

		Blue Cross Group MedicareRx (PDP) <sup>SM</sup>
<b>Effective 1/1/2026 - 12/31/2026</b>		<b>Basic</b>
<b>PDP Premium</b>		<b>\$136.10</b>
<b>Annual Deductible</b>		<b>\$0</b>
<b>Initial Coverage Period Copays</b> (30-day supply) Annual drug costs up to \$2,100	<b>Tier</b>	<b>Standard Pharmacy</b>
	<b>1</b>	<b>\$6</b>
	<b>2</b>	<b>\$6</b>
	<b>3</b>	<b>\$38</b>
	<b>4</b>	<b>\$68</b>
	<b>5</b>	<b>30%</b>
<b>Catastrophic Coverage</b>		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.
<b>Preferred Pharmacy Networks</b>		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 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.