

**Your 2014 LPP0 Prescription Drug Benefit Chart**  
**5/20/40 (with Senior Rx Plus)**  
**City of Manchester**  
**Effective January 1, 2014**

*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.*

<b>Formulary</b>	<b>3 Tier – Open</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, 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.

<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>• Generics</li> <li>• Select Generics</li> </ul>	<p style="text-align: center;">\$5 copay \$0 copay for Select Generics</p>
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$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, 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</li> <li>• Select Generics</li> </ul>	<p style="text-align: center;">\$10 copay \$0 copay for Select Generics</p>
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$40 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$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.

**Anthem Blue Cross and Blue Shield is a health plan with a Medicare contract.**

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2014 Custom 5/20/40 City of Manchester Full Gap  
P3TARO (10R) NH

06/21/2013

Covered Services	What you pay
<b>Vaccine Coverage</b>	
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.	
<b>Catastrophic Coverage</b>	
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"> <li>Generic Drugs</li> <li>Select Generics</li> </ul>	5% coinsurance with a minimum copay of \$2.55 and a maximum copay of \$5.00  \$0 copay for Select Generics
<ul style="list-style-type: none"> <li>Brand-Name Drugs</li> </ul>	5% coinsurance with a minimum copay of \$6.35 and a maximum copay of \$20.00
<b>Extra Covered Drug Group</b>	
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.	
<b>Barbiturates</b> <b>Cough and Cold</b> <b>DESI</b> <b>Vitamins and Minerals</b> <b>Erectile Dysfunction (ED)</b>	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

- 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.
- 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.