



2024 Prescription BlueSM PDP plans

Our pharmacy plans include:

- An expansive network — major drug store chains and most of Michigan’s retail pharmacies¹
- Coverage when you travel — with network pharmacies nationwide
- Convenient mail-order program
- Safeguards that protect against possible harmful drug interactions
- The Prescription Blue PDP drug lists — with medications approved by the U.S. Food and Drug Administration.

Note: You can’t have a Medicare Advantage plan with drug coverage and a stand-alone prescription drug plan.

Unless you’re covered by a group-sponsored plan, federal government rules don’t allow people who have a PPO or HMO Medicare Advantage plan that includes prescription drug coverage to also have a stand-alone Part D prescription drug plan like Prescription Blue PDP.

If you’re in a PPO or HMO Medicare Advantage plan and you enroll in a stand-alone PDP, you’ll be automatically disenrolled from the Medicare Advantage plan and returned to Original Medicare. This applies to PPO or HMO Medicare Advantage plans only, not to Medicare supplement plans.

¹Source: Optum Rx®
Centers for Medicare & Medicaid Services, Contract/Plan/State/County Medicare Advantage enrollment data, April 2022

BENEFIT FOR MEDICARE-COVERED SERVICES	Prescription Blue PDP Select		Prescription Blue PDP Premium	
Monthly premium	\$96		\$117.40	
Drug list used	Core formulary		Standard formulary	
Deductible	\$545; doesn't apply to Tier 1 preferred generic drugs		\$0	
Pharmacy Network	Preferred and standard pharmacies network copays/coinsurance — a complete listing of preferred pharmacies can be found at www.bcbsm.com/pharmaciesmedicare .			
	Pharmacy copays and coinsurance Initial coverage limit: \$5,030 After you pay your yearly deductible, you pay the following copays and coinsurances at network pharmacies until your total prescription drug costs (paid by both you and your plan) equal \$5,030. Copays listed are for up to a 31-day supply.		Pharmacy copays and coinsurance Initial coverage limit: \$5,030 You pay the following copays and coinsurances at network pharmacies until your total prescription drug costs (paid by both you and your plan) equal \$5,030. Copays listed are for up to a 31-day supply.	
	Preferred pharmacies	Standard pharmacies	Preferred pharmacies	Standard pharmacies
Tier 1 preferred generic drugs	\$0	\$5	\$1	\$6
Tier 2 generic drugs	\$11	\$18	\$5	\$10
Tier 3 preferred brand drugs	\$42	\$47	\$40	\$45
Tier 4 nonpreferred drugs	38%*	38%*	45%*	45%*
Tier 5 specialty tier drugs	25%*	25%*	33%*	33%*
Coverage gap	After your total prescription drug costs reach \$5,030 and until your total out-of-pocket costs reach \$8,000: You pay 25% of the price for brand-name drugs and 25% of the price for generic drugs. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach a total of \$8,000. This amount and these rules for counting costs toward this amount have been set by Medicare.			
Catastrophic coverage	\$0 copay			

*Of plan’s approved amount

Enroll your own way

Call 1-888-563-3307 from 8 a.m. to 9 p.m. Eastern time Monday through Friday, with weekend hours October 1 through March 31. TTY users, call 711.

Go to www.bcbsm.com/medicare.

Contact your Blue Cross authorized, independent agent.



Prescription Blue is a PDP plan with a Medicare contract. Enrollment in Prescription Blue depends on contract renewal.