

# Oklahoma State University

2019 Plan Year	Basic		Enhanced Plus	
<b>Monthly Premium</b>	<b>\$94.00</b>		<b>\$215.80</b>	
<b>Annual Deductible</b> Amount member pays before Blue Cross MedicareRx <sup>SM</sup> begins to pay	<b>\$0</b>			
<b>Initial Coverage Period Copays</b> (30-day supply) Annual drug costs up to \$3,820	<b>Tier 1 - Preferred Generic Drugs</b>	<b>\$6</b>	<b>Tier 1 - Preferred Generic Drugs</b>	<b>\$5</b>
	<b>Tier 2 - Non-Preferred Generic Drugs</b>	<b>\$6</b>	<b>Tier 2 - Non-Preferred Generic Drugs</b>	<b>\$5</b>
	<b>Tier 3 - Preferred Brand Drugs</b>	<b>\$38</b>	<b>Tier 3 - Preferred Brand Drugs</b>	<b>\$30</b>
	<b>Tier 4 - Non-Preferred Brand Drugs</b>	<b>\$68</b>	<b>Tier 4 - Non-Preferred Brand Drugs</b>	<b>\$60</b>
	<b>Tier 5 - Specialty Drugs</b>	<b>30%</b>	<b>Tier 5 - Specialty Drugs</b>	<b>30%</b>
<b>Gap Coverage</b> Annual drug costs exceeding \$3,820 (up to a total of \$5,100 out-of-pocket costs)	Member will pay 25% of the cost of Brand Name Drugs and 37% of the cost of Generic Drugs.		<b>Tier 1 - Preferred Generic Drugs</b>	<b>\$5</b>
			<b>Tier 2 - Non-Preferred Generic Drugs</b>	<b>\$5</b>
			<b>Tier 3 - Preferred Brand Drugs</b>	<b>\$30</b>
			<b>Tier 4 - Non-Preferred Brand Drugs</b>	<b>\$60</b>
			<b>Tier 5 - Specialty Drugs</b>	<b>17%</b>
<b>After the Gap Copays</b> After your total out-of-pocket costs exceed \$5,100	Member pays whichever is greater: <b>Tier 1 - Preferred Generic Drugs:</b> \$3.40 copay or 5% coinsurance for your drug <b>Tier 2 - Non-Preferred Generic Drugs:</b> \$3.40 copay or 5% coinsurance for your drug <b>Tier 3 - Preferred Brand Drugs:</b> \$8.50 copay or 5% coinsurance for your drug <b>Tier 4 - Non-Preferred Brand Drugs:</b> \$8.50 copay or 5% coinsurance for your drug <b>Tier 5 - Specialty Drugs:</b> \$8.50 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.