

**Your 2012 LPPO Prescription Drug Benefit Chart  
Premier 10/30/45  
Maine State Employees Health Insurance Program  
Effective January 1, 2012**

<b>Formulary</b>	<b>Premier 3 Tier – Open</b>
<b>Deductible</b>	<b>\$0</b>
<b>Drugs Covered in the Gap</b>	<b>Brand and Generic</b>
<b>Covered Services</b>	<b>What you pay</b>

**Initial Coverage**

Below is your payment responsibility until the cost paid by you and the plan for your prescriptions reaches your Initial Coverage Limit of \$2,930.

<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	<p style="text-align: center;">\$10 copay \$0 copay for Select Generics</p>
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$30 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$45 copay

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at one of these retail pharmacies located in Maine, you only pay the mail order copay shown below.

<b>Mail Order Pharmacy</b>	per 90-day supply
<ul style="list-style-type: none"> <li>• Generics, including Specialty Drugs</li> <li>• Select Generics</li> </ul>	<p style="text-align: center;">\$15 copay \$0 copay for Select Generics</p>
<ul style="list-style-type: none"> <li>• Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$45 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$70 copay

Generally you must fill prescriptions at a network pharmacy to receive benefits under this Plan. In certain circumstances you may be reimbursed for drug costs when you must get a covered prescription filled at an out-of-network pharmacy. You will have to pay the cost of the drug and submit a claim to us. You will be responsible for all amounts over our negotiated cost, plus any deductible, copayment or coinsurance listed in this benefit chart. Please see “When can you use a pharmacy that is not in your plan’s network?” section of your Evidence of Coverage for complete information.

**Vaccine Coverage**

The up front costs for vaccines will vary based upon where the vaccine is purchased and administered. Some vaccines, such as Flu Vaccines, are paid under your Medicare Part B coverage. Vaccines that are covered by Medicare Part B are not covered by your Part D plan. Please see your Evidence of Coverage booklet for a complete explanation of your vaccine coverage.

**A health plan with a Medicare contract.**

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2012 Custom Traditional LPPO Premier 10/30/45, State of Maine  
P3TARO (10R)

10/28/2011

Covered Services	What you pay
<b>Gap Coverage</b>	
Your payment responsibility changes once you reach your Initial Coverage Limit of \$2,930. Below is your payment responsibility during the period after you meet your Initial Coverage Limit and before Catastrophic coverage begins.	
<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>Generics, including Specialty Drugs</li> <li>Select Generics</li> </ul>	\$10 copay \$0 copay for Select Generics
<ul style="list-style-type: none"> <li>Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$60 copay (cost to you is \$30 after discount*)
<ul style="list-style-type: none"> <li>Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$90 copay (cost to you is \$45 after discount*)
<b>Mail Order Pharmacy</b>	per 90-day supply
<ul style="list-style-type: none"> <li>Generics, including Specialty Drugs</li> <li>Select Generics</li> </ul>	\$15 copay \$0 copay for Select Generics
<ul style="list-style-type: none"> <li>Preferred Brands, including Specialty Drugs and Vaccines</li> </ul>	\$90 copay (cost to you is \$45 after discount*)
<ul style="list-style-type: none"> <li>Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$140 copay (cost to you is \$70 after discount*)
<b>Catastrophic Coverage</b>	
Your payment responsibility changes after the cost you have paid for prescription drugs and the amount of the Coverage Gap Discount reaches your True Out of Pocket cost of \$4,700.	
<ul style="list-style-type: none"> <li>Generics, including Specialty Drugs</li> <li>Select Generics</li> </ul>	\$2.60 copay or 5% coinsurance, whichever is greater \$0 copay for Select Generics
<ul style="list-style-type: none"> <li>Preferred and Non-Preferred Brands including Specialty Drugs, Vaccines, and Non-Formulary Drugs</li> </ul>	\$6.50 copay or 5% coinsurance, whichever is greater
<b>Extra Covered Drug Group</b>	
These are drugs that are covered by your plan that are often excluded from Part D Prescription Drug Plans. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
<b>Benzodiazepines and Barbiturates</b> <b>Cosmetics</b> <b>Cough and Cold</b> <b>DESI</b> <b>Over the Counter Vitamins and Minerals</b>	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> <li>Generics</li> </ul>	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> <li>Brands</li> </ul>	You pay your retail or mail order brand copay

Covered Services	What you pay
<b>Erectile Dysfunction</b>	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$50 copay (up to a 90-day supply)
<ul style="list-style-type: none"> <li>• Brands</li> </ul>	\$50 copay (up to a 90-day supply)
<b>Infertility Drugs</b>	These drugs are Non-Formulary drugs
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$50 copay (up to a 90-day supply)
<ul style="list-style-type: none"> <li>• Brands</li> </ul>	\$50 copay (up to a 90-day supply)

**\* Coverage Gap Discount Program:** If you are not receiving help to pay your share of drug cost through the Low Income Subsidy or PACE programs, you qualify for a discount on the cost you pay for most covered brand drugs through the Medicare Coverage Gap Discount Program. For prescriptions filled in 2012, you will receive this discount once the costs paid by you and this plan reaches \$2,930 and continue to receive this discount until the cost paid by you and the Coverage Gap Discount Program reaches \$4,700. Drug Manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. Your plan covers some brand drugs beyond those covered by Medicare. The discount will not apply to benefits described in the “Extra Covered Drugs” section of this Benefit Chart.