

Summary of Benefits

for the WPS MedicareRx Plans

January 1, 2009 - December 31, 2009

Section I - Introduction to the Summary of Benefits

for WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1,
and WPS MedicareRx Enhanced Plan 2

January 1, 2009 - December 31, 2009

Thank you for your interest in the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2. Our plans are offered by Wisconsin Physicians Service Insurance Corporation (WPS Health Insurance), a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call WPS Health Insurance and ask for the "Evidence of Coverage."

You have choices in your Medicare prescription drug coverage.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, or WPS MedicareRx Enhanced Plan 2. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2 to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where are the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2 available?

The service area for these plans includes: Wisconsin. You must live in one of these areas to join one of these plans. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join?

You can join one of these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

Does my plan cover Medicare Part B or Part D drugs?

The WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2 do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Where can I get my prescriptions?

The WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2 have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.wpsmedicaredrugs.com. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

The WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2 use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.wpsmedicaredrugs.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, or WPS MedicareRx Enhanced Plan 2. Get this information before you decide to enroll in one of these plans.

How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, or WPS MedicareRx Enhanced Plan 2, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, or WPS MedicareRx Enhanced Plan 2, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, or WPS MedicareRx Enhanced Plan 2 for more details.

Please call WPS Health Insurance for more information about the WPS MedicareRx Standard Plan, WPS MedicareRx Enhanced Plan 1, and WPS MedicareRx Enhanced Plan 2.

Visit WPS at www.wpsmedicaredrugs.com, or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Central

Current members should call toll-free 1-800-688-1604; TTY/TDD 1-800-716-3231

Prospective members should call toll-free 1-800-731-0459; TTY/TDD 1-888-877-2837

Current members should call locally 1-800-688-1604; TTY/TDD 1-800-716-3231

Prospective members should call locally 1-800-731-0459; TTY/TDD 1-888-877-2837

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs, please contact WPS Health Insurance for details.

SECTION II — Summary of Benefits

Benefit	Original Medicare	WPS MedicareRx Standard Plan
<p>Prescription Drugs</p> <p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>		<p>Drugs covered under Medicare Part D</p> <p>General</p>
		<p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wpsmedicaredrugs.com on the Web.</p>
		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service).
		<p>You pay \$39.30 each month for your Medicare Part D prescription benefits.</p>
		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p>
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p>
		<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>
		<p>Some drugs have quantity limits.</p>
		<p>Your provider must get prior authorization from the WPS MedicareRx Plan for certain drugs.</p>
		<p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p>
<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed in the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>		

WPS MedicareRx Enhanced Plan 1	WPS MedicareRx Enhanced Plan 2
Drugs covered under Medicare Part D General	Drugs covered under Medicare Part D General
This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wpsmedicaredrugs.com on the Web.	This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.wpsmedicaredrugs.com on the Web.
Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service). 	Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, or • have access to Indian/Tribal/Urban (Indian Health Service).
You pay \$43.90 each month for your Medicare Part D prescription benefits.	You pay \$75.00 each month for your Medicare Part D prescription benefits.
The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).	The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
Total yearly drug costs are the total drug costs paid by both you and the plan.	Total yearly drug costs are the total drug costs paid by both you and the plan.
The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
Some drugs have quantity limits.	Some drugs have quantity limits.
Your provider must get prior authorization from the WPS MedicareRx Plan for certain drugs.	Your provider must get prior authorization from the WPS MedicareRx Plan for certain drugs.
The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.	The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.
You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed in the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov .	You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed in the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov .

Benefit	Original Medicare	WPS MedicareRx Standard Plan
		<p data-bbox="820 241 1542 346">If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p data-bbox="820 378 1104 451">In-Network \$295 yearly deductible.</p> <p data-bbox="820 483 1510 598">Initial Coverage After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,700.</p> <p data-bbox="820 630 1299 808">Retail Pharmacy You can get drugs the following way(s):</p> <ul data-bbox="820 703 1201 808" style="list-style-type: none"> • one-month (30-day) supply • three-month (90-day) supply • 60-day supply

WPS MedicareRx Enhanced Plan 1	WPS MedicareRx Enhanced Plan 2
If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.	If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
In-Network \$0 deductible.	In-Network \$0 deductible.
Initial Coverage You pay the following until total yearly drug costs reach \$2,585:	Initial Coverage You pay the following until total yearly drug costs reach \$2,585:
Retail Pharmacy Generic <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier • \$14 copay for a 60-day supply of drugs in this tier 	Retail Pharmacy Generic <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$21 copay for a three-month (90-day) supply of drugs in this tier • \$14 copay for a 60-day supply of drugs in this tier
Preferred Brand <ul style="list-style-type: none"> • \$37 copay for a one-month (30-day) supply of drugs in this tier • \$111 copay for a three-month (90-day) supply of drugs in this tier • \$74 copay for a 60-day supply of drugs in this tier 	Preferred Brand <ul style="list-style-type: none"> • \$37 copay for a one-month (30-day) supply of drugs in this tier • \$111 copay for a three-month (90-day) supply of drugs in this tier • \$74 copay for a 60-day supply of drugs in this tier
Non-Preferred Brand <ul style="list-style-type: none"> • \$57 copay for a one-month (30-day) supply of drugs in this tier • \$171 copay for a three-month (90-day) supply of drugs in this tier • \$114 copay for a 60-day supply of drugs in this tier 	Non-Preferred Brand <ul style="list-style-type: none"> • \$57 copay for a one-month (30-day) supply of drugs in this tier • \$171 copay for a three-month (90-day) supply of drugs in this tier • \$114 copay for a 60-day supply of drugs in this tier
Specialty Brand <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier • 33% coinsurance for a 60-day supply of drugs in this tier 	Specialty Brand <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier • 33% coinsurance for a 60-day supply of drugs in this tier

Benefit	Original Medicare	WPS MedicareRx Standard Plan
		<p data-bbox="776 243 1146 281">Long Term Care Pharmacy</p> <p data-bbox="776 285 1260 323">You can get drugs the following way(s):</p> <ul data-bbox="776 327 1130 365" style="list-style-type: none"><li data-bbox="776 327 1130 365">• one-month (31-day) supply <p data-bbox="776 831 927 869">Mail Order</p> <p data-bbox="776 873 1260 911">You can get drugs the following way(s):</p> <ul data-bbox="776 915 1154 987" style="list-style-type: none"><li data-bbox="776 915 1154 953">• one-month (30-day) supply<li data-bbox="776 957 1154 987">• three-month (90-day) supply

WPS MedicareRx Enhanced Plan 1	WPS MedicareRx Enhanced Plan 2
<p>Long Term Care Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier 	<p>Long Term Care Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (31-day) supply of drugs in this tier
<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (31-day) supply of drugs in this tier 	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (31-day) supply of drugs in this tier
<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$57 copay for a one-month (31-day) supply of drugs in this tier 	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$57 copay for a one-month (31-day) supply of drugs in this tier
<p>Specialty Brand</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier 	<p>Specialty Brand</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (31-day) supply of drugs in this tier
<p>Mail Order</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$17.50 copay for a three-month (90-day) supply of drugs in this tier 	<p>Mail Order</p> <p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier • \$17.50 copay for a three-month (90-day) supply of drugs in this tier
<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (30-day) supply of drugs in this tier • \$92.50 copay for a three-month (90-day) supply of drugs in this tier 	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (30-day) supply of drugs in this tier • \$92.50 copay for a three-month (90-day) supply of drugs in this tier
<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$57 copay for a one-month (30-day) supply of drugs in this tier • \$142.50 copay for a three-month (90-day) supply of drugs in this tier 	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$57 copay for a one-month (30-day) supply of drugs in this tier • \$142.50 copay for a three-month (90-day) supply of drugs in this tier
<p>Specialty Brand</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier 	<p>Specialty Brand</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier • 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Benefit	Original Medicare	WPS MedicareRx Standard Plan
		<p>Coverage Gap After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or • 5% coinsurance. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from the WPS MedicareRx Plan.</p> <p>You can get drugs the following ways:</p> <ul style="list-style-type: none"> • one-month (30-day) supply

WPS MedicareRx Enhanced Plan 1

WPS MedicareRx Enhanced Plan 2

Coverage Gap

After your total yearly drug costs reach \$2,585, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.

Coverage Gap

This plan covers All Formulary Generics through the coverage gap. You pay the following:

Retail Pharmacy

Generic

- \$7 copay for a one-month (30-day) supply of drugs in this tier
- \$21 copay for a three-month (90-day) supply of drugs in this tier
- \$14 copay for a 60-day supply of drugs in this tier

Long Term Care Pharmacy

Generic

- \$7 copay for a one-month (31-day) supply of all drugs

Mail Order

Generic

- \$7 copay for a one-month (30-day) supply of drugs in this tier
- \$17.50 copay for a three-month (90-day) supply of drugs in this tier

For all other covered drugs, after your total yearly drug costs reach \$2,585, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
- 5% coinsurance.

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:

- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from the WPS MedicareRx Plan.

Out-of-Network

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from the WPS MedicareRx Plan.

Benefit	Original Medicare	WPS MedicareRx Standard Plan
		<p data-bbox="769 233 1224 268">Out-of-Network Initial Coverage</p> <p data-bbox="769 275 1523 384">After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly plan drug costs reach \$2,700.</p> <p data-bbox="769 999 1192 1035">Out-of-Network Coverage Gap</p> <p data-bbox="769 1041 1549 1335">After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly drug costs reach \$4,350. You will not be reimbursed by the WPS MedicareRx Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to the WPS MedicareRx Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

WPS MedicareRx Enhanced Plan 1	WPS MedicareRx Enhanced Plan 2
<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of network until total yearly drug costs reach \$2,585:</p>	<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of network until total yearly drug costs reach \$2,585:</p>
<p>Out-of-Network Pharmacy Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier 	<p>Out-of-Network Pharmacy Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs in this tier
<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (30-day) supply of drugs in this tier 	<p>Preferred Brand</p> <ul style="list-style-type: none"> • \$37 copay for a one-month (30-day) supply of drugs in this tier
<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$57 copay for a one-month (30-day) supply of drugs in this tier 	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> • \$57 copay for a one-month (30-day) supply of drugs in this tier
<p>Specialty Brand</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier 	<p>Specialty Brand</p> <ul style="list-style-type: none"> • 33% coinsurance for a one-month (30-day) supply of drugs in this tier
<p>Out-of-Network Coverage Gap After your total yearly drug costs reach \$2,585, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly drug costs reach \$4,350. You will not be reimbursed by the WPS MedicareRx Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to the WPS MedicareRx Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Out-of-Network Coverage Gap This plan covers All Formulary Generics through the gap. You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p>
	<p>Generic</p> <ul style="list-style-type: none"> • \$7 copay for a one-month (30-day) supply of drugs covered in this tier
	<p>Preferred Brand After your total yearly drug costs reach \$2,585, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly drug costs reach \$4,350. You will not be reimbursed by the WPS MedicareRx Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to the WPS MedicareRx Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>
	<p>Non-Preferred Brand After your total yearly drug costs reach \$2,585, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly drug costs reach \$4,350. You will not be reimbursed by the WPS MedicareRx Plan for out-of-network purchases when you are in the coverage</p>

Benefit	Original Medicare	WPS MedicareRx Standard Plan
		<p data-bbox="771 808 1323 850">Out-of-Network Catastrophic Coverage</p> <p data-bbox="771 850 1469 997">After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul data-bbox="771 997 1534 1102" style="list-style-type: none"> <li data-bbox="771 997 1534 1060">• A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or <li data-bbox="771 1060 1534 1102">• 5% coinsurance.

WPS MedicareRx Enhanced Plan 1

WPS MedicareRx Enhanced Plan 2

gap. However, you should still submit documentation to the WPS MedicareRx Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Specialty Brand

After your total yearly drug costs reach \$2,585, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly drug costs reach \$4,350. You will not be reimbursed by the WPS MedicareRx Plan for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to the WPS MedicareRx Plan so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Out-of-Network Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:

- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:

- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
- 5% coinsurance.



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