



**BlueCross BlueShield  
of Oklahoma**

# **Oklahoma State University Summary of Benefits**

**Blue Cross MedicareRx Plans (PDP)<sup>SM</sup>**

**January 1, 2017 - December 31, 2017**

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

# INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2017 - December 31, 2017

|   | <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>  | <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b>   |
|---|--|---|
| <b>You have choices about how to get your Medicare prescription drug benefits</b> | <ul style="list-style-type: none"> <li>• One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>.</li> <li>• Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.</li> </ul>   | <ul style="list-style-type: none"> <li>• One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b>.</li> <li>• Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.</li> </ul>  |
| <b>Tips for comparing your Medicare choices</b>                                   | <p>This Summary of Benefits booklet gives you a summary of what <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b> covers and what you pay.</p> <ul style="list-style-type: none"> <li>• If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <a href="http://www.medicare.gov">http://www.medicare.gov</a>.</li> <li>• If you want to know more about the coverage and costs of Original Medicare, look in your current <b>“Medicare &amp; You”</b> handbook. View it online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</li> </ul> | <p>This Summary of Benefits booklet gives you a summary of what <b>Blue Cross MedicareRx Enhanced Plus</b> covers and what you pay.</p> <ul style="list-style-type: none"> <li>• If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <a href="http://www.medicare.gov">http://www.medicare.gov</a>.</li> <li>• If you want to know more about the coverage and costs of Original Medicare, look in your current <b>“Medicare &amp; You”</b> handbook. View it online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</li> </ul> |
| <b>Sections in this booklet</b>   | <ul style="list-style-type: none"> <li>• Things to Know About <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b></li> <li>• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</li> <li>• Prescription Drug Benefits</li> </ul>   | <ul style="list-style-type: none"> <li>• Things to Know About <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b></li> <li>• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</li> <li>• Prescription Drug Benefits</li> </ul>  |

|                                 | <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>   | <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b>   |
|---------------------------------|---|---|
|                                 | <p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language.</p> <p>For additional information, call us at 1-877-838-3833 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-838-3833 (los usuarios de TTY/TDD deben llamar al 711)</p> | <p>This document is available in other formats such as Braille and large print. This document may be available in a non-English language.</p> <p>For additional information, call us at 1-877-838-3833 (TTY/TDD users should call 711).</p> <p>Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-838-3833 (los usuarios de TTY/TDD deben llamar al 711)</p> |
| <b>Hours of Operation</b>       | <p>Things to Know About <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b></p> <ul style="list-style-type: none"> <li>• From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.</li> <li>• From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.</li> </ul>   | <p>Things to Know About <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b></p> <ul style="list-style-type: none"> <li>• From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.</li> <li>• From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.</li> </ul>   |
| <b>Phone Numbers</b>            | Call toll-free 1-877-838-3833 (TTY/TDD users should call 711).  | Call toll-free 1-877-838-3833 (TTY/TDD users should call 711).  |
| <b>Who can join?</b>            | To join <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b> , you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be an employee of Oklahoma State University.  | To join <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b> , you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and be an employee of Oklahoma State University.  |
| <b>Which drugs are covered?</b> | You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions.<br>Call us and we will send you a copy of the formulary.  | You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions.<br>Call us and we will send you a copy of the formulary.  |

|  | <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>   | <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b>   |
|--|---|---|
| <b>How will I determine my drug costs?</b> | <p>Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.</p> | <p>Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.</p> |
| <b>Which pharmacies can I use?</b>         | <p>We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.</p> <p>You can see our plan’s pharmacy directory. Call us and we will send you a copy of the pharmacy directory.</p>   | <p>We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.</p> <p>You can see our plan’s pharmacy directory. Call us and we will send you a copy of the pharmacy directory.</p>   |

# SUMMARY OF BENEFITS

January 1, 2017 - December 31, 2017

|   | Blue Cross MedicareRx Basic (PDP) <sup>SM</sup>  | Blue Cross MedicareRx Enhanced Plus (PDP) <sup>SM</sup>  |                           |                                     |                         |                           |
|---|--|--|---------------------------|-------------------------------------|-------------------------|---------------------------|
| <b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b> |  |  |                           |                                     |                         |                           |
| <b>How much is the monthly premium?</b>   | Please contact your Employer for the premium.  | Please contact your Employer for the premium.  |                           |                                     |                         |                           |
| <b>How much is the deductible?</b>  | This plan does not have a deductible.  | This plan does not have a deductible.  |                           |                                     |                         |                           |
| <b>Is there a limit on how much the plan will pay?</b>                                  | No. There are no limits on how much our plan will pay.   | No. There are no limits on how much our plan will pay.   |                           |                                     |                         |                           |
| <b>PRESCRIPTION DRUG BENEFITS</b>   |  |  |                           |                                     |                         |                           |
| <b>Initial Coverage</b>   | You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.<br>You may get your drugs at network retail pharmacies and mail order pharmacies. | You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.<br>You may get your drugs at network retail pharmacies and mail order pharmacies. |                           |                                     |                         |                           |
|   | <b>Standard Retail Cost-Sharing</b>  |  |                           |                                     |                         |                           |
|   | <b>Tier</b>  | <b>One-month supply</b>  | <b>Three-month supply</b> | <b>Tier</b>                         | <b>One-month supply</b> | <b>Three-month supply</b> |
|   | <b>Tier 1 (Preferred Generic)</b>  | \$6  | \$18                      | <b>Tier 1 (Preferred Generic)</b>   | \$5                     | \$15                      |
|   | <b>Tier 2 (Generic)</b>  | \$6  | \$18                      | <b>Tier 2 (Generic)</b>             | \$5                     | \$15                      |
|   | <b>Tier 3 (Preferred Brand)</b>  | \$38   | \$114                     | <b>Tier 3 (Preferred Brand)</b>     | \$30                    | \$90                      |
|   | <b>Tier 4 (Non-Preferred Brand)</b>  | \$68   | \$204                     | <b>Tier 4 (Non-Preferred Brand)</b> | \$60                    | \$180                     |
|   | <b>Tier 5 (Specialty Tier)</b>   | 30% of the cost  | 30% of the cost           | <b>Tier 5 (Specialty Tier)</b>      | 30% of the cost         | 30% of the cost           |

|                                     | Blue Cross MedicareRx Basic (PDP) <sup>SM</sup>   |  |                           | Blue Cross MedicareRx Enhanced Plus (PDP) <sup>SM</sup>   |  |                           |
|-------------------------------------|---|--|---------------------------|---|--|---------------------------|
| <b>Initial Coverage (continued)</b> | <b>Mail Order Cost-Sharing</b>  |  |                           |   |  |                           |
|                                     | <b>Tier</b>   | <b>One-month supply</b>  | <b>Three-month supply</b> | <b>Tier</b>   | <b>One-month supply</b>  | <b>Three-month supply</b> |
|                                     | <b>Tier 1 (Preferred Generic)</b>   | \$6 copay  | \$15 copay                | <b>Tier 1 (Preferred Generic)</b>   | \$5 copay  | \$12.50 copay             |
|                                     | <b>Tier 2 (Generic)</b>   | \$6 copay  | \$15 copay                | <b>Tier 2 (Generic)</b>   | \$5 copay  | \$12.50 copay             |
|                                     | <b>Tier 3 (Preferred Brand)</b>   | \$38 copay   | \$95 copay                | <b>Tier 3 (Preferred Brand)</b>   | \$30 copay   | \$75 copay                |
|                                     | <b>Tier 4 (Non-Preferred Brand)</b>   | \$68 copay   | \$170 copay               | <b>Tier 4 (Non-Preferred Brand)</b>   | \$60 copay   | \$150 copay               |
|                                     | <b>Tier 5 (Specialty Tier)</b>  | 30% of the cost  | 30% of the cost           | <b>Tier 5 (Specialty Tier)</b>  | 30% of the cost  | 30% of the cost           |
|                                     |   | If you reside in a long-term care facility, you pay the same as at a retail pharmacy.<br>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. |                           |   | If you reside in a long-term care facility, you pay the same as at a retail pharmacy.<br>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. |                           |
| <b>Coverage Gap</b>                 | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700.</p> <p>After you enter the coverage gap, you you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.</p> |  |                           | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700.</p> <p>After you enter the coverage gap, you you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.</p> |  |                           |

|                             | Blue Cross MedicareRx Basic (PDP) <sup>SM</sup>   | Blue Cross MedicareRx Enhanced Plus (PDP) <sup>SM</sup> |                         |                           |
|-----------------------------|---|---|-------------------------|---------------------------|
| Coverage Gap<br>(continued) |   | Standard Retail Cost-Sharing                            |                         |                           |
|                             |   | <b>Tier</b>   | <b>One-month supply</b> | <b>Three-month supply</b> |
|                             |   | <b>Tier 1<br/>(Preferred Generic)</b>                   | \$5 copay               | \$15 copay                |
|                             |   | <b>Tier 2 (Generic)</b>                                 | \$5 copay               | \$15 copay                |
|                             |   | <b>Tier 3<br/>(Preferred Brand)</b>                     | \$30 copay              | \$90 copay                |
|                             |   | <b>Tier 4 (Non-Preferred Brand)</b>                     | \$60 copay              | \$180 copay               |
|                             |   | <b>Tier 5<br/>(Specialty Tier)</b>                      | 30% of the cost         | 30% of the cost           |
|                             |   | Mail Order Cost-Sharing                                 |                         |                           |
|                             |   | <b>Tier</b>   | <b>One-month supply</b> | <b>Three-month supply</b> |
|                             |   | <b>Tier 1<br/>(Preferred Generic)</b>                   | \$5 copay               | \$12.50 copay             |
|                             |   | <b>Tier 2 (Generic)</b>                                 | \$5 copay               | \$12.50 copay             |
|                             |   | <b>Tier 3<br/>(Preferred Brand)</b>                     | \$30 copay              | \$75 copay                |
|                             |   | <b>Tier 4 (Non-Preferred Brand)</b>                     | \$60 copay              | \$150 copay               |
|                             |   | <b>Tier 5<br/>(Specialty Tier)</b>                      | 30% of the cost         | 30% of the cost           |
|                             | <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> |   |                         |                           |

|                              | <b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>  | <b>Blue Cross MedicareRx Enhanced Plus (PDP)<sup>SM</sup></b>  |
|------------------------------|--|--|
| <b>Catastrophic Coverage</b> | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <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> | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <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> |

## ADDITIONAL INFORMATION ABOUT Blue Cross MedicareRx Plans



## BlueCross BlueShield of Oklahoma

Blue Cross and Blue Shield of Oklahoma complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Oklahoma does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Oklahoma:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator

If you believe that Blue Cross and Blue Shield of Oklahoma has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-838-3833 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3833 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-838-3833 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-285-2249 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3833 (TTY: 711) 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3833 (TTY: 711).

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-838-3833 (رقم هاتف الصم والبكم: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-877-838-3833 (TTY: 711) သို့ ခေါ်ဆိုပါ။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-838-3833 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-838-3833 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3833 (ATS: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-877-838-3833 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-838-3833 (TTY: 711).

1-877-838-3833 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں  
(TTY: 711).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-877-838-3833 (TTY: 711).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بہ صورت رایگان برای شما فراهم می باشد. با  
تماس بگیرید. 1-877-838-3833 (TTY: 711).



**BlueCross BlueShield  
of Oklahoma**

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).

You must continue to pay your Medicare Part B premium.

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.

Prescription drug plan 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 plan depends on contract renewal.