

## Pennsylvania & West Virginia

## Blue Rx PDP

## **Summary of Benefits**

January 1, 2026 to December 31, 2026

To enroll in the following plan(s), you need to be entitled to Medicare Part A and Medicare Part B and live in one of these counties:

## All Pennsylvania and West Virginia counties

This summary of benefits doesn't list every service, limitation, or special circumstance.

Visit us at **medicare.highmark.com** to get more benefit information including:

- Evidence of Coverage (full list of benefits)
- · Provider and Pharmacy Directories
- Formulary (full Part D prescription drug list)

If you need printed copies, call us at **1-800-290-3914** (TTY 711). We're available 7 days a week, 8 a.m. to 8 p.m.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **medicare.gov** or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY 1-877-486-2048.

the following until your total yearly drug costs reach \$2,100. Total yearly drug costs reach \$1,200. Total yearly drug costs reach total drug costs paid by both you and your Part D plan.    Tier   31 Day Supply   30 Day Supply   Tier   1 (Preferred Generic)		Blue Rx PDP Complete (PDP)			Blue Rx PDP Plus (PDP)		
Preferred Retail Cost-Sharing   Tier 4 (Insulin)   Tier 4 (Insulin)   Tier 2 (Generic)   Tier 3 (Specialty Tier)   25% of the cost Sharing   Tier 4 (Insulin)   Tie	Premium						
Initial Coverage	Deductible	Tier 1-2: \$0, Tier 3-5: \$200			Tiers 1-5: \$615		
the following until your fotal yearly drug costs rach \$2,100. Total yearly drug costs rach to total drug costs paid by both you and your Part D plan.  Ter 31 Day Supply 90 Day Supply 1 Ter 31 Day Supply 1 Ter 1 (Preferred Generic) 55 Copay 515 Copay 1 Ter 2 (Generic) Not Applicable Ont Applicable Brand)  Ter 4 (Insulin) 355 Copay 5105 Copa	Formulary	Venture			Venture		
Tier   (Preferred Generic)   Tier 2 (Generic)   S5 Copay   S15 Copay*   Tier 2 (Generic)   Not Applicable   S15 Copay   S105 Copay   S		the following until your total yearly drug costs reach \$2,100. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.					
Preferred   Retail Cost-   Sharing	Retail Cost-					, , , ,	
Preferred Retail Cost-Sharing		Generic)	1 2	1 ,	Generic)	**	
Retail Cost-Sharing						* *	
Sharing   Farad   Parad   Pa		Insulin)	1 2		Insulin)		
Tier 4 (Non-Preferred Drug)   Tier 5 (Specialty Tier)   25% of the cost Drug)   Tier 1 (Preferred Generic)   Standard Retail Cost-Sharing   Tier 2 (Generic)   Si2 Copay   Si2 Copay   Si2 Copay   Tier 3 (Preferred Insulin)   Si3 Copay   Si2 Copay   Si2 Copay   Si3 Copa		Brand)			Brand)		
Drug		\ /	1 ,		. ,	* *	
Tier   31 Day Supply   51 Copay   512 Co		Drug)			Drug)	**	
Tier 1 (Preferred Generic)   S10 Copay   S12 Copay*   Tier 1 (Preferred Generic)   S10 Copay   S30 Copay*   Tier 2 (Generic)   S25% of the cost		`			`		
Generic   Sindard Retail Cost-Sharing							
Tier 3 (Preferred Insulin)	Retail Cost-		\$4 Copay	\$12 Copay*	`	25% of the cost	25% of the cost*
Insulin   Cost-Sharing   Insulin   Tier 3 (Preferred Brand)   25% of the cost   25% of the cost   35% of the cost   35		Tier 2 (Generic)	\$10 Copay	\$30 Copay*	Tier 2 (Generic)	25% of the cost	25% of the cost*
Sharing   Brand   Br			\$35 Copay	\$105 Copay		\$35 Copay	\$105 Copay
Tier 4 (Non-Preferred Drug) Tier 5 (Specialty Tier) Tier 5 (Specialty Tier) Tier 1 (Preferred Generic) Tier 2 (Generic) Not Applicable Tier 3 (Insulin) Tier 3 (Insulin) Tier 4 (Non-Preferred Brand) Tier 4 (Non-Preferred Brand) Tier 5 (Specialty Tier) Tier 1 (Preferred Generic) Tier 2 (Generic) Tier 2 (Generic) Tier 3 (Preferred Brand) Tier 3 (Insulin) Tier 3 (Insulin) Tier 3 (Insulin) Tier 3 (Insulin) Tier 4 (Non-Preferred Brand) Tier 4 (Non-Preferred Brand) Tier 5 (Specialty Tier) Tier 6 (Specialty Tier) Tier 7 (Preferred Brand) Tier 8 (Preferred Brand) Tier 9 (Pr		Brand)	25% of the cost	25% of the cost	Brand)	25% of the cost	
Drug   Tier 5 (Specialty Tier)   25% of the cost   Not Applicable   Tier 5 (Specialty Tier)   25% of the cost   Not Applicable   Tier 5 (Specialty Tier)   25% of the cost   Not Applicable   Tier 1 (Preferred Generic)   Not Applicable   S0 Copay*   Tier 1 (Preferred Generic)   Not Applicable   S12.50 Copay*   Tier 2 (Generic)   Not Applicable   Not Applicable   Not Applicable   Not Applicable   Not Applicable   S105 Copay   Tier 3 (Preferred Insulin)   Not Applicable   Not Applicable   S105 Copay   Tier 3 (Preferred Insulin)   Not Applicable   S105 Copay   Tier 3 (Preferred Brand)   Tier 3 (Insulin)   Not Applicable   S105 Copay   Tier 3 (Insulin)   Not Applicable   Not Applicable   S105 Copay   Tier 3 (Insulin)   Not Applicable   Not Applicable   S105 Copay   Tier 3 (Insulin)   Not Applicable   Not Applicable   Not Applicable   S105 Copay   Tier 3 (Insulin)   Not Applicable   Not Applicable   Not Applicable   Tier 4 (Non-Preferred Drug)   Tier 5 (Specialty Tier)   25% of the cost   Not Applicable   Tier 5 (Specialty Tier)   Not Applicable   Not Applicable   Tier 5 (Specialty Tier)   Not Applicable   S105 Copay   Tier 5 (Specialty Tier)   Not Applicable   Not Applicable   S105 Copay   Tier 5 (Specialty Tier)   Not Applicable   S105 Copay   Tier 6 (Preferred Generic)   Not Applicable   S105 Copay   Tier 7 (Preferred Generic)   Not Applicable   S105 Copay   Tier 8 (Preferred Insulin)   Not Applicable   S105 Copay   Tier 9 (Preferred Insulin)   S105 Copay   Tier 1 (Preferred Generic)   Not Applicable   S105 Copay   Tier 3 (Preferred Insulin)   S105 Copay   Tie		, ,			` '		
Tier 5 (Specialty Tier) 25% of the cost Not Applicable  Tier 5 (Specialty Tier) 25% of the cost Not Applicable  Tier 5 (Specialty Tier) 25% of the cost Not Applicable  Tier 1 (Preferred Generic)  Tier 1 (Preferred Generic)  Tier 2 (Generic) Not Applicable  Tier 3 (Preferred Insulin)  Tier 3 (Preferred Brand)  Tier 3 (Insulin)  Tier 4 (Non-Preferred Drug)  Tier 5 (Specialty Tier) 25% of the cost Not Applicable  Tier 1 (Preferred Generic)  Not Applicable  Not Applicable  \$105 Copay*  Tier 3 (Preferred Brand)  Tier 4 (Non-Preferred Drug)  Tier 5 (Specialty Tier) 25% of the cost Not Applicable  Tier 1 (Preferred Brand)  Not Applicable  Tier 3 (Preferred Brand)  Not Applicable  \$105 Copay  Tier 3 (Insulin)  Not Applicable  \$105 Copay  Tier 3 (Insulin)  Not Applicable  Tier 4 (Non-Preferred Drug)  Tier 5 (Specialty Tier)  Not Applicable  Not Applicable  Tier 6 (Specialty Tier)  Not Applicable  Tier 7 (Preferred Drug)  Tier 7 (Insulin)  Tier 8 (Specialty Tier)  Not Applicable  Tier 9 (Preferred Drug)  Tier 9 (Insulin)  Not Applicable  Tier 1 (Preferred Drug)  Tier 5 (Specialty Tier)  Not Applicable  Tier 5 (Specialty Tier)  Not Applicable  Tier 6 (Specialty Tier)  Tier 6 (Non-Preferred Drug)  Tier 7 (Preferred Specialty Tier)  Tier 7 (Preferred Generic)  Not Applicable  Tier 8 (Specialty Tier)  Not Applicable  Tier 9 (Specialty Tier)  Not Applicable  Tier 1 (Preferred Generic)  Tier 1 (Preferred Generic)  Tier 1 (Preferred Generic)  Tier 1 (Preferred Generic)  Tier 2 (Generic)  Not Applicable  Standard Mail  Cost-Sharing  Tier 3 (Preferred  Not Applicable  \$105 Copay  Tier 3 (Preferred  Insulin)  Not Applicable  \$105 Copay  Tier 3 (Preferred  Insulin)  Tier 3 (Preferred  Not Applicable  \$105 Copay  Tier 3 (Preferred  Insulin)  Not Applicable  \$105 Copay  Tier 3 (Preferred  Tier 3 (Preferred  Not Applicable  Tier 1 (Preferred  Generic)  Not Applicable  Tier 2 (Generic)  Not Applicable  Tier 3 (Preferred  Tier 1 (Pre		`	25% of the cost	25% of the cost	`	25% of the cost	25% of the cost
Preferred Generic)  Tier 2 (Generic) Not Applicable S12.50 Copay* Tier 2 (Generic) Not Applicable Tier 3 (Preferred Insulin) Tier 3 (Preferred Brand) Tier 3 (Insulin) Tier 3 (Insulin) Tier 3 (Insulin) Tier 4 (Non-Preferred Drug) Tier 5 (Specialty Tier) Tier 3 (Day Supply Tier 5 (Specialty Tier) Tier 1 (Preferred Generic) Not Applicable Tier 3 (Day Supply Tier 3 (Insulin) Tier 4 (Non-Preferred Drug) Tier 5 (Specialty Tier) Tier 6 (Specialty Tier) Tier 7 (Insulin) Tier 8 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 1 (Insulin) Tier 9 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 3 (Insulin) Tier 4 (Insulin) Tier 5 (Specialty Tier) Tier 6 (Specialty Tier) Tier 7 (Insulin) Tier 8 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 3 (Insulin) Tier 3 (Insulin) Tier 4 (Insulin) Tier 4 (Insulin) Tier 5 (Specialty Tier) Tier 6 (Specialty Tier) Tier 7 (Insulin) Tier 8 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 3 (Insulin) Tier 3 (Insulin) Tier 3 (Insulin) Tier 4 (Insulin) Tier 4 (Insulin) Tier 4 (Insulin) Tier 5 (Specialty Tier) Tier 6 (Specialty Tier) Tier 7 (Insulin) Tier 6 (Insulin) Tier 7 (Insulin) Tier 8 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 9 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 1 (Insulin) Tier 3			25% of the cost	Not Applicable		25% of the cost	Not Applicable
Preferred Mail Cost-Sharing    Generic   Tier 2 (Generic)   Not Applicable   \$12.50 Copay*   Tier 2 (Generic)   Not Applicable   Not Applicable   Insulin   Insulin   Not Applicable   Insulin   Insulin   Not Applicable   Not Applicable   Insulin   Not Applicable   Not Applicable   Insulin   Not Applicable   Insulin   Not Applicable   Insulin   Not Applicable   Not Applicable   Insulin   Not Applicable   Not Applicable   Insulin   I							
Preferred Mail Cost-SharingTier 3 (Preferred Insulin)Not Applicable\$105 CopayTier 3 (Preferred Insulin)Not ApplicableNot ApplicableCost-SharingTier 3 (Preferred Brand)Not Applicable25% of the cost Brand)Tier 3 (Preferred Brand)Not ApplicableNot ApplicableTier 3 (Insulin)Not Applicable\$105 CopayTier 3 (Insulin)Not ApplicableNot ApplicableTier 4 (Non-Preferred Drug)Not Applicable25% of the cost Drug)Tier 4 (Non-Preferred Drug)Not ApplicableNot ApplicableTier 5 (Specialty Tier)25% of the cost DrugTier 5 (Specialty Tier)Not ApplicableNot ApplicableNot ApplicableTier 1 (Preferred Generic)Not Applicable\$10 Copay*Tier 1 (Preferred Generic)Not Applicable25% of the cost*Standard Mail Cost-SharingTier 3 (Preferred Insulin)Not Applicable\$105 CopayTier 3 (Preferred Insulin)Not Applicable\$105 CopayTier 3 (Preferred Brand)Not Applicable\$25% of the costTier 3 (Preferred Insulin)Not Applicable\$105 Copay	Mail	Generic)	• •		Generic)		
Insulin   Tier 3 (Preferred Brand)   Tier 3 (Insulin)   Not Applicable Brand)   Tier 4 (Non-Preferred Drug)   Tier 5 (Specialty Tier)   25% of the cost Drug)   Tier 5 (Specialty Tier)   25% of the cost Drug)   Tier 5 (Specialty Tier)   25% of the cost Drug)   Tier 5 (Specialty Tier)   25% of the cost Drug)   Tier 5 (Specialty Tier)   Not Applicable Drug)   Tier 1 (Preferred Generic)   Not Applicable Brand)   Tier 1 (Preferred Generic)   Not Applicable Brand)   Tier 2 (Generic)   Not Applicable Brand)   Tier 3 (Preferred Insulin)   Tier 3 (Preferred Brand)   Not Applicable Brand)   Standard Mail Cost-Sharing   Tier 3 (Preferred Brand)   Not Applicable Brand)   Standard Brand   Standar							
Cost-Sharing   Fier 3 (Preferred Brand)   Not Applicable   25% of the cost Brand)   Standard Mail Cost-Sharing   Fier 3 (Preferred Brand)   Not Applicable   Standard Brand)   Standard Brand   Stan		Insulin)	••		Insulin)		
Tier 4 (Non-Preferred Drug) Tier 5 (Specialty Tier)  Tier 3 (Deneric)  Standard Mail Cost-Sharing  Tier 4 (Non-Preferred Drug)  Not Applicable  Not Applicable  25% of the cost Not Applicable  Not Applicable  Tier 4 (Non-Preferred Drug)  Not Applicable  Tier 5 (Specialty Tier)  Not Applicable  Tier 5 (Specialty Tier)  Not Applicable  Tier 5 (Specialty Tier)  Not Applicable  Standard Not Applicable  Standard Mail Cost-Sharing  Tier 3 (Preferred Insulin)  Not Applicable  Standard Insulin)  Tier 3 (Preferred Brand)  Not Applicable  Standard Not		Brand)	••		Brand)		
Tier 5 (Specialty Tier) 25% of the cost Not Applicable Tier 5 (Specialty Tier) Not Applicable Not Applicable  Tier 31 Day Supply 90 Day Supply  Tier 1 (Preferred Generic) Not Applicable \$10 Copay* Tier 1 (Preferred Generic)  Tier 2 (Generic) Not Applicable \$25 Copay* Tier 2 (Generic) Not Applicable 25% of the cost*  Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Preferred Generic)  Tier 3 (Preferred Generic) Not Applicable \$105 Copay Tier 3 (Prefer				1 7	. ,	* *	
Tier 31 Day Supply Tier 1 (Preferred Generic) Tier 2 (Generic) Not Applicable Standard Mail Cost-Sharing  Tier 3 (Preferred Insulin) Tier 3 (Preferred Brand)  Standard Mail Cost-Sharing  Tier 3 (Preferred Insulin) Tier 3 (Preferred Brand)  Standard Mail Cost-Sharing  Tier 3 (Preferred Insulin) Tier 3 (Preferred Insul		Drug)	**		Drug)	11	
Tier 1 (Preferred Generic)  Tier 2 (Generic)  Not Applicable  Standard Mail Cost-Sharing  Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic)  Not Applicable  \$10 Copay*  Tier 1 (Preferred Generic)  \$10 Copay*  Tier 1 (Preferred Generic)  Not Applicable  \$25% of the cost*  Tier 2 (Generic)  Not Applicable  \$105 Copay  Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic)  Not Applicable  \$105 Copay  Tier 3 (Preferred Insulin)  Tier 3 (Preferred Generic)  Not Applicable  \$105 Copay  Tier 3 (Preferred Generic)  Not Applicable		\ <u>.</u>				* *	11
Generic) Tier 2 (Generic) Not Applicable Standard Mail Cost-Sharing  Generic)  Not Applicable S25 Copay* Tier 2 (Generic) Not Applicable S25 Copay* Tier 2 (Generic) Not Applicable S105 Copay Tier 3 (Preferred Insulin) Tier 3 (Preferred Brand) Not Applicable S105 Copay Tier 3 (Preferred Insulin) Tier 3 (Preferred Brand) Not Applicable S25% of the cost Tier 3 (Preferred Brand)	Mail						
Standard Mail Cost-SharingTier 3 (Preferred Insulin)Not Applicable Standard Insulin)\$105 Copay Insulin)Tier 3 (Preferred Insulin)Not Applicable Insulin)Not Applicable Insulin)Cost-SharingTier 3 (Preferred Brand)Not Applicable25% of the costTier 3 (Preferred Brand)Not Applicable25% of the cost		Generic)	••	1 7	Generic)	**	
Insulin   Insulin   Insulin   Insulin   Insulin   Insulin   Tier 3 (Preferred Brand)   Not Applicable   25% of the cost Brand   Brand   Brand   Brand   Brand   Standard   Insulin   Ins			**			* *	
Brand) Brand)		Insulin)	••		Insulin)		
TP' 4 /T 1' \ 3T / A 1' 11		Brand)	••		Brand)		
Tier 4 (Insulin) Not Applicable \$105 Copay Tier 4 (Insulin) Not Applicable \$105 Copay  Tier 4 (Non Professed Not Applicable 25% of the cost		` '	**		` '	* *	
Tier 4 (Non-Preferred Drug)  Not Applicable 25% of the cost Drug)  Not Applicable 25% of the cost Drug)  25% of the cost Drug)		Drug)			Drug)		
Tier 5 (Specialty Tier) 25% of the cost Not Applicable Tier 5 (Specialty Tier) 25% of the cost Not Applicable *Indicates a 100 day supply	17 11	` - '	25% of the cost	Not Applicable	Tier 5 (Specialty Tier)	25% of the cost	Not Applicable

<sup>\*</sup>Indicates a 100 day supply.

	Blue Rx PDP Complete (PDP)	Blue Rx PDP Plus (PDP)
Catastrophic Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$2,100, the plan pays the full cost for your covered drugs. You pay nothing.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reaches \$2,100, the plan pays the full cost for your covered drugs. You pay nothing.



Highmark Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association: (PA) Highmark Inc. d/b/a Highmark Blue Shield, Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. (WV) Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. The Blue Shield Symbol are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

This information is not a complete description of benefits. Call 1-866-746-7971 (TTY users may call 711), October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week; April 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday for more information.