### Oklahoma State University

2019 Plan Year

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Basic</th>
<th>Enhanced Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>$94.00</td>
<td></td>
<td>$215.80</td>
</tr>
</tbody>
</table>

**Annual Deductible**  
Amount member pays before Blue Cross MedicareRx begins to pay  
- **Basic**: $0  
- **Enhanced Plus**: $0

**Initial Coverage Period Copays**  
(30-day supply)  
Annual drug costs up to $3,820

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preferred Generic Drugs</td>
<td>$6</td>
</tr>
<tr>
<td>2</td>
<td>Non-Preferred Generic Drugs</td>
<td>$6</td>
</tr>
<tr>
<td>3</td>
<td>Preferred Brand Drugs</td>
<td>$38</td>
</tr>
<tr>
<td>4</td>
<td>Non-Preferred Brand Drugs</td>
<td>$68</td>
</tr>
<tr>
<td>5</td>
<td>Specialty Drugs</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Gap Coverage**  
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  
- 37% of the cost of Generic Drugs

**After the Gap Copays**  
After your total out-of-pocket costs exceed $5,100

Member pays whichever is greater:  
- **Tier 1** - Preferred Generic Drugs: $3.40 copay or 5% coinsurance for your drug  
- **Tier 2** - Non-Preferred Generic Drugs: $3.40 copay or 5% coinsurance for your drug  
- **Tier 3** - Preferred Brand Drugs: $8.50 copay or 5% coinsurance for your drug  
- **Tier 4** - Non-Preferred Brand Drugs: $8.50 copay or 5% coinsurance for your drug  
- **Tier 5** - Specialty Drugs: $8.50 copay or 5% coinsurance for your drug

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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.

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