

Blue Cross MedicareRx Value (PDP)SM offered by HCSC Insurance Services Company (HISC)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Blue Cross MedicareRx Value (PDP)SM. Next year, there will be changes to the plan's costs and benefits. **Please see page 5 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at getblueok.com/pdp. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Blue Cross MedicareRx Value (PDP).

- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Blue Cross MedicareRx Value (PDP).

Additional Resources

- This document is available for free in Spanish.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Customer Service at 1-888-285-2249 (TTY call: 711) for more information.
- Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia de lingüística. Llame a Servicio al Cliente al 1-888-285-2249 (TTY: 711) para recibir más información.
- Please contact our Customer Service number at 1-888-285-2249 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- Para obtener más información por favor póngase en contacto con nuestro número de servicio al cliente en 1-888-285-2249. (Usuarios de TTY deben llamar al 711.) El horario es de 8:00 – 20:00, hora de local, 7 días a la semana. Si usted está llamando desde el 1 de abril hasta el 30 de septiembre, tecnologías alternativas (por ejemplo, correo de voz) se utilizarán los fines de semana y festivos.
- Please contact Blue Cross MedicareRx Value (PDP) if you need this information in another language or format (Spanish, braille, large print or alternate formats).

About Blue Cross MedicareRx Value (PDP)

- Prescription drug plans 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 plans depends on contract renewal.
- When this document says "we," "us," or "our," it means HCSC Insurance Services Company (HISC). When it says "plan" or "our plan," it means Blue Cross MedicareRx Value (PDP).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Blue Cross MedicareRx Value (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$89.30	\$95.60
Part D prescription drug coverage (See Section 1.3 for details.)	Deductible: \$480 Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> \$10 copay • <i>Preferred cost sharing:</i> \$1 copay Drug Tier 2: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> \$20 copay • <i>Preferred cost sharing:</i> \$5 copay Drug Tier 3: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> \$47 copay • <i>Preferred cost sharing:</i> \$45 copay Drug Tier 4: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> 44% of the total cost 	Deductible: \$505 Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> \$10 copay • <i>Preferred cost sharing:</i> \$1 copay Drug Tier 2: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> \$20 copay • <i>Preferred cost sharing:</i> \$5 copay Drug Tier 3: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> \$47 copay • <i>Preferred cost sharing:</i> \$45 copay Drug Tier 4: <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> 38% of the total cost

Cost	2022 (this year)	2023 (next year)
	<ul style="list-style-type: none"> • Preferred cost sharing: 40% of the total cost <p>Drug Tier 5:</p> <ul style="list-style-type: none"> • Standard cost sharing: 25% of the total cost • Preferred cost sharing: 25% of the total cost 	<ul style="list-style-type: none"> • Preferred cost sharing: 36% of the total cost <p>Drug Tier 5:</p> <ul style="list-style-type: none"> • Standard cost sharing: 25% of the total cost • Preferred cost sharing: 25% of the total cost

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>\$89.30</p>	<p>\$95.60</p>

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 6 regarding "Extra Help" from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at getblueok.com/pdp/pharmacies. You may also call Customer Service for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Service so we may assist.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

There are four "drug payment stages."

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, and Tier 5 Specialty drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480.</p> <p>During this stage, you pay \$1-\$20 cost sharing for drugs on Tier 1 Preferred Generic and Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug and Tier 5 Specialty until you have reached the yearly deductible.</p>	<p>The deductible is \$505.</p> <p>During this stage, you pay \$1-\$20 cost sharing for drugs on Tier 1 Preferred Generic and Tier 2 Generic and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug and Tier 5 Specialty until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: Preferred Generic:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay \$10 copay per prescription. • <i>Preferred cost sharing:</i> You pay \$1 copay per prescription. <p>Tier 2: Generic:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay \$20 copay per prescription. • <i>Preferred cost sharing:</i> You pay \$5 copay per prescription. <p>Tier 3: Preferred Brand:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay \$47 copay per prescription. • <i>Preferred cost sharing:</i> You pay \$45 copay per prescription. <p>Tier 4: Non-Preferred Drug:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay 44% of the total cost per prescription. • <i>Preferred cost sharing:</i> You pay 40% of the total cost per prescription. 	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Tier 1: Preferred Generic:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay \$10 copay per prescription. • <i>Preferred cost sharing:</i> You pay \$1 copay per prescription. <p>Tier 2: Generic:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay \$20 copay per prescription. • <i>Preferred cost sharing:</i> You pay \$5 copay per prescription. <p>Tier 3: Preferred Brand:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay \$47 copay per prescription. • <i>Preferred cost sharing:</i> You pay \$45 copay per prescription. <p>Tier 4: Non-Preferred Drug:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay 38% of the total cost per prescription. • <i>Preferred cost sharing:</i> You pay 36% of the total cost per prescription.

Stage	2022 (this year)	2023 (next year)
	<p>Tier 5: Specialty:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay 25% of the total cost per prescription. • <i>Preferred cost sharing:</i> You pay 25% of the total cost per prescription. <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 5: Specialty:</p> <ul style="list-style-type: none"> • <i>Standard cost sharing:</i> You pay 25% of the total cost per prescription. • <i>Preferred cost sharing:</i> You pay 25% of the total cost per prescription. <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Online Bill Pay	Not applicable	Starting January 1, 2023 you will be able to make your premium payments online. To find out more information, please call Customer Service using the phone number on the back of your ID card.
Automated Clearing House (ACH) Monthly Recurring Draft	Not applicable	Starting with the January 2023 recurring monthly ACH premium draft, the entire balance due will be drafted from your bank account rather than the current monthly premium amount. This means if 2 months of premiums are

Description	2022 (this year)	2023 (next year)
		owed, then 2 months of premiums will be drafted. If you owe multiple months of premiums, and cannot afford for the entire balance on the account to be drafted in January 2023, please call Customer Service using the phone number on the back of your ID card to switch to statement pay or to setup SSA premium withhold.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Blue Cross MedicareRx Value (PDP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Blue Cross MedicareRx Value (PDP).

Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- -- OR-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- OR-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Blue Cross MedicareRx Value (PDP).
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Blue Cross MedicareRx Value (PDP).
 - You will automatically be disenrolled from Blue Cross MedicareRx Value (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Blue Cross MedicareRx Value (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Blue Cross MedicareRx Value (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Blue Cross MedicareRx Value (PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oklahoma, the SHIP is called Senior Health Insurance Counseling Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Counseling Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Counseling Program at 1-800-763-2828. You can learn more about Senior Health Insurance Counseling Program by visiting their website (<https://www.oid.ok.gov/consumers/information-for-seniors/senior-health-insurance-counseling-program-ship/>).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Oklahoma HIV Drug Assistance Program (HDAP), 1000 N.E. Tenth Mail Drop 0308, Oklahoma City, OK 73117-1299: <https://oklahoma.gov/health/services/personal-health/sexual-health-and-harm-reduction-service/ryan-white-programs.html>. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-405-271-4636.

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Cross MedicareRx Value (PDP)

Questions? We're here to help. Please call Customer Service at 1-888-285-2249. (TTY only, call 711.) We are available for phone calls 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Blue Cross MedicareRx Value (PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at getblueok.com/pdp. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at getblueok.com/pdp. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.