

Laborers' Metropolitan Detroit Health Care Fund

Medicare Participants

MEDICARE PLUS BLUE GROUP PPO – PART D PHARMACY PROGRAM for PRESCRIPTION DRUGS OPEN ENHANCED FORMULARY

Initial Coverage:

You pay the cost shares listed in the chart below.

You may get your drugs at a **network** retail pharmacy and/or BCBSM's mail order pharmacy.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may obtain a prescription from an out-of-network pharmacy, but you may be required to pay more than at a network pharmacy.

If your covered drug costs less than the cost share amount listed below, **you will pay the lower price for your prescription.**

Part D Prescription Drug Deductible: There is no deductible for prescription drugs.

Tier	Description	Up to 31-day supply	Up to 90-day supply*	
		Standard retail, preferred retail or mail-order cost sharing	Preferred retail or mail-order cost sharing	Standard retail cost sharing
Tier 1	Preferred generic drugs	\$20	\$40	\$40
Tier 2	Non-preferred generic drugs	\$20	\$40	\$40
Tier 3	Preferred brand-name drugs	\$50	\$100	\$100
Tier 4	Non-preferred brand-name drugs	\$70	\$140	\$140
Tier 5	Specialty drugs	\$70	These drugs are not covered for supplies greater than 31 days.	

***Many retail pharmacies, but not all, will fill a 90-day supply of medication. Check with your pharmacist. Your prescription must be written for 90-days.**

Note: The above information is NOT a complete description of benefits and is intended to be a brief summary of services only. Further details will be provided with your Pre-Enrollment Kit which will be mailed in Mid-January, 2016