



BLUE RX RENEWAL

CLIENT NAME: University of Pittsburgh
 GROUP NAME: University of Pittsburgh
 CURRENT MEMBERSHIP: 158

EFFECTIVE DATE: 1/1/2021
 CLIENT NUMBER: 015758
 GROUP NUMBER: 1973605
 INVOICING: Direct Employer Billed

	2020 Benefits (Current Plan)	2021 Benefits Current
Part D Prescription Drug Benefits	In Network (INN)	In Network (INN)
Part D Prescription Drug Coverage	Covered	Covered
Formulary	Incentive	Incentive
Part D Rx Deductible Stage		
Initial Coverage Stage*		
(Retail—up to a 31 day supply) Preferred Pharmacy	\$10 / \$10 / \$30 / \$65 / \$70	\$10 / \$10 / \$30 / \$65 / \$70
(Retail—up to a 31 day supply) Standard Pharmacy	\$15 / \$15 / \$35 / \$70 / \$70	\$15 / \$15 / \$35 / \$70 / \$70
(Mail Order - Up to a 90 day supply)	\$20 / \$20 / \$60 / \$130 / NA	\$20 / \$20 / \$60 / \$130 / NA
Specialty Drugs are limited to a 31-day supply		
Coverage Gap Stage*+ year drug costs reach \$4,130	After calendar	
(Retail—up to a 31 day supply) Preferred Pharmacy	\$10 / \$10 / \$30 / \$65 / \$70	\$10 / \$10 / \$30 / \$65 / \$70
(Retail—up to a 31 day supply) Standard Pharmacy	\$15 / \$15 / \$35 / \$70 / \$70	\$15 / \$15 / \$35 / \$70 / \$70
(Mail Order - Up to a 90 day supply)	\$20 / \$20 / \$60 / \$130 / NA	\$20 / \$20 / \$60 / \$130 / NA
Specialty Drugs are limited to a 31-day supply		
Catastrophic Coverage Stage - After member's calendar year out-of-pocket costs have reached \$6,550	Greater of 5% or \$3.60 for Generics and \$8.95 for all other drugs	Greater of 5% or \$3.70 for Generics and \$9.20 for all other drugs
* Rx Tiers - Tier 1 (Preferred Generic) / Tier 2 (Non-Preferred Generic) / Tier 3 (Preferred Brand & Generic) / Tier 4 (Non-Preferred Drug) / Tier 5 (Specialty)		
+ Member cost sharing amount for Part D drugs with discount included.		
	<u>Value Add Riders</u>	
Medicare Excluded Part D Prescription Drug Rider	Not Covered	Not Covered
Part D Rx Out-of-Pocket Maximum	Not Applicable	Not Applicable
Total Premium Per Member, Per Month	\$134	\$130

This is a summary of the most commonly used benefits. It does not include a full list of benefits. The detailed benefits are included in the Evidence of Coverage (EOC).

Please return to your Senior Markets Client Manager or fax to 412-544-1007.

Signature _____ Date _____

Printed Name _____ Title _____

HM Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in HM Health Insurance Company depends on contract renewal. Highmark Blue Shield and HM Health Insurance Company are independent