

		Blue Cross Group MedicareRx (PDP) SM
Effective 1/1/2026 - 12/31/2026		Basic
PDP Premium		\$136.10
Annual Deductible		\$0
Initial Coverage Period Copays (30-day supply) Annual drug costs up to \$2,100	Tier	Standard Pharmacy
	1	\$6
	2	\$6
	3	\$38
	4	\$68
	5	30%
Catastrophic Coverage		You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,100. 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
Tier 1 — Preferred Generic Drugs Tier 2 — Generic Drugs Tier 3 — Preferred Brand Drugs Tier 4 — Non-Preferred Drugs Tier 5 — 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 Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.