



		Blue Cross Group MedicareRx (PDP) SM	
Effective 1/1/2024 - 12/31/2024		Basic	Enhanced Plus
PDP Premium		\$111.30	\$262.40
Annual Deductible		\$0	\$0
Initial Coverage Period Copays (30-day supply) Annual drug costs up to \$ 5,030	Tier	Preferred Pharmacy / Standard Pharmacy	Preferred Pharmacy / Standard Pharmacy
	1	\$6	\$5
	2	\$6	\$5
	3	\$38	\$30
	4	\$68	\$60
	5	30%	30%
Gap Coverage Annual drug costs exceeding \$5,030 (up to a total of \$8,000 out-of-pocket costs)	Tier	Members will pay 25% of the cost of generic drugs and 25% of the cost of brand name drugs for tiers 1-5.	Preferred Pharmacy / Standard Pharmacy
	1		\$5
	2		\$5
	3		\$30
	4		\$60
	5		15%
After the Gap Copays After your total out-of-pocket costs exceed \$8,000		Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level	
Preferred Pharmacy Networks		Walgreens, Walmart	
Tier 1 — Preferred Generic Drugs Tier 2 — Generic Drugs Tier 3 — Preferred Brand Drugs Tier 4 — Non-Preferred Brand Drugs Tier 5 — Specialty Drugs			

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

We are open October 1 – January 31: Daily, 8:00 a.m. to 8:00 p.m. Local Time

February 1 – September 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.