

## 2012 BASIC Plan Benefit Outline

**\$38.20 per month**



### Benefits Description

Your plan coverage will change as you incur more costs. There are three stages of coverage as mandated by Medicare: **Initial**, **Gap** and **Catastrophic**. All Prescription Drug Plans are required to follow this pattern of coverage.

### Initial Coverage

After you meet a \$320 deductible, you pay \$3 for generic drugs. A list of generics can be found in the [RxBLUE Basic PDP 2012 Formulary Guide](#).

If you choose a brand-name drug, you'll pay \$46. For Specialty drugs, you'll pay 25 percent coinsurance, which means you pay 25 percent of the cost of the drug and Blue Cross pays 75 percent.

### Your Initial Coverage Costs

The amount you pay for each drug will depend on the drug type or tier.

Tier	You Pay	Type of Drug
Tier 1	\$3	Generic
Tier 2	\$46	Brand
Tier 3	25% Coinsurance	Specialty Drugs

## Coverage Gap

Once your costs and Blue Cross costs combined reach \$2,930, you'll receive discounts on brand-name drugs and pay 86 percent of the plan's cost for generic drugs until your out-of-pocket costs reach \$4,700. This is often referred to as the "coverage gap." But each time you use your member ID card at a network pharmacy, you'll have access to Blue Cross discounts at the point of purchase.

## Catastrophic coverage

RxBLUE Basic PDP protects you financially from catastrophic prescription costs in the event of a serious medical condition. Once your out-of-pocket costs reach \$4,700, you pay only 5 percent coinsurance or \$2.60 for a generic drug and \$6.50 for all other drugs – whichever is greater. Blue Cross pays the rest.

This level of coverage lasts until the end of your plan year.

**Please note:** If you believe you have already qualified for low income subsidy and believe you are paying an incorrect copayment amount, Medicare has established a process that will allow you to provide evidence of your proper copayment level. [Learn more](#)

## 2012 Premium Information

The RxBLUE Basic PDP premium for 2012 is **\$38.20** per month. Lower premiums and coinsurance payments are available for those who have [qualified for Extra Help](#).

You must continue to pay your Medicare Part B premium if it is not otherwise paid for under Medicaid or another third-party.