="list-style-type: none"> <li>Generics</li> </ul>	<p>Lancets Urine Test Strips Blood Sugar Diagnostics</p> <p>\$10 copay for Retail Pharmacy (up to a 90-day supply)</p> <p>\$20 copay for Mail Order Pharmacy</p>
<ul style="list-style-type: none"> <li>Brands</li> </ul>	<p>\$10 copay for Retail Pharmacy (up to a 90-day supply)</p> <p>\$20 copay for Mail Order Pharmacy</p>
<ul style="list-style-type: none"> <li>Urine Test Strips and Blood Sugar Diagnostics – manufactured by Lifescan or Roche</li> </ul>	\$0 copay for Retail Pharmacy and Mail Order Pharmacy
<b>Non Part D Diabetic Supplies</b>	
Glucometers	
<ul style="list-style-type: none"> <li>Generics</li> </ul>	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> <li>Brands</li> </ul>	You pay your retail or mail order brand copay

- When a member's physician has specified "dispense as written" (DAW) for non-preferred brand name drugs or non-formulary drugs, the copay for preferred brand name formulary drugs will apply.  
When a member's physician has not specified DAW for non-preferred brand name drugs or non-formulary drugs, the Tier 3 copay will apply.
- Beginning in 2011, when the cost of Part D qualified drugs paid by you and this plan is more than \$2840, you will receive help paying your share of the cost of most covered brand drugs from Drug Manufacturers. This help will continue until the cost of Part D qualified drugs paid by you and the Drug Manufacturer Discount reaches the True Out of Pocket amount shown on this Benefit Chart. Drug Manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. Your plan covers some brand drugs beyond those covered by Medicare. The discount will not apply to benefits described in the "Extra Covered Drugs" section of this Benefit Chart.