

This is only a summary of your plan's benefits. See your Evidence of Coverage for more detailed information.



University of Pittsburgh

2024 Benefit Summary

Blue Rx

0197360

<p>You pay the following until your total yearly drug costs reaches \$5,030 Total yearly drug costs are the total drug costs paid by both you and your Part D Plan.</p>			
	Deductible	\$0	
	Out of Pocket Maximum	Not applicable	
Initial Coverage	Retail Cost Sharing (Preferred Pharmacy)	Tier	Up to 31 Day Supply
		Tier 1 (Preferred Generic)	\$10.00 Copay
		Tier 2 (Generic)	\$10.00 Copay
		Tier 3 (Preferred Brand)	\$30.00 Copay
		Tier 4 (Non-Preferred Drugs)	\$65.00 Copay
		Tier 5 (Specialty)	\$70.00 Copay
	Retail Cost Sharing (Standard Pharmacy)	Tier	Up to 31 Day Supply
		Tier 1 (Preferred Generic)	\$15.00 Copay
		Tier 2 (Generic)	\$15.00 Copay
		Tier 3 (Preferred Brand)	\$35.00 Copay
		Tier 4 (Non-Preferred Drugs)	\$70.00 Copay
		Tier 5 (Specialty)	\$70.00 Copay
	Mail Order Cost Sharing (Express Scripts)	Tier	Up to 100 Day Supply - Tier 1 & 2 Up to 90 Day Supply- Tier 3 & 4
		Tier 1 (Preferred Generic)	\$20.00 Copay
		Tier 2 (Generic)	\$20.00 Copay
		Tier 3 (Preferred Brand)	\$60.00 Copay
		Tier 4 (Non-Preferred Drugs)	\$130.00 Copay
		Tier 5 (Specialty)	\$70.00 Copay for a 31 day limit supply
	Mail Order Cost Sharing (All other Mail Order Pharmacies)	Tier	
		Tier 1 (Preferred Generic)	\$30.00 Copay
Tier 2 (Generic)		\$30.00 Copay	
Tier 3 (Preferred Brand)		\$70.00 Copay	
Tier 4 (Non-Preferred Drugs)		\$140.00 Copay	
Tier 5 (Specialty)		\$70.00 Copay for a 31 day limit supply	

The coverage gap begins after the yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.01 until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Coverage Gap	Retail Cost Sharing (Preferred Pharmacy)	Tier	Up to 31 Day Supply
		Tier 1 (Preferred Generic)	\$10.00 Copay
		Tier 2 (Generic)	\$10.00 Copay
		Tier 3 (Preferred Brand)	\$30.00 Copay
		Tier 4 (Non-Preferred Drugs)	\$65.00 Copay
		Tier 5 (Specialty)	\$70.00 Copay
	Retail Cost Sharing (Standard Pharmacy)	Tier	Up to 31 Day Supply
		Tier 1 (Preferred Generic)	\$15.00 Copay
		Tier 2 (Generic)	\$15.00 Copay
		Tier 3 (Preferred Brand)	\$35.00 Copay
		Tier 4 (Non-Preferred Drugs)	\$70.00 Copay
		Tier 5 (Specialty)	\$70.00 Copay
	Mail Order Cost Sharing (Express Scripts)	Tier	Up to 100 Day Supply - Tier 1 & 2 Up to 90 Day Supply- Tier 3 & 4
		Tier 1 (Preferred Generic)	\$20.00 Copay
		Tier 2 (Generic)	\$20.00 Copay
		Tier 3 (Preferred Brand)	\$60.00 Copay
		Tier 4 (Non-Preferred Drugs)	\$130.00 Copay
		Tier 5 (Specialty)	\$70.00 Copay for a 31 day limit supply
	Mail Order Cost Sharing (All other Mail Order Pharmacies)	Tier	Up to 100 Day Supply - Tier 1 & 2 Up to 90 Day Supply- Tier 3 & 4
		Tier 1 (Preferred Generic)	\$30.00 Copay
Tier 2 (Generic)		\$30.00 Copay	
Tier 3 (Preferred Brand)		\$70.00 Copay	
Tier 4 (Non-Preferred Drugs)		\$140.00 Copay	
Tier 5 (Specialty)		\$70.00 Copay for a 31 day limit supply	
<p>Catastrophic Coverage Description: After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$8,000.01, there is \$0 member cost sharing for covered Part D drugs for any beneficiaries.</p>			
Catastrophic Coverage	<p>There is \$0 member cost sharing for covered Part D drugs for any beneficiaries in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.</p>		

HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in HM Health Insurance Company depends on contract renewal. Your health benefits or health benefit administration may be provided by or through Highmark Health Insurance Company. Highmark Blue Shield provides post-sale administrative communications for these companies.

Highmark Blue Shield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

Questions on BlueRx PDP benefits? Call 1-866-456-7739 Monday-Friday from 8 a.m. to 4:30 p.m. (TTY users call 711).

Reference Code (Please have this number ready when you call): 24BRX0197360

EGHP_22_2409_C