

Regence Life and Health Medicare Script™ Enhanced (PDP) Regence Life and Health Medicare Script™ (PDP)

Use this simple comparison of premiums, deductibles, copays and coinsurance to help you determine which Regence Life and Health (RLH) Medicare Script (PDP) plan best meets your needs.

With both plans you get:

- More than 50,000 pharmacies nationwide to choose from, plus convenient mail-order service (you must use one of the pharmacies in our network, except under non-routine circumstances)
- A monthly explanation of benefits to help you track your out-of-pocket costs
- Virtually no paperwork
- A formulary that includes most Part D-covered prescription drugs

Tiered Pharmacy Benefit in the Deductible/Initial Coverage period	RLH Medicare Script Enhanced (PDP)	RLH Medicare Script (PDP)
Deductible	\$100	\$200
Tier 1: Copay for generics	\$4	\$4
Tier 2: Copay for preferred brand-names	\$30	\$30
Tier 3: Copay for non-preferred brand-names	\$56	\$61
Tier 4*: Coinsurance for miscellaneous injectables	30%	27%
Tier 5*: Coinsurance for specialty medications	30%	27%

**Tiers 4 and 5 are limited to a 30-day supply and may contain generic products.*

Deductibles, copays and coinsurance amounts are based on a 30-day supply of medications (31-day supply for long-term care) and are effective Jan. 1, 2010, through Dec. 31, 2010.

With RLH Medicare Script Enhanced (PDP), you also get:

- Coverage for Tier 1 generic drugs through the Coverage Gap—you pay a \$4 copay per prescription for each 30-day supply

Monthly Premiums:

Regence Life and Health Medicare Script™ Enhanced (PDP)	\$94.50
Regence Life and Health Medicare Script™ (PDP)	\$76.50

You may be able to get additional help with premiums and prescription costs. Contact Medicare at 1-800-Medicare (1-800-633-4227). TTY or TDD users should call 1 (877) 486-2048, 24 hours a day/ 7 days a week.

Call Individual Marketing for more information from 8 a.m. to 5 p.m., Pacific time, Monday through Friday, **Toll-free 1-888-REGENCE (1-888-734-3623)**
TTY users should call 711

Regence Life and Health Insurance Company is an Independent Licensee of the Blue Cross and Blue Shield Association



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Prescription drug benefits summary

Regence Life and Health Medicare Script (PDP) prescription drug benefits work in three stages: Deductible/Initial Coverage, the Coverage Gap and Catastrophic Coverage.

Deductible/Initial Coverage is in effect until your medication costs reach \$2,830. Both your out-of-pocket costs (including deductible, copays, and coinsurance) and money Regence Life and Health pays for your medications count toward that \$2,830 limit.

When you reach the \$2,830 threshold, you enter the **Coverage Gap**. In this stage you pay for all of your own medications until you reach \$4,550 total for the year. The \$4,550 does not include what Regence Life and Health has paid.

After the \$4,550 Coverage Gap limit is reached, you enter **Catastrophic Coverage**. You remain in Catastrophic Coverage for the rest of the year and go back to Initial Coverage on Jan. 1.

Below is a summary of how these stages work for each of the plans:

Option	Deductible/ Initial Coverage	Coverage Gap	Catastrophic Coverage
RLH Medicare Script Enhanced (PDP)	<ul style="list-style-type: none"> ▶ Deductible: \$100 ▶ Your share is \$4/\$30/\$56/30%/30%, depending on the tier. 	You pay \$4 copay per prescription for each 30-day supply for Tier 1 generics; you pay 100% of all other drug costs.	You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance, depending on the tier.
RLH Medicare Script (PDP)	<ul style="list-style-type: none"> ▶ Deductible: \$200 ▶ Your share is \$4/\$30/\$61/27%/27%, depending on the tier. 	You pay 100% of all drug costs.	You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance, depending on the tier.

Regence Life and Health Medicare Script (PDP) is a stand alone prescription drug plan with a Medicare contract. Anyone who resides in Utah and has Part A and/or Part B, may apply. Members must continue to pay their Part B premiums and may not have more than one Part D plan. Benefits, premiums, formularies and pharmacy networks may change in the next contract year.

The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. Members may only apply at specific times of the year. If you are enrolled in a Medicare Advantage plan you will be automatically disenrolled if you enroll in a PDP.

For full information on network pharmacies and how to obtain mail-order prescription drug service, contact Regence Life and Health Medicare Script (PDP) Customer Service at **1 (800) 541-8981**, TTY users should call 711. **FROM Nov. 15 through March 1: HOURS 8 a.m. to 8 p.m., seven days a week. AFTER March 1: HOURS 8 a.m. to 8 p.m., Monday through Friday.** Please leave a message on Saturdays, Sundays and holidays, and we will return your call on the next business day.

Send completed applications to: P.O. Box 12625, MS S5B, Salem, OR 97309-0625 or fax to 1 (888) 335-2988

A complete list of limitations and exclusions is available in the Evidence of Coverage which can be found at www.regence.com/medicare/script

P.O. Box 30270

Salt Lake City, UT 84130-0270

www.regence.com/medicare/script



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