

Oklahoma State University

2018 Plan Year	Basic		Enhanced Plus	
Monthly Premium	\$92.10		\$211.60	
Annual Deductible Amount member pays before Blue Cross MedicareRx SM begins to pay	\$0			
Initial Coverage Period Copays (30-day supply) Annual drug costs up to \$3,750	Tier 1 - Preferred Generic Drugs	\$6	Tier 1 - Preferred Generic Drugs	\$5
	Tier 2 - Non-Preferred Generic Drugs	\$6	Tier 2 - Non-Preferred Generic Drugs	\$5
	Tier 3 - Preferred Brand Drugs	\$38	Tier 3 - Preferred Brand Drugs	\$30
	Tier 4 - Non-Preferred Brand Drugs	\$68	Tier 4 - Non-Preferred Brand Drugs	\$60
	Tier 5 - Specialty Drugs	30%	Tier 5 - Specialty Drugs	30%
Gap Coverage Annual drug costs exceeding \$3,750 (up to a total of \$5,000 out-of-pocket costs)	Member will pay 35% of the cost of Brand Name Drugs and 44% of the cost of Generic Drugs.		Tier 1 - Preferred Generic Drugs	\$5
			Tier 2 - Non-Preferred Generic Drugs	\$5
			Tier 3 - Preferred Brand Drugs	\$30
			Tier 4 - Non-Preferred Brand Drugs	\$60
			Tier 5 - Specialty Drugs	24%
After the Gap Copays After your total out-of-pocket costs exceed \$5,000	Member pays whichever is greater: Tier 1 - Preferred Generic Drugs: \$3.35 copay or 5% coinsurance for your drug Tier 2 - Non-Preferred Generic Drugs: \$3.35 copay or 5% coinsurance for your drug Tier 3 - Preferred Brand Drugs: \$8.35 copay or 5% coinsurance for your drug Tier 4 - Non-Preferred Brand Drugs: \$8.35 copay or 5% coinsurance for your drug Tier 5 - Specialty Drugs: \$8.35 copay or 5% coinsurance for your drug			

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

For more information, call us toll free at 1-877-838-3833. We are open 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY/TDD: 711

Blue Cross MedicareRx is a prescription drug plan provided by 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 plan depends on contract renewal.