

		Blue Cross Group MedicareRx (PDP) <sup>SM</sup>	
Effective 1/1/2025 - 12/31/2025		Basic	Enhanced Plus
PDP Premium		\$116.90	\$275.50
Annual Deductible		\$0	\$0
Initial Coverage Period Copays (30-day supply) Annual drug costs up to \$2,000	Tier	Standard Pharmacy	Standard Pharmacy
	1	\$6	\$5
	2	\$6	\$5
	3	\$38	\$30
	4	\$68	\$60
	5	30%	30%
Catastrophic Coverage		You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,000. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.	
Preferred Pharmacy Networks		Walgreens, Walmart	
<b>Tier 1</b> — Preferred Generic Drugs <b>Tier 2</b> — Generic Drugs <b>Tier 3</b> — Preferred Brand Drugs <b>Tier 4</b> — Non-Preferred Drugs <b>Tier 5</b> — Specialty Drugs			

For more information, call the Education Helpline at **1-877-842-7564** (TTY 711).

We are open Oct. 1 – Jan. 31: Daily, 8:00 a.m. to 8:00 p.m. local time

Feb. – Sept. 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

This information is not a complete description of benefits.

Prescription drug plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.