



Pharmacy FAQ

Why do my out-of-pocket drug costs change throughout the year?

There are different stages of prescription drug coverage. The drug stage you're in and the drug's tier will determine how much your drugs cost. Note: The stages reset on January 1st each year.

Stage 1

Annual Deductible

Members pay the full cost of their covered drugs until their deductible is met. If the plan does not have a deductible, members will begin paying in Stage 2.

Stage 2

Initial Coverage

Members pay their share of the cost, and the plan pays its share.

Members stay in this stage until their year to date out-of-pocket costs (member payments only) reach \$2,000.*

Stage 3

Catastrophic Coverage

During this stage, the plan will pay the full cost of members' drugs for the rest of the calendar year. Members pay \$0 for their drugs, regardless of the tier or medication.

*This amount and rules for counting costs toward this amount are set by the Centers for Medicare & Medicaid Services (CMS).

What do I pay for covered insulin products?

Part B and Part D insulin products are capped at \$35 for a 30-day supply, regardless of the drug tier, and Part D deductibles do not apply.



What do I pay for covered vaccines?

Our plans cover all recommended vaccines at no cost to you, including popular vaccines such as RSV, shingles (Shingrix), and your annual flu shot.

What is the difference between brand-name drugs and generic drugs?

A brand-name drug is a prescription drug that is sold under the trademarked name owned by the drug manufacturer. A generic drug is a prescription drug that has the same active ingredients as a brand-name drug. Generics work just as well as brand-name drugs and usually cost less.

For example: LIPITOR® is a brand-name drug that helps treat bad cholesterol, while *atorvastatin* is the generic that helps treat the same condition.

How can I keep my drug costs down?

- Consider mail-order refills. In 2025, most of our plans offer 100-day mail-order prescription drugs on Tiers 1 and 2 at \$0.
- There are usually multiple prescription drugs that can treat a condition. If a lower-tier drug is available to treat your condition without any adverse/side effects, you may want to consider it. Generally, the lower the drug tier, the lower your out-of-pocket costs.
- There are usually generic drugs available that treat the same condition as brand-name drugs, but generics cost less.

Make sure to discuss all your prescription drugs options with your provider and/or pharmacist.

To find out how much a covered drug costs, check our Formulary (also called the Drug List). You can find it online at www.arkbluemedicare.com. You can also call **1-844-280-5833** (TTY: 711) 24 hours a day, seven days a week.

We do not offer every plan available in your area. Currently, we represent _____ organizations, which offer products in your area. Please contact [Medicare.gov](http://www.Medicare.gov), **1-800-MEDICARE**, or your local State Health Insurance Program to get information on all of your options. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE PPO Insurance Company and USABLE HMO, Inc. USABLE PPO Insurance Company and USABLE HMO, Inc. are affiliates of Arkansas Blue Cross. © 2024 Arkansas Blue Cross and Blue Shield. All rights reserved.