

School Board of Polk County 2011 BlueMedicare Group Rx*

Benefits	BlueMedicare Group Rx* Option 1
Premium (per member, per month)	Included with PP01
Deductible	\$0
Tier 1 - Generics	\$5.00
Tier 2 - Preferred Brand	\$30.00
Tier 3 - Non-Preferred Brand	\$60.00
Tier 4 - Specialty Drugs	\$60.00
Mail Order	2x normal copay for a 90 day supply
Formulary Type	Added coverage for selected CMS excluded drugs. Generic & multi-source brand prescription drugs will be covered for the following categories: <ul style="list-style-type: none"> • Cough • Cold • Barbiturates • Benzodiazepines
Gap Tier 1 - Generics	\$5.00
Gap Tier 2 - Preferred Brand	\$15.00
Gap Tier 3 - Non-Preferred Brand	\$30.00
Gap Tier 4 - Specialty Drugs	\$30.00 for Brand Drugs Only/\$60.00 for Generics
Catastrophic	Greater of \$2.50 or 5%/Greater of \$6.30 or 5%

* Prescription drug copays do not accumulate towards the health plan calendar year maximum out-of-pocket.

* Brand and generic drugs are covered through the coverage gap. Per CMS guidelines effective 1/1/2011, when drugs reach the initial coverage stage amount of \$2,840 (even if the plan has no coverage gap), the member's brand and non-generic specialty drug copays and coinsurance are discounted by 50%. However, generic specialty drug coinsurance is not discounted.

* Part D Creditable Coverage – The enrolling member may incur late enrollment penalties as defined and set by CMS in accordance with Part D guidelines if prior creditable coverage cannot be proven.

* Blue Cross and Blue Shield of Florida is a Medicare-approved Part D sponsor.

* This contract is renewed annually, and availability beyond the end of the current contract year is not guaranteed.