



Oklahoma State University / Agricultural and Mechanical Colleges- Prescription Drug Plan
SUMMARY OF BENEFITS

Plan Type	Prescription Drug Plan	
Effective Dates	January 1, 2027 - December 31, 2027	
ERISA Status / Funding Type	Fully Insured Non-ERISA	
Situs State	OK	
Benefit Option Code	Basic 2215D2	
Rx Formulary	Enhanced	
Pharmacy Network	Medicare Performance Network	
Pharmacy Accumulation Period	Calendar Year	
Benefit Description	What the Customer pays	
Monthly Premium	\$136.10	
Deductible Phase		
Individual Deductible	\$0	
Individual Deductible Applies to	All Tiers	
Plan Out-of-Pocket Maximum		
Plan Out-of-Pocket Maximum	N/A	
Initial Coverage Level		
Standard Retail Pharmacy (1-30 Day Supply)	Tier 1	\$6.00
	Tier 2	\$6.00
	Tier 3	\$38.00
	Tier 4	\$68.00
	Tier 5	30%
Standard Retail Pharmacy (31-60 Day Supply)	Tier 1	\$12.00
	Tier 2	\$12.00
	Tier 3	\$76.00
	Tier 4	\$136.00
	Tier 5	30%
Standard Retail Pharmacy (61-90 Day Supply)	Tier 1	\$15.00
	Tier 2	\$15.00
	Tier 3	\$95.00
	Tier 4	\$170.00
	Tier 5	30%
Long-Term Care (1-31 Day Supply)	Tier 1	\$6.00
	Tier 2	\$6.00
	Tier 3	\$38.00
	Tier 4	\$68.00
	Tier 5	30%
Standard Mail-Order Pharmacy (1-30 Day Supply)	Tier 1	\$6.00
	Tier 2	\$6.00
	Tier 3	\$38.00
	Tier 4	\$68.00
	Tier 5	30%
Standard Mail-Order Pharmacy (31-60 Day Supply)	Tier 1	\$12.00
	Tier 2	\$12.00
	Tier 3	\$76.00
	Tier 4	\$136.00
	Tier 5	30%
Standard Mail-Order Pharmacy (61-90 Day Supply)	Tier 1	\$15.00
	Tier 2	\$15.00
	Tier 3	\$95.00
	Tier 4	\$170.00
	Tier 5	30%
Out-of-Network Coverage (1-30 Day Supply)	Cost-sharing is the same as In-Network Standard Retail Pharmacy, and benefit is limited to a 30 Day Supply	
Catastrophic Coverage (Standard Part D Out-of-Pocket Maximum)	\$2,400	
Generic Drugs	\$0	
Brand Drugs	\$0	
Clinical Management		
Are the following clinical programs included or waived?		
Step Therapy	Included	
Prior Authorizations	Included	
Quantity Limits	Included	
Specialty Drugs		
Generic and Brand High Cost Specialty Drugs	Up to 90-day supply available	
Opioids		
Opioids (all tiers)	Limited to one month supply	
Supplemental Coverage		
Fertility Drugs	No	
Prescription Vitamins	No	
Cold & Cough Preps	No	
Weight Loss/Weight Gain with GLP-1	No	
Weight Loss/Weight Gain W/O GLP-1	No	



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Sexual Dysfunction/Lifestyle	No
Courtesy & DESI Drugs	Yes
Adherence Package (Preventive Preferred Brand and Generic Drugs and Diabetic Drugs and Supplies)	No
Preventive Generic Drugs	No
Preventive Diabetic Drugs and Supplies	No
Preventive HIV Drugs	No
Smoking Cessation/Deterrent Medications	No

State Mandated Benefits

State Mandated Benefits	1.) Prescription Insulin drugs will not exceed \$30 per 30 day supply. 2.) Mail order equalization applies 3.) Members can get up to a three-month supply of a contraceptive drug dispensed at once the first time the drug is obtained. A six-month supply of the contraceptive drug can also be dispensed at once each subsequent time that the member obtains the same drug, at \$0 cost share.
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Non-Standard Benefits

State Mandate Required (Non-Standard Benefits)	Contraceptive Drugs and Supplies
Non-Standard Benefits	Contraceptive Drugs and Supplies

Prescription Drug Plan

CAVEATS, EXCLUSIONS and DEFINITIONS

The Employer Part D program does not integrate with medical plan deductibles, out-of-pocket maximums, or annual maximums.

Only retirees and their dependents who are entitled to Medicare Part A and/or enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join this plan.

Billing for this product is on a per member per month basis. Each enrollee will be set up on their own eligibility record and the employer group will be charged a single per Medicare member per month premium rate.

We reserve the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations, and applicable pharmacy state mandates.

Drug Exclusions:

A Medicare Prescription Drug Plan can't cover a drug that would be covered under Medicare Part A or Part B. Also, while a Medicare Prescription Drug Plan can cover off-label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug, we cover the off-label use only in cases where the use is supported by certain reference book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted (these reference books are: (1) American Hospital Formulary Service Drug Information, (2) the DRUGDEX Information System).

By law, certain types of drugs, or categories of drugs, are not covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Non-prescription drugs (or over-the-counter drugs).
- Drugs used for anorexia, weight loss, or weight gain.
- Drugs when used to promote fertility.
- Drugs when used for cosmetic purposes or hair growth.
- Drugs when used for the symptomatic relief of cough and colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.

In addition, the following exclusions apply to any service that is a covered expense under this plan, but is not covered by Medicare:

- Expenses for supplies, care, treatment, or surgery that are not medically necessary.
- To the extent that payment is unlawful where the person resides when the expenses are incurred.
- Charges which a customer is not obligated to pay or for which they are not billed or for which would not have been billed except that they were covered under this plan.

Definitions

Day Supply Proration:

Usually, the amount for a covered prescription drug is a one month supply. However, if the amount is less than a one month supply, then the amount paid is prorated based on the actual amount received. Proration may not apply in certain circumstances as outlined in CMS guidance. Typically proration applies to oral solid prescriptions.

Retail example: Plan has a \$10 copay for a 30 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows:

\$10 divided by 30 or \$.3333 per day, rounded to \$.33, times the day supply of 10, equals \$3.30 copay owed by customer.

Long-Term Care example: Plan has a \$10 copay for a 31 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows:

\$10 divided by 31 or \$.3226 per day, rounded to \$.32, times the day supply of 10, equals \$3.20 copay owed by customer.

Employer Group Waiver Plans (EGWPs):

EGWPs are a type of Medicare plan offered by employers to former employees and members of some companies, unions or government agencies. EGWPs are offered by insurers who contract with CMS to provide coverage for medical and/or prescription drug benefits. CMS grants certain program waivers and/or modifications for EGWP plans that do not apply to individual plans. Waivers enable EGWPs to provide customized benefits, tailored beneficiary educational materials, and more flexible enrollment procedures.

Insulin Drug Products:

Customers won't pay more than \$35 for a one month supply of each insulin product covered by our plan no matter what cost-sharing tier it's on, even if they haven't paid the deductible. If the insulin is on a tier where cost-sharing is lower than \$35, they will pay the lower cost.

Non-Part D Drugs:

The following drug categories are excluded from CMS coverage. If a plan deductible applies, any non-Part D coverage added to the plan is not subject to the plan deductible. The cost share for these drugs is the same as the cost-shares in the initial coverage phase based on drug classification.

- **Cosmetic Drugs including Drugs for Hair Loss:** drugs when used for cosmetic purposes or hair growth.
- **Courtesy Drugs:** refers to drugs normally covered under commercial pharmacy plans but are excluded by CMS.

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- **DESI (Drug Efficacy Study Implementation) Drugs:** refers to drugs that were introduced between 1938-1962 and approved for safety but not effectiveness. DESI drugs are not "grandfathered" or generally recognized as safe and effective (GRAS/E).
- **Fertility Drugs** - drugs used to promote fertility.
- **Prescription Vitamins** - drugs used for prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- **Cold & Cough Preps** - drugs used for symptomatic relief of cough and colds.
- **Cold & Cough Preps including OTC Allergy Medicine** - drugs used for symptomatic relief of cough and colds including OTC allergy medicine.
- **Non-Sedating Antihistamines** - Antihistamine tablets designed to not make people drowsy.
- **Weight Loss/Weight Gain** - drugs used for anorexia, weight loss, weight gain.
- **Sexual Dysfunction/Lifestyle** - drugs used for erectile dysfunction and female sexual dysfunction.

Opioid Drugs:

Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time.

Out-of-Network Coverage:

Generally, we cover drugs filled at an out of network pharmacy only when the plan participant is not able to use a network pharmacy. Customers will most likely be required to pay the difference between what they pay for the drug at the out-of-network pharmacy and the cost that we would cover at an in-network pharmacy. Here are the circumstances when we would cover prescriptions filled at an out of network pharmacy:

- Customer travels outside the plan's service area and runs out of or loses covered Part D drugs, or becomes ill and needs a covered Part D drug and cannot access a network pharmacy.
- Customers are unable to obtain a covered Part D drug in a timely manner within the service area because, for example, there is no network pharmacy within a reasonable driving distance that provides 24/7 service.
- Customers are filling a prescription for a covered Part D drug and that particular drug is not regularly stocked at an accessible network Retail or Mail-Order pharmacy.
- The Part D drugs are dispensed by an out-of-network institution-based pharmacy while in an emergency facility, provider-based clinic, outpatient surgery, or other outpatient setting.

Part D Vaccines:

Our plan covers most Part D vaccines at no cost, even when the deductible is not met.

Preferred Preventive Drugs at \$0 Copay:

Certain Generic and/or Brand Preventive Medications identified by the Plan that are dispensed by a Retail or Mail-Order pharmacy are not subject to the deductible (if applicable), copay or coinsurance.

Tier Labeling:

- Tier 1: Preferred Generic Drugs
- Tier 2: Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-Preferred Drugs
- Tier 5: Specialty Drugs

HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company.

Subsidiaries of Health Care Service Corporation and their affiliates contract with Medicare to offer Part D Prescription Drug Plans (PDP) in select states.

Enrollment in these plans depends on contract renewal.

Contract and PBP

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