

2007

PRESCRIPTION PATHWAY

Region: 2

State(s): CT, MA, RI, VT

BRONZE PLAN

GOLD PLAN

PLATINUM PLAN

Great Value!

Maximum Coverage

Monthly Premium	\$25.20	\$23.20	\$43.70
Annual Deductible	\$265	\$0	\$0

What you pay for prescriptions until your total drug costs (paid by you and Prescription Pathway) reach \$2,400:

30-Day Supply of Drugs	You pay 25% of the cost.	<ul style="list-style-type: none"> • \$7 for generics • \$37 for preferred brand names 	<ul style="list-style-type: none"> • \$7 for generics • \$31 for preferred brand names • \$60 for non-preferred brand names
90-Day Supply of Drugs ¹	You pay 25% of the cost.	<ul style="list-style-type: none"> • \$14 for generics • \$74 for preferred brand names 	<ul style="list-style-type: none"> • \$14 for generics • \$62 for preferred brand names • \$120 for non-preferred brand names
Specialty Drug Co-insurance	You pay 25% of the cost.	You pay 33% of the cost.	You pay 33% of the cost.

What you pay after your total yearly drug costs have reached \$2,400 and until your yearly out-of-pocket costs reach \$3,850 (called the coverage gap):

30-Day Supply of Drugs	You pay 100% of the cost.	You pay 100% of the cost.	<ul style="list-style-type: none"> • \$7 for generics • You pay 100% of the cost for preferred brand names and non-preferred brand names.
90-Day Supply of Drugs ¹	You pay 100% of the cost.	You pay 100% of the cost.	<ul style="list-style-type: none"> • \$14 for generics • You pay 100% of the cost for preferred brand names and non-preferred brand names.
Specialty Drug Co-insurance	You pay 100% of the cost.	You pay 100% of the cost.	You pay 100% of the cost.

After your yearly out-of-pocket drug costs reach \$3,850 you pay the greater of:

Drug Costs	You pay the greater of \$2.15 for generics and \$5.35 for all other drugs, or 5% of the cost of the drug.
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¹Available at a network pharmacy or through mail order.

2007 DISCLAIMERS

Prescription Pathway, offered by Pennsylvania Life Insurance Company, contracts with Medicare to offer a prescription drug plan.

Eligible beneficiaries may only enroll in the plan during the Annual Election Period. You are eligible to enroll in the plan if you are entitled to Medicare benefits under Part A or enrolled in Part B and you reside in the service area of the plan; you may only be enrolled in one Part D plan at a time. You must continue to pay Medicare Part B premium if not otherwise paid for under Medicare or another third party.

If enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, the enrollee may not enroll in a PDP unless they disenroll from the HMO, PPO or MA PFFS plan. Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in a 1876 Cost plan may enroll in a PDP.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 877-486-2048; The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or Your State Medicaid Office.

Beneficiaries must use network retail, mail order, LTC, I/T/U, and Home Infusion pharmacies to access their prescription drug benefit, except under non-routine or emergency circumstances when they cannot reasonably use network pharmacies.

Enrollment documents are available in alternative formats.

Please call Customer Service at 1-800-327-7300 (TTY/TDD users should call 1-866-222-3904) 8 a.m.- 11 p.m. Eastern Time, seven days a week for more plan or network pharmacy information.

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**PENNSYLVANIA
LIFE INSURANCE CO.**