



**BlueCross BlueShield  
of Oklahoma**

# **Summary of Benefits**

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

**January 1, 2018 – December 31, 2018**

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, 2018 – December 31, 2018

	<b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx 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)</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 Value (PDP)</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 Plus (PDP)</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)</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 Value (PDP)</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 Plus (PDP)</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>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Plus (PDP)<sup>SM</sup></b>
<b>Sections in this booklet</b>	<ul style="list-style-type: none"> <li>• Things to Know About <b>Blue Cross MedicareRx Basic (PDP)</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 Value (PDP)</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 Plus (PDP)</b></li> <li>• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</li> <li>• Prescription Drug Benefits</li> </ul>
	<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 1-888-285-2249 (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 1-888-285-2249 (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 1-888-285-2249 (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 1-888-285-2249 (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 1-888-285-2249 (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 1-888-285-2249 (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)</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 Value (PDP)</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 Plus (PDP)</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>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Plus (PDP)<sup>SM</sup></b>
<b>Phone Numbers and Website</b>	<ul style="list-style-type: none"> <li>• If you are a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711).</li> <li>• If you are not a member of this plan, call toll-free 1-844-629-6889 (TTY/TDD users should call 711).</li> <li>• Our website: <a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a></li> </ul>	<ul style="list-style-type: none"> <li>• If you are a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711).</li> <li>• If you are not a member of this plan, call toll-free 1-844-629-6889 (TTY/TDD users should call 711).</li> <li>• Our website: <a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a></li> </ul>	<ul style="list-style-type: none"> <li>• If you are a member of this plan, call toll-free 1-888-285-2249 (TTY/TDD users should call 711).</li> <li>• If you are not a member of this plan, call toll-free 1-844-629-6889 (TTY/TDD users should call 711).</li> <li>• Our website: <a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a></li> </ul>
<b>Who can join?</b>	<p>To join <b>Blue Cross MedicareRx Basic (PDP)</b>, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following: Oklahoma.</p>	<p>To join <b>Blue Cross MedicareRx Value (PDP)</b>, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following: Oklahoma.</p>	<p>To join <b>Blue Cross MedicareRx Plus (PDP)</b>, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.</p> <p>Our service area includes the following: Oklahoma.</p>
<b>Which drugs are covered?</b>	<p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a>).</p> <p>Or, call us and we will send you a copy of the formulary.</p>	<p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a>).</p> <p>Or, call us and we will send you a copy of the formulary.</p>	<p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a>).</p> <p>Or, call us and we will send you a copy of the formulary.</p>

	<b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Plus (PDP)<sup>SM</sup></b>
<b>How will I determine my drug costs?</b>	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.	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.	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: Initial Coverage, Coverage Gap, and Catastrophic Coverage.
<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 at our website (<a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a>). Or, 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 at our website (<a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a>). Or, 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 at our website (<a href="http://www.getblueok.com/pdp">www.getblueok.com/pdp</a>). Or, call us and we will send you a copy of the pharmacy directory.</p>

## SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

	<b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Plus (PDP)<sup>SM</sup></b>
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>			
<b>How much is the monthly premium?</b>	\$26.40 per month.	\$82.70 per month.	\$178.20 per month.
<b>How much is the deductible?</b>	\$405 per year for Part D prescription drugs.	\$405 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.	This plan does not have a deductible.

	Blue Cross MedicareRx Basic (PDP) <sup>SM</sup>			Blue Cross MedicareRx Value (PDP) <sup>SM</sup>			Blue Cross MedicareRx Plus (PDP) <sup>SM</sup>		
<b>PRESCRIPTION DRUG BENEFITS</b>									
<b>Initial Coverage</b>	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.			After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.			You pay the following until your total yearly drug costs reach 3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.		
	<b>Standard Retail Cost-Sharing</b>			<b>Standard Retail Cost-Sharing</b>			<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</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$11 copay	\$33 copay	<b>Tier 1 (Preferred Generic)</b>	\$5 copay	\$15 copay	<b>Tier 1 (Preferred Generic)</b>	\$5 copay	\$15 copay
	<b>Tier 2 (Generic)</b>	\$14 copay	\$42 copay	<b>Tier 2 (Generic)</b>	\$15 copay	\$45 copay	<b>Tier 2 (Generic)</b>	\$7 copay	\$21 copay
	<b>Tier 3 (Preferred Brand)</b>	21% of the cost	21% of the cost	<b>Tier 3 (Preferred Brand)</b>	\$47 copay	\$141 copay	<b>Tier 3 (Preferred Brand)</b>	\$35 copay	\$105 copay
	<b>Tier 4 (Non-Preferred Drug)</b>	37% of the cost	37% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	50% of the cost	50% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	45% of the cost	45% of the cost
<b>Tier 5 (Specialty Tier)</b>	25% of the cost	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	33% of the cost	33% of the cost	

	Blue Cross MedicareRx Basic (PDP) <sup>SM</sup>			Blue Cross MedicareRx Value (PDP) <sup>SM</sup>			Blue Cross MedicareRx Plus (PDP) <sup>SM</sup>		
Initial Coverage (continued)	Preferred Retail Cost-Sharing			Preferred Retail Cost-Sharing			Preferred Retail Cost-Sharing		
	Tier	One-month supply	Three-month supply	Tier	One-month supply	Three-month supply	Tier	One-month supply	Three-month supply
	<b>Tier 1 (Preferred Generic)</b>	\$1 copay	\$3 copay	<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$0 copay	<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$0 copay
	<b>Tier 2 (Generic)</b>	\$4 copay	\$12 copay	<b>Tier 2 (Generic)</b>	\$10 copay	\$30 copay	<b>Tier 2 (Generic)</b>	\$2 copay	\$6 copay
	<b>Tier 3 (Preferred Brand)</b>	16% of the cost	16% of the cost	<b>Tier 3 (Preferred Brand)</b>	\$42 copay	\$126 copay	<b>Tier 3 (Preferred Brand)</b>	\$30 copay	\$90 copay
	<b>Tier 4 (Non-Preferred Drug)</b>	32% of the cost	32% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	40% of the cost	40% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	35% of the cost	35% of the cost
	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	33% of the cost	33% of the cost



	<b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>		<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>		<b>Blue Cross MedicareRx Plus (PDP)<sup>SM</sup></b>	
<b>Initial Coverage (continued)</b>	<b>Standard Mail Order Cost-Sharing</b>		<b>Standard Mail Order Cost-Sharing</b>		<b>Standard Mail Order Cost-Sharing</b>	
	<b>Tier</b>	<b>Three-month supply</b>	<b>Tier</b>	<b>Three-month supply</b>	<b>Tier</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$33 copay	<b>Tier 1 (Preferred Generic)</b>	\$15 copay	<b>Tier 1 (Preferred Generic)</b>	\$15 copay
	<b>Tier 2 (Generic)</b>	\$42 copay	<b>Tier 2 (Generic)</b>	\$45 copay	<b>Tier 2 (Generic)</b>	\$21 copay
	<b>Tier 3 (Preferred Brand)</b>	21% of the cost	<b>Tier 3 (Preferred Brand)</b>	\$141 copay	<b>Tier 3 (Preferred Brand)</b>	\$105 copay
	<b>Tier 4 (Non-Preferred Drug)</b>	37% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	50% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	45% of the cost
	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	33% of the cost
	<b>Preferred Mail Order Cost-Sharing</b>		<b>Preferred Mail Order Cost-Sharing</b>		<b>Preferred Mail Order Cost-Sharing</b>	
	<b>Tier</b>	<b>Three-month supply</b>	<b>Tier</b>	<b>Three-month supply</b>	<b>Tier</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	\$3 copay	<b>Tier 1 (Preferred Generic)</b>	\$0 copay	<b>Tier 1 (Preferred Generic)</b>	\$0 copay
	<b>Tier 2 (Generic)</b>	\$12 copay	<b>Tier 2 (Generic)</b>	\$30 copay	<b>Tier 2 (Generic)</b>	\$6 copay
	<b>Tier 3 (Preferred Brand)</b>	16% of the cost	<b>Tier 3 (Preferred Brand)</b>	\$126 copay	<b>Tier 3 (Preferred Brand)</b>	\$90 copay
	<b>Tier 4 (Non-Preferred Drug)</b>	32% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	40% of the cost	<b>Tier 4 (Non-Preferred Brand)</b>	35% of the cost
	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	25% of the cost	<b>Tier 5 (Specialty Tier)</b>	33% of the cost
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. 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. 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. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.	

	<b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>				<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>				<b>Blue Cross MedicareRx Plus (PDP)<sup>SM</sup></b>			
<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 \$3,750.</p> <p>After you enter the coverage gap, you you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</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 \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</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 \$3,750.</p> <p>After you enter the coverage gap, you you pay 35% of the plan’s cost for covered brand name drugs and 44% plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. 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>			
	<b>Standard Retail Cost-Sharing</b>				<b>Standard Retail Cost-Sharing</b>				<b>Standard Retail Cost-Sharing</b>			
	<b>Tier</b>	<b>Drugs Covered</b>	<b>One-month supply</b>	<b>Three-month supply</b>	<b>Tier</b>	<b>Drugs Covered</b>	<b>One-month supply</b>	<b>Three-month supply</b>	<b>Tier</b>	<b>Drugs Covered</b>	<b>One-month supply</b>	<b>Three-month supply</b>
	<b>Tier 1 (Preferred Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 1 (Preferred Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 1 (Preferred Generic)</b>	All	\$5 copay	\$15 copay
	<b>Tier 2 (Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 2 (Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 2 (Generic)</b>	All	\$7 copay	\$21 copay
	<b>Tier 3 (Preferred Brand)</b>	Not covered	Not covered	Not covered	<b>Tier 3 (Preferred Brand)</b>	Not covered	Not covered	Not covered	<b>Tier 3 (Preferred Brand)</b>	Some	\$35 copay	\$105 copay
	<b>Tier 4 (Non-Preferred Drug)</b>	Not covered	Not covered	Not covered	<b>Tier 4 (Non-Preferred Brand)</b>	Not covered	Not covered	Not covered	<b>Tier 4 (Non-Preferred Brand)</b>	Some	45% of the cost	45% of the cost
<b>Tier 5 (Specialty Tier)</b>	Not covered	Not covered	Not covered	<b>Tier 5 (Specialty Tier)</b>	Not covered	Not covered	Not covered	<b>Tier 5 (Specialty Tier)</b>	Some	24% of the cost	24% of the cost	

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Coverage Gap (continued)	Preferred Retail Cost-Sharing				Preferred Retail Cost-Sharing				Preferred Retail Cost-Sharing			
	Tier	Drugs Covered	One-month supply	Three-month supply	Tier	Drugs Covered	One-month supply	Three-month supply	Tier	Drugs Covered	One-month supply	Three-month supply
	<b>Tier 1 (Preferred Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 1 (Preferred Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 1 (Preferred Generic)</b>	All	\$0 copay	\$0 copay
	<b>Tier 2 (Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 2 (Generic)</b>	Not covered	Not covered	Not covered	<b>Tier 2 (Generic)</b>	All	\$2 copay	\$6 copay
	<b>Tier 3 (Preferred Brand)</b>	Not covered	Not covered	Not covered	<b>Tier 3 (Preferred Brand)</b>	Not covered	Not covered	Not covered	<b>Tier 3 (Preferred Brand)</b>	Some	\$30 copay	\$90 copay
	<b>Tier 4 (Non-Preferred Drug)</b>	Not covered	Not covered	Not covered	<b>Tier 4 (Non-Preferred Brand)</b>	Not covered	Not covered	Not covered	<b>Tier 4 (Non-Preferred Brand)</b>	Some	35% of the cost	35% of the cost
	<b>Tier 5 (Specialty Tier)</b>	Not covered	Not covered	Not covered	<b>Tier 5 (Specialty Tier)</b>	Not covered	Not covered	Not covered	<b>Tier 5 (Specialty Tier)</b>	Some	24% of the cost	24% of the cost

See pg.9 for Basic and Value plans coverage gap cost sharing information.

Coverage Gap (Continued)	Blue Cross MedicareRx Basic (PDP) <sup>SM</sup>			Blue Cross MedicareRx Value (PDP) <sup>SM</sup>			Blue Cross MedicareRx Plus (PDP) <sup>SM</sup>		
	Standard Mail Order Cost-Sharing			Standard Mail Order Cost-Sharing			Standard Mail Order Cost-Sharing		
	Tier	Drugs Covered	Three-month supply	Tier	Drugs Covered	Three-month supply	Tier	Drugs Covered	Three-month supply
	Tier 1 (Preferred Generic)	Not covered	Not covered	Tier 1 (Preferred Generic)	Not covered	Not covered	Tier 1 (Preferred Generic)	All	\$15 copay
	Tier 2 (Generic)	Not covered	Not covered	Tier 2 (Generic)	Not covered	Not covered	Tier 2 (Generic)	All	\$21 copay
	Tier 3 (Preferred Brand)	Not covered	Not covered	Tier 3 (Preferred Brand)	Not covered	Not covered	Tier 3 (Preferred Brand)	Some	\$105 copay
	Tier 4 (Non-Preferred Drug)	Not covered	Not covered	Tier 4 (Non-Preferred Brand)	Not covered	Not covered	Tier 4 (Non-Preferred Brand)	Some	45% of the cost
	Tier 5 (Specialty Tier)	Not covered	Not covered	Tier 5 (Specialty Tier)	Not covered	Not covered	Tier 5 (Specialty Tier)	Some	24% of the cost
	Preferred Mail Order Cost-Sharing			Preferred Mail Order Cost-Sharing			Preferred Mail Order Cost-Sharing		
	Tier	Drugs Covered	Three-month supply	Tier	Drugs Covered	Three-month supply	Tier	Drugs Covered	Three-month supply
Tier 1 (Preferred Generic)	Not covered	Not covered	Tier 1 (Preferred Generic)	Not covered	Not covered	Tier 1 (Preferred Generic)	All	\$0 copay	
Tier 2 (Generic)	Not covered	Not covered	Tier 2 (Generic)	Not covered	Not covered	Tier 2 (Generic)	All	\$6 copay	
Tier 3 (Preferred Brand)	Not covered	Not covered	Tier 3 (Preferred Brand)	Not covered	Not covered	Tier 3 (Preferred Brand)	Some	\$90 copay	
Tier 4 (Non-Preferred Drug)	Not covered	Not covered	Tier 4 (Non-Preferred Brand)	Not covered	Not covered	Tier 4 (Non-Preferred Brand)	Some	35% of the cost	
Tier 5 (Specialty Tier)	Not covered	Not covered	Tier 5 (Specialty Tier)	Not covered	Not covered	Tier 5 (Specialty Tier)	Some	24% of the cost	

See pg.9 for Basic and Value plans coverage gap cost sharing information.

	<b>Blue Cross MedicareRx Basic (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx Value (PDP)<sup>SM</sup></b>	<b>Blue Cross MedicareRx 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 \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 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 \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 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 \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.</li> </ul>



## 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 1-888-285-2249 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-285-2249 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-285-2249 (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. 1-888-285-2249 (TTY: 711) 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-285-2249 (TTY: 711).

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-888-285-2249 (رقم هاتف الصم والبكم: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-888-285-2249 (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 1-888-285-2249 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-285-2249 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-285-2249 (ATS: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-285-2249 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-285-2249 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-285-2249 (TTY: 711).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-285-2249 (TTY: 711).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بہ صورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-877-285-2249 (TTY: 711).





**BlueCross BlueShield  
of Oklahoma**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-285-2249 (TTY: 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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-285-2249 (TTY: 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.