



Pharmacy Benefits	Harvard Pilgrim Health Plan Via Coventry Health Care First Health Part D Premier PDP		Harvard Pilgrim Health Plan Via Coventry Health Care First Health Part D Premier Plus PDP		Tufts Medicare Preferred Standard Rx PDP Plan		Tufts Medicare Preferred Enhanced Rx PDP Plan		Blue Medicare Rx Value Plus PDP		Blue Medicare Rx Premier PDP	
	Annual Deductible	Initial Coverage	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Annual Deductible	\$150		\$0		\$310		\$0		\$0		\$0	
Initial Coverage	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Tier 1: Generic Drugs	\$8	\$20	\$0	\$0	\$6	\$15	\$7	\$18	\$6	\$6	\$4	\$4
Tier 2: Non-Preferred Generic and Preferred Brand	17%	15%	\$25	\$62.50	\$28	\$84	\$30	\$90	\$12	\$30	\$9	\$23
Tier 3: Non-Preferred Brand	36%	36%	30%	27%	\$70	\$210	\$70	\$210	\$44	\$110	\$30	\$75
Tier 4: Specialty Drugs	29%	NA	56%	56%	25%	25%	33%	33%	\$90	\$225	\$70	\$175
Tier 5	NA	NA	33%	NA	NA	NA	NA	NA	33%	33%	33%	33%
Coverage Gap - After you reach \$2840 and until your payments reach \$4550, you pay:												
Tier 1: Generic Drugs	93%	93%	\$10	\$25	93%	\$93	\$7	18%	93%	93%	\$4.00	\$4.00
Tier 2: Non-Preferred Generic and Preferred Brand	50%	50%	NA	NA	50%	93%	93%	93%	93%	93%	\$9.00	\$22.50
Tier 3: Non-Preferred Brand	50%	50%	30%	27%	50%	50%	50%	50%	50%	50%	50%	50%
Tier 4: Specialty Drugs	50%	50%	56%	56%	50%	50%	50%	50%	50%	50%	50%	50%
Catastrophic Coverage												
Generics	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%	\$2.50 or 5%
All Other	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%	\$6.30 or 5%
Monthly Premium (MA)	\$30.50		\$84.40		\$44.60		\$69.60		\$55.50		\$106.60	
More Information	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>				<a href="http://www.tuftsmedicarepreferred.org">www.tuftsmedicarepreferred.org</a>				<a href="http://www.bluecrossma.com/medicare-options">www.bluecrossma.com/medicare-options</a>			
To Enroll, Call	1-877-906-4742 ~ Mon-Fri 8:30am - 5pm				1-800-521-3062 ~ Mon-Sun 8am-8pm				1-800-678-2265 ~ Mon-Sun 8am-8pm			

This is a summary only and as such should not be used as a final guide of benefits. Please refer to the benefit documents prepared by the insurance carrier for detailed explanation of coverage.