



# Blue Cross MedicareRx (PDP)<sup>SM</sup>

## Oklahoma State University

	Basic	Enhanced Plus
<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 \$3,700	<b>Tier 1</b> - Preferred Generic Drugs <b>\$6</b> <b>Tier 2</b> - Generic Drugs <b>\$6</b> <b>Tier 3</b> - Preferred Brand Drugs <b>\$38</b> <b>Tier 4</b> - Non-Preferred Brand Drugs <b>\$68</b> <b>Tier 5</b> - Specialty Drugs <b>30%</b>	<b>Tier 1</b> - Preferred Generic Drugs <b>\$5</b> <b>Tier 2</b> - Generic Drugs <b>\$5</b> <b>Tier 3</b> - Preferred Brand Drugs <b>\$30</b> <b>Tier 4</b> - Non-Preferred Brand Drugs <b>\$60</b> <b>Tier 5</b> - Specialty Drugs <b>30%</b>
<b>Gap Coverage</b> Annual drug costs exceeding \$3,700 (up to a total of \$4,950 out-of-pocket costs)	Member will pay 40% of the cost on Brand Name Drugs and 51% of the cost on Generic Drugs	<b>Tier 1</b> - Preferred Generic Drugs <b>\$5</b> <b>Tier 2</b> - Generic Drugs <b>\$5</b> <b>Tier 3</b> - Preferred Brand Drugs <b>\$30</b> <b>Tier 4</b> - Non-Preferred Brand Drugs <b>\$60</b> <b>Tier 5</b> - Specialty Drugs <b>30%</b>
<b>After the Gap Copays</b> After your total out-of-pocket costs exceed \$4,950	Member pays whichever is greater: <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs</li> </ul>	
<b>Preferred Networks</b>	Walgreens, Walmart, AccessHealth, PPOK	

This information is available for free in other languages. Please call our Customer Service number at 1-877-838-3833 (TTY/TDD users should call 711). We are open between 8:00 a.m. and 8:00 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 the weekends and holidays.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al cliente al 1-877-838-3833 (los usuarios de TTY/TDD deben llamar al 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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.