



2011 SeniorCare Rx (Cost) Medicare Part D Plans

PLAN NAME	VALUE	BASIC	ENHANCED
Monthly Premium	\$50.10	\$40.00	\$98.70
Deductible	\$310	\$0	\$0
Initial Coverage Amount	\$2,840	\$2,840	\$2,840
Co-pays during Initial Coverage Period:			
Preferred Generic Drugs	25%	\$7	\$0
Preferred Brand Drugs	25%	\$35	\$35
Non-Preferred Brand & Generic Drugs	25%	\$64	\$65
Specialty Drugs	25%	33%	33%
After Initial Coverage Amount You Pay	93% for Preferred Generics; 50% for Preferred Brand; 100% for all other drugs	93% for Preferred Generics; 50% for Preferred Brand; 100% for all other drugs	\$4 for Preferred Generics; 50% for Preferred Brand; 100% for all other drugs
Total Out-Of-Pocket You Must Pay before Catastrophic Coverage	\$4,550	\$4,550	\$4,550
Catastrophic Coverage Amounts	\$2.50 for Generics; \$6.30 for all other drugs or 5%	\$2.50 for Generics; \$6.30 for all other drugs or 5%	\$2.50 for Generics; \$6.30 for all other drugs or 5%

The SeniorCare (Cost) Medicare Part D prescription plans are optional and available only to SeniorCare (Cost) plan members. Formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1, 2011.

This information is available in a different format, including Spanish. Please call Customer Services at 1-866-334-3141, Sunday – Saturday, 8 am to 8 pm (TTY users call 1-800-735-2989) if you need plan information in another format or language.

Esta información está disponible en un formato diferente, incluso el español. Por favor llame Servicios de Cliente en 1-866-334-3141, el domingo – el sábado, a las 8h00 hasta las 20h00 (usuarios de TTY llaman 1-800-735-2989) si usted tiene que planear la información en otro formato o lengua.

“A Health Plan with a Medicare Contract”