



State of Oklahoma

2026

Summary

of Benefits

Blue Cross Group MedicareRx (PDP)™

January 1, 2026 – December 31, 2026

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*.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-842-7564 (TTY: 711). We are open October 1 – March 31, daily, 8 a.m. to 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit www.bcbsok.com/retiree-medicare-tools or call 1-877-838-3833 (TTY: 711) to request a copy of the EOC.
- Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new provider.
- Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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*. You can also see the *Evidence of Coverage* on our website, www.bcbso.com/retiree-medicare-tools.

You have choices about how to get your Medicare benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue Cross Group MedicareRx (PDP)**.
- 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 your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross Group MedicareRx (PDP)** covers and what you pay.

- If you want to compare our plan with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov 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.

Sections in this booklet

- Things to Know About **Blue Cross Group MedicareRx (PDP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-838-3833 (TTY: 711).

Things to Know About **Blue Cross Group MedicareRx (PDP)**

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., local time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-838-3833, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-842-7564, (TTY: 711).
- Our website: www.bcbsok.com/retiree-medicare-tools.

Who can join?

To join **Blue Cross Group MedicareRx (PDP)**, you must have both Medicare Part A and Medicare Part B, meet your employer's eligibility requirements, and be retired. Our service area includes anywhere in the United States.

Which pharmacies can I use?

Blue Cross Group MedicareRx (PDP) has a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's *Pharmacy Directory* at our website www.bcbsok.com/retiree-medicare-tools.

Or call us at 1-877-838-3833 (TTY: 711) and we will send you a copy of the *Pharmacy Directory*.

What drugs are covered?

We cover Part D drugs.

- Formulary Name: 5 Tier Standard
- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, www.bcbsok.com/retiree-medicare-tools.
- Or call us at 1-877-838-3833 (TTY: 711) and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

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 and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of Oklahoma

SECTION II - SUMMARY OF BENEFITS

Blue Cross Group MedicareRx (PDP)SM

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium, if you are enrolled.
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PRESCRIPTION DRUG BENEFITS

Deductible	Because there is no prescription drug deductible for the plan, this payment stage does not apply to you.																																																																											
	<p>Important Message About What You Pay for Insulin</p> <p>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.</p>																																																																											
Initial Coverage	<p>You pay the following until your yearly out-of-pocket drug costs reach \$2,100.</p> <table border="1"> <tr> <th colspan="3">Standard Retail Cost-Sharing</th> </tr> <tr> <th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr> <tr> <td>Tier 1 (Preferred Generic)</td><td>\$5 copay</td><td>\$15 copay</td></tr> <tr> <td>Tier 2 (Generic)</td><td>\$7 copay</td><td>\$21 copay</td></tr> <tr> <td>Tier 3 (Preferred Brand)</td><td>\$40 copay</td><td>\$120 copay</td></tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td><td>\$95 copay</td><td>\$285 copay</td></tr> <tr> <td>Tier 5 (Specialty)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr> </table> <table border="1"> <tr> <th colspan="3">Preferred Retail Cost-Sharing</th> </tr> <tr> <th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr> <tr> <td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td><td>\$0 copay</td></tr> <tr> <td>Tier 2 (Generic)</td><td>\$2 copay</td><td>\$6 copay</td></tr> <tr> <td>Tier 3 (Preferred Brand)</td><td>\$25 copay</td><td>\$75 copay</td></tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td><td>\$75 copay</td><td>\$225 copay</td></tr> <tr> <td>Tier 5 (Specialty)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr> </table> <table border="1"> <tr> <th colspan="3">Standard Mail Order</th> </tr> <tr> <th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr> <tr> <td>Tier 1 (Preferred Generic)</td><td>\$5 copay</td><td>\$15 copay</td></tr> <tr> <td>Tier 2 (Generic)</td><td>\$7 copay</td><td>\$21 copay</td></tr> <tr> <td>Tier 3 (Preferred Brand)</td><td>\$40 copay</td><td>\$120 copay</td></tr> <tr> <td>Tier 4 (Non-Preferred Drug)</td><td>\$95 copay</td><td>\$285 copay</td></tr> <tr> <td>Tier 5 (Specialty)</td><td>33% coinsurance</td><td>33% coinsurance</td></tr> </table> <table border="1"> <tr> <th colspan="3">Preferred Mail Order</th> </tr> <tr> <th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr> <tr> <td>Tier 1 (Preferred Generic)</td><td>\$0 copay</td><td>\$0 copay</td></tr> <tr> <td>Tier 2 (Generic)</td><td>\$2 copay</td><td>\$6 copay</td></tr> </table>	Standard Retail Cost-Sharing			Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay	Tier 2 (Generic)	\$7 copay	\$21 copay	Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	Tier 4 (Non-Preferred Drug)	\$95 copay	\$285 copay	Tier 5 (Specialty)	33% coinsurance	33% coinsurance	Preferred Retail Cost-Sharing			Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$2 copay	\$6 copay	Tier 3 (Preferred Brand)	\$25 copay	\$75 copay	Tier 4 (Non-Preferred Drug)	\$75 copay	\$225 copay	Tier 5 (Specialty)	33% coinsurance	33% coinsurance	Standard Mail Order			Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay	Tier 2 (Generic)	\$7 copay	\$21 copay	Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	Tier 4 (Non-Preferred Drug)	\$95 copay	\$285 copay	Tier 5 (Specialty)	33% coinsurance	33% coinsurance	Preferred Mail Order			Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$2 copay	\$6 copay
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PRESCRIPTION DRUG BENEFITS

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	Tier 5 (Specialty)	33% coinsurance	33% coinsurance
Long-term Care Tiers 1-5	If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.		
Out-of-network Tiers 1-5	You may get drugs from an out-of-network pharmacy in specific situations. You generally must use a network pharmacy to fill your prescription.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,100, you pay nothing for covered Part D drugs.		

Please note: Federal law prohibits individuals enrolled in Medicare from using manufacturer coupons or other drug discounts with their drug plan. Financial assistance to help with the costs of prescription drugs may be available through the government's Extra Help/Low Income Subsidy program. You can apply for Extra Help any time before or after you enroll in Part D. For more information or to apply, visit the Social Security website at www.ssa.gov and click "Medicare," then "Apply for Part D Extra Help."

DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-838-3833 (TTY: 711). Someone who speaks English can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-838-3833 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Blue Cross Group MedicareRx is a Medicare prescription drug plan with a Medicare contract. Enrollment in **Blue Cross Group MedicareRx** depends on contract renewal.

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 copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time.

Health coverage is offered by HCSC Insurance Services Company.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-838-3833 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone: 1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD: 1-855-661-6965
300 E. Randolph St., 35th Floor	Fax: 1-855-661-6960
Chicago, IL 60601	Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone: 1-800-368-1019
200 Independence Avenue SW	TTY/TDD: 1-800-537-7697
Room 509F, HHH Building	Complaint Portal:
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
	Complaint Forms:
	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsok.com/legal-and-privacy/non-discrimination-notice.

Blue Cross Blue Shield of Oklahoma, 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 another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-838-3833 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-838-3833 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-877-838-3833 (TTY: 711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-838-3833 文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-838-3833 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-838-3833 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મુફત ભાષાકોય સહાયતા સેવાઓ તમારું માટે ઉપલબ્ધ છે. યાર્થે આકાલરી સહાય અનુયોધન માટે માહિતી પૂરી પાડવા માટેની સેવાઓ પણ સવના મૂલ્યે ઉપલબ્ધ છે. 1-877-838-3833 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सूलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयोगी सामाजिक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-838-3833 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-877-838-3833 (TTY: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-838-3833 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáñilt'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'ehígíí dóó bee áka'anída'wo'i áko bee baa hane'i bee hadadilyaa bich'i' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjí' 1-877-838-3833 (TTY: 711) hodíilnih doodago nika'análwo'i bich'i' hanidzíih.
فارس Farsi	توجه: اگر [وارد کردن زیان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-877-838-3833 (تله تاپ: 711) تماس بگیرید یا با ارائه دهنده خود



This information is not a complete description of benefits. Call 1-877-838-3833 (TTY: 711) for more information.

Prescription drug plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

THANK YOU

Connect with us

Contact Information: 1-877-838-3833, TTY: 711

Organization Name: Blue Cross and Blue Shield of Oklahoma

Organization website: www.bcbsok.com