



Medicare Advantage
2025 Benefit Summary

Name: University of Pittsburgh-0197360

	Blue RX	
Prescription Drugs - Part D		
Prescription Deductible	Not Applicable	
True Out of Pocket (TrOOP) Costs Threshold	\$2,000	
Formulary	Preferred	
Medicare Excluded Part D Prescription Drug Rider	Not Covered	
Retail Prescription Drugs	Preferred	Standard
Tier 1 (Preferred Generic)	\$10	\$15
Tier 2 (Non-Preferred Generic)	\$10	\$15
Tier 3 (Preferred Brand & Generic)	\$30	\$35
Tier 4 (Non-Preferred)	\$65	\$70
Tier 5 (Specialty)	\$70	\$70
Mail Order Prescription Drugs	Express Scripts	All other Mail Order Pharmacies
Tier 1 (Preferred Generic)	\$20	\$30
Tier 2 (Non-Preferred Generic)	\$20	\$30
Tier 3 (Preferred Brand & Generic)	\$60	\$70
Tier 4 (Non-Preferred)	\$130	\$140
Tier 5 (Specialty)	\$70	\$70
Retail and Mail Order Days Supply Limit	<div>- Retail or Mail Order -Tier 1 & 2 - Up to a 100 day supply</div> <div>- Retail or Mail Order - Tier 3 & 4 - Up to a 90 day supply</div> <div>- Specialty Drugs are limited to a 31-day supply</div> <div>-Insulin - \$35 maximum copay for a one-month supply of covered insulin products</div>	
Catastrophic Phase	After reaching the True Out of Pocket (TrOOP) costs, there is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	

Highmark Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal. Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company.

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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TruHearing is a registered trademark of TruHearing, Inc., a separate company. Davis Vision is an independent company that provides the network and administers vision benefits for Highmark members. Express Scripts® is a separate company. Other Pharmacies/Physicians/Providers are available in our network.

Out-of-network/non-contracted providers are under no obligation to treat Plan members except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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

Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY:711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

我们免费提供口译服务，为您解答有关我们健康计划或药物计划的任何疑问。如需口译服务，只需拨打您所在州相应的电话号码即可。说中文的工作人员可为您提供帮助。此项服务免费。

For questions about this plan's benefits or costs, please call 1-866-456-7739 (TTY 711), Monday -Friday 8 am - 4:30 pm.

Please have this number ready when you call

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