



Blue Cross Group MedicareRx (PDP)SM

Maximize your Part D coverage.

Look inside for:

- Information about your retiree group prescription drug plan (PDP)
- Getting started
- What to expect



live your
Blue lifeSM





Get to know Blue Cross Group MedicareRxSM.

Let's talk about your retiree group Medicare Part D prescription drug benefit, including how it works, how to enroll, and what to expect once your coverage begins.



Blue Cross Group MedicareRx helps you stay healthy and protects you against high pharmacy costs.

Medicare Part D covers common outpatient medications, like those used to treat high blood pressure, high cholesterol, depression, and osteoporosis. These types of prescription drugs are not covered under Original Medicare Part A or Part B.

It offers:

- A comprehensive drug list (formulary).
- Convenient home delivery and online ordering.
- A nationwide network of pharmacies.
- The confidence of knowing you are covered by a leading, member-focused health insurer.

Part D coverage generally has four stages.

Review the Summary of Benefits for details about the retiree group plan available to you.

1. Annual Deductible

You pay this amount for your prescriptions before the plan starts to pay.

2. Initial Coverage Limit

You may pay a copay or coinsurance for each eligible prescription. The plan pays the rest until total costs reach the Initial Coverage Limit. This is an amount determined by the Centers for Medicare and Medicaid Services (CMS). It may change each year. Only the retail cost of a prescription drug goes toward the Initial Coverage Limit. So if the retail cost is \$100, and your copay is \$10, the amount that counts toward your Initial Coverage Limit will be the full \$100 retail cost.

3. Coverage Gap

Also called the 'donut hole,' this stage starts after you and the plan have spent up to the Initial Coverage Limit. While you are in the Coverage Gap, what you pay for drugs may change, based on your plan. Review the Summary of Benefits for details about your retiree group Part D plan.

4. Catastrophic Coverage

When your out-of-pocket costs for covered drugs reach an amount that is set by CMS each year, you will enter Catastrophic Coverage. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.



How does Medicare Part D work?



Copay and Deductible

You may have a copay or coinsurance for your prescriptions. You may need to meet a deductible before benefits start. Review the Summary of Benefits to understand the details of your retiree group Part D plan.



List of Covered Drugs (Formulary)

Within the formulary, you will see that prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions.

Important Message About What You Pay for Insulin and Vaccines

Insulin: You 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 you haven't paid your deductible.

Vaccines: Your plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. The following vaccines are now covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A and Hepatitis B.

Pharmacies in the Neighborhood and across the Nation

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network, including:

Walgreens Walmart 

Other pharmacies are available in our network.



Before you enroll, you can search for your medicines online at www.myprime.com.

Select 'Medicines,' then

- 'Find Medicines,' followed by
- 'Continue without sign in.'

Under 'Select Your Health Plan':

- Select BCBS Oklahoma
- Answer 'Yes'
- Select Blue Cross Group MedicareRx.

Type your medicine and dosage

- Review the drug tier and requirements.
- Refer to the enclosed Summary of Benefits for your cost.

Transition Benefit

During your first 90 days of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted via mail of the transition fill and the requirements needed to continue getting your drug.

Managing Your Medications

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

What happens after you enroll?

1. Medicare Approval

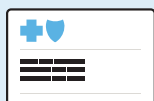
You must be a retiree enrolled in Medicare Part A and/or Part B to be eligible for this plan. Medicare must approve your enrollment in this plan before you are officially a member.

2. Acknowledgment and Confirmation Letters

We'll let you know the status of your enrollment. Within 10–14 days of receiving your enrollment, we'll send you an acknowledgment letter. It explains that we've received your information and are waiting for Medicare to approve your eligibility. After Medicare approves, we'll send you a confirmation letter followed by your member ID card.

3. Member ID Card

Always show your Blue Cross and Blue Shield of Oklahoma (BCBSOK) ID card when you visit the pharmacy. Information on the ID card helps the pharmacy file your claim with us.



Your card will have this information:

- **Your name**
- **The name of your retiree group Medicare plan**
- **Member ID number**
This number is unique to you.
- **Plan number**
This number is used by the plan only.
- **Customer service phone number**
- **Our website**

If your ID card hasn't come in the mail by your effective date, you can still use your benefits. Just show your confirmation letter as proof of insurance.

4. Welcome Kit

You will receive your Welcome Kit in the mail. It includes information to help you get the most from your plan and includes your:

- Welcome Guide.
- Evidence of Coverage Benefit Insert.
- Formulary.

Blue Access for MembersSM

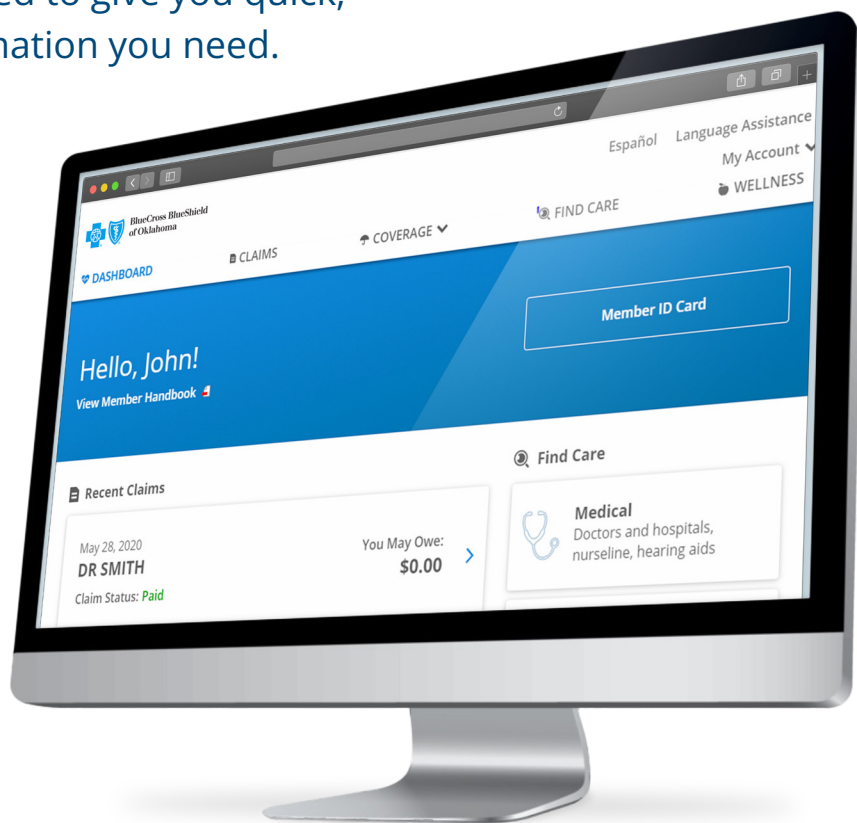
Register for Blue Access for Members (BAMSM) at www.bluememberok.com.

BAM is a secure website designed to give you quick, easy access to the health information you need.

Bookmark it on your computer or download the easy-to-use mobile app.

You can:

- Search for pharmacies.
- See your prescription history.
- View claims status and up to 18 months of activity.
- Request an ID card or print a temporary ID.
- And more!



It's Easy to Get Started!

Go to www.bluememberok.com or grab your smartphone and your member ID card and text[†] BCBSOKAPP to 33633 so you can use BAM while you're on the go.

[†] Message and data rates may apply.

Blue Cross and Blue Shield of Oklahoma is honored to be entrusted with your care.

We are committed to providing you with outstanding service, expertise and convenience.

Let's get started.

1. You must be a retiree enrolled in Medicare Part A and/or Medicare Part B. You must continue to pay your required Part A and/or Part B premiums. These are usually deducted from your Social Security benefit. If you haven't signed up yet, contact your local Social Security office or go to www.ssa.gov to enroll online.
2. Review the enclosed Summary of Benefits and search for your medicines at www.myprime.com.
3. **It's time to enroll!** Follow the enrollment instructions provided by your benefit administrator.
4. Watch the mailbox for your enrollment acknowledgment and confirmation letters, followed by your new member ID card and Welcome Kit.



Questions about your retiree group Part D plan?

Talk to your benefit administrator or refer to the plan documents for details.



This information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

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.