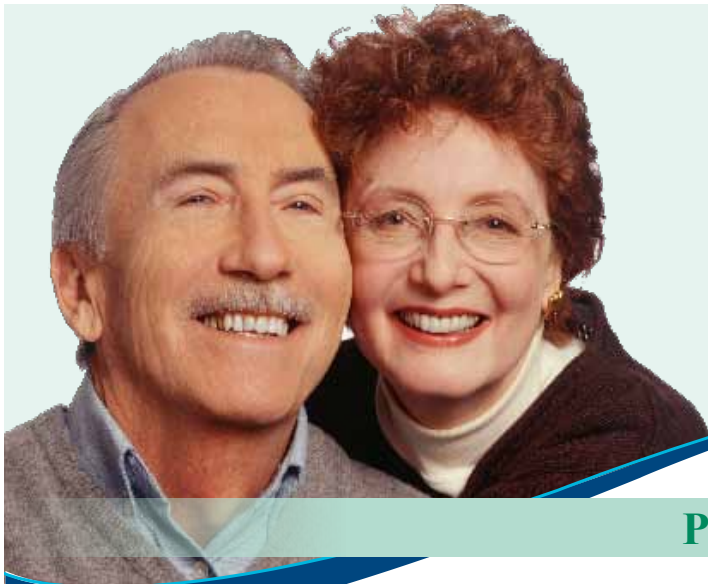




MyBlue  
Medicare™



## Prescription Blue PDP<sup>SM</sup>

What do you get when you enroll in Prescription Blue PDP<sup>SM</sup>? Affordable and simple prescription drug coverage that gives you more value for your dollar. With Prescription Blue you get the prescription drug coverage you want from the company you trust.

### Prescription Blue:

- Features copayments as low as \$4
- Covers both brand-name and generic drugs
- Can make a difference in your out-of-pocket prescription drug costs
- Offers the convenience of mail order pharmacies

We offer a choice of two Prescription Blue plans. The benefits and costs for each are shown on the inside of this booklet. Choose the one that works best for you.

If you need an application, would like help locating an agent or have any questions, call 1-877-469-2583 from 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.

You may call 1-800-MEDICARE (1-800-633-4227), or visit [www.medicare.gov](http://www.medicare.gov) for more information about Medicare benefits and services, including general information about the health or prescription drug benefits. TTY users should call 1-877-486-2048. Hours are 24 hours a day, seven days a week.

Mark Owen  
Vice President, Federal and Individual Business  
600 East Lafayette, Detroit, MI 48226

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

# Coverage you can depend on



## Saving you money with generics

Generic drugs are FDA-approved and just as effective as brand-name drugs and they're often much cheaper. Talk to your doctor about switching your brand-name drugs to generic equivalents whenever possible. Also, by switching to generic drugs you can:

- Save money on copays each time you fill a prescription with a generic drug instead of its brand-name counterpart
- Make the most of your Medicare Part D benefits by reducing your prescription drug costs, which can help keep you from reaching the coverage gap.

**Switch to generics and save.  
Prescription Blue  
can help.**

## Help when you're healthy

Prescription Blue plans give you more — with valuable extras to help you save money, stay healthy and get fit.

**Savings:** Our Blue365® program offers discounts from national companies. These special offers include big savings on fitness gear, weight-loss programs, gym memberships, travel, sporting goods, magazines, vitamins, groceries, medicine and family care. You can also get savings on personal medical alarms, home medical equipment and more.

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*The “savings” and “discounts” products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare Plus Blue PPO grievance process.*

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You don't need to be a member to get our help. If you have any questions or con  
**1-877-469-2583 • TTY users call 1-800-481-**

# 2011 Prescription Blue PDP benefit comparison

## For Medicare-eligible Michigan residents

Summary of most frequently used benefits. A complete description is available at [www.bcbsm.com/mybluemedicare](http://www.bcbsm.com/mybluemedicare) or by calling Customer Service.

<b>Prescription Blue Option A</b> <b>Monthly premium \$72</b>	<b>Prescription Blue Option B</b> <b>Monthly premium \$88</b>
\$145 deductible	\$0 deductible
<b>Initial coverage limit: \$2,840</b>	<b>Initial coverage limit: \$2,840</b>
You pay the following copays and coinsurances at network pharmacies until your total prescription drug costs (paid by both you and your Plan) equal \$4,550.	You pay the following copays and coinsurances at network pharmacies until your total prescription drug costs (paid by both you and your Plan) equal \$4,550.
For up to a 31-day supply: Tier 1 Generic drugs: \$5 Tier 2 Preferred-brand drugs: \$35 Tier 3 Non-preferred drugs: \$70 Tier 4 Specialty drugs: 25%* Tier 5 Non self-administered injectables: 25%* *of plan's approved amount	For up to a 31-day supply: Tier 1 Generic drugs: \$4 Tier 2 Preferred-brand drugs: \$35 Tier 3 Non-preferred drugs: \$70 Tier 4 Specialty drugs: 25%* Tier 5 Non self-administered injectables: 25%* *of plan's approved amount
<b>Coverage gap</b>	<b>Coverage gap</b>
After your total prescription drug costs reach \$2,840 until your total out-of-pocket costs reach \$4,550, you pay no more than 93% for all other covered drugs.	After your total prescription drug costs reach \$2,840 until your total out-of-pocket costs reach \$4,550, you pay \$4 for generic drugs and no more than 93% for all other covered drugs.
<b>Catastrophic coverage</b>	<b>Catastrophic coverage</b>
After your yearly total out-of-pocket prescription drug costs (including deductibles, copays, coinsurance and 100% drug payments) reach \$4,550 you pay the greater of:	After your yearly total out-of-pocket prescription drug costs (including deductibles, copays, coinsurance and 100% drug payments) reach \$4,550 you pay the greater of:
Tier 1: \$2.50 or 5% of the plan's approved amount	Tier 1: \$2.50 or 5% of the plan's approved amount
Tiers 2, 3, 4 and 5: \$6.30 or 5% of the plan's approved amount	Tiers 2, 3, 4 and 5: \$6.30 or 5% of the plan's approved amount

## Enroll today

An independent licensed Blues agent can help you select the plan option that best fits your needs, or you may enroll:

- Online through the Centers for Medicare & Medicaid Services at [www.medicare.gov](http://www.medicare.gov)
- Online through our website at [www.bcbsm.com/mybluemedicare](http://www.bcbsm.com/mybluemedicare)
- By mail

Concerns, would like to find an agent or need assistance with enrolling, please call: **1-8704** • 8 a.m. to 8 p.m., seven days a week

## Coverage choices from the Blues

Prescription Blue plans are among the many options available to Medicare beneficiaries from Blue Cross Blue Shield of Michigan and Blue Care Network. Since each individual's needs vary, we offer plans with different benefits, premiums, copayments and physician arrangements. For more information about our HMO, PPO and Medigap plans, call 1-877-469-2583, 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704. You should also call that number if you wish to be removed from the Prescription Blue mailing list.

## Important information about these benefits

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Limitations, copayments and exceptions may apply. Benefits, formulary, pharmacy network, premiums and copayments/coinsurance may change on Jan. 1, 2012. This plan may not be available to you in 2012 because by law plan sponsors can choose not to renew their contracts with CMS or reduce their service areas; and CMS may also refuse to renew a contract, thus resulting in a termination or nonrenewal.

In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in nonroutine circumstances. Quantity limitations and restrictions may apply. You must have Part A and/or Part B to enroll. You must continue to pay your Medicare Part B premium. Members may enroll in the plan only during specific times of the year. Contact us for more information.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-8048, 24 hours a day/7days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office

This document is available in alternative formats. For more information, call 1-877-469-2583 from 8 a.m. to 8 p.m. seven days a week. TTY users should call 1-800-481-8704.