



		Blue Cross Group MedicareRx (PDP) <sup>SM</sup>	
Effective 1/1/2023 - 12/31/2023		Basic	Enhanced Plus
PDP Premium		\$108.10	\$254.80
Annual Deductible		\$0	\$0
Initial Coverage Period Copays (30-day supply) Annual drug costs up to \$4,660	Tier	Preferred Pharmacy / Standard Pharmacy	Preferred Pharmacy / Standard Pharmacy
	1	\$6	\$5
	2	\$6	\$5
	3	\$38	\$30
	4	\$68	\$60
	5	30%	30%
Gap Coverage Annual drug costs exceeding \$4,660 (up to a total of \$7,400 out-of-pocket costs)	Tier	Members will pay 25% of the costs of Generic Drugs and 25% of the costs of Brand Name drugs for tiers 1-5.	Preferred Pharmacy / Standard Pharmacy
	1		\$5
	2		\$5
	3		\$30
	4		\$60
	5		15%
After the Gap Copays After your total out-of-pocket costs exceed \$7,400		Member pays whichever is greater: <ul style="list-style-type: none"> <li>• 5% of the total cost, or</li> <li>• \$4.15 copay for generic (including brand drugs treated as generic) and \$10.35 copay for all other drugs</li> </ul>	
Preferred Pharmacy Networks		Walgreens, Walmart	
<p>Tier 1 — Preferred Generic Drugs</p> <p>Tier 2 — Generic Drugs</p> <p>Tier 3 — Preferred Brand Drugs</p> <p>Tier 4 — Non-Preferred Brand Drugs</p> <p>Tier 5 — Specialty Drugs</p>			

For more information call the Education Helpline at **1-888-984-4102 TTY 711**.

We are open September 1 – January 31: Daily, 8:00 a.m. to 9:00 p.m. CT;  
 February 1 – August 31: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time.  
 Alternate technologies (for example, voicemail) will be used on weekends and holidays.  
 This information is not a complete description of benefits.

Prescription drug plans 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 plans depends on contract renewal.