

Your 2014 LPPO Prescription Drug Benefit Chart 10/20/40 (with Senior Rx Plus)

Your Retiree Drug Plan includes two drug benefits. The chart below shows your cost after you receive basic coverage provided by your Group Part D drug benefits and additional coverage provided under your Senior Rx Plus supplemental benefits.

Formulary	3 Tier – Open
Deductible	\$0
Covered Services	What you pay

Initial Coverage

Below is your payment responsibility from the time you meet your deductible, if you have one, until the amount paid by you and the Coverage Gap Discount Program for covered prescriptions reaches your True Out of Pocket limit of \$4,550.

Retail Pharmacy	per 30-day supply (Specialty limited to a 30 day supply)
<ul style="list-style-type: none"> • Generics • Select Generics 	\$10 copay \$0 copay for Select Generics
<ul style="list-style-type: none"> • Preferred Brands 	\$20 copay
<ul style="list-style-type: none"> • Non-Preferred Brands and Non-Formulary Drugs 	\$40 copay

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 located in New York, you only pay the mail order copay shown below.

Mail Order Pharmacy	per 90-day supply (Specialty limited to a 30 day supply; 30 day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> • Generics • Select Generics 	\$20 copay \$0 copay for Select Generics
<ul style="list-style-type: none"> • Preferred Brands 	\$40 copay
<ul style="list-style-type: none"> • Non-Preferred Brands and Non-Formulary Drugs 	\$80 copay

Generally you must fill prescriptions at a network pharmacy to receive benefits under this Plan. In certain circumstances you may be reimbursed for drug costs when you must get a covered prescription filled at an out-of-network pharmacy. You will have to pay the cost of the drug and submit a claim to us. You will be responsible for all amounts over our negotiated cost, plus any deductible, copayment or coinsurance listed in this benefit chart. Please see “When can you use a pharmacy that is not in your plan’s network?” section of your Evidence of Coverage for complete information.

Vaccine Coverage

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.

Empire BlueCross is a health plan with a Medicare contract.

Covered Services	What you pay
Catastrophic Coverage	
Your payment responsibility changes after the cost you have paid for covered prescription drugs and the amount of the Coverage Gap Discount reaches your True Out of Pocket limit of \$4,550.	
<ul style="list-style-type: none"> Generic Drugs 	5% coinsurance with a minimum copay of \$2.55 and a maximum copay of \$10.00 (Specialty limited to a 30 day supply)
<ul style="list-style-type: none"> Select Generics 	\$0 copay for Select Generics
<ul style="list-style-type: none"> Brand-Name Drugs 	5% coinsurance with a minimum copay of \$6.35 and a maximum copay of \$20.00 (Specialty limited to a 30 day supply)
Extra Covered Drug Group	
These are drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays. These drugs are covered by your Senior Rx Plus benefits.	
Barbiturates Cough and Cold DESI Vitamins and Minerals Erectile Dysfunction	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> Generics 	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> Brands 	You pay your retail or mail order brand copay
Extra Covered Drugs - New York	
These are drugs that are covered on retiree drug plans issued in New York. These drugs are often excluded from Part D coverage, but are covered by your Senior Rx Plus benefits. If you have a deductible, it does not apply to these drugs.	
Contraceptive Devices	Copay or coinsurance per Covered Device
<ul style="list-style-type: none"> Prescription 	\$20 copay
Enteral Formula	Copay or coinsurance per 30-day supply
<ul style="list-style-type: none"> Prescription 	\$40 copay
Fertility Drugs	Copay or coinsurance per 30-day supply
<ul style="list-style-type: none"> Prescription 	\$40 copay

- Coverage Gap Discount Program:** If you are not receiving help to pay your share of drug cost through the Low Income Subsidy or PACE programs, you qualify for a discount on the cost you pay for most covered brand drugs through the Medicare Coverage Gap Discount Program. For prescriptions filled in 2014, once the cost paid by you and your retiree drug plan reaches \$2,850 the cost share you pay will reflect all benefits provided by your retiree drug coverage and the Coverage Gap Discount. The Coverage Gap Discount applies until the cost paid by you and the Discount reaches \$4,550. Drug manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. **Please note:** Your retiree drug plan may cover some brand drugs beyond those covered by Medicare. The discount will not apply to drugs listed as “Extra Covered Drugs” in your benefits.

Covered Services	What you pay
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- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefit chart is the amount you pay for covered drugs filled at network pharmacies.