



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

# New Mexico State University

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<b>Annual Deductible</b> Amount member pays before Blue Cross MedicareRx <sup>SM</sup> begins to pay	<b>\$0</b>
<b>Initial Coverage Period Copays</b> (30-day supply) Annual drug costs up to \$3,750	<b>Preferred Pharmacy / Standard Pharmacy</b>  <b>Tier 1</b> - Preferred Generic Drugs <b>\$0 / \$5</b> <b>Tier 2</b> - Generic Drugs <b>\$2 / \$7</b> <b>Tier 3</b> - Preferred Brand Drugs <b>\$25 / \$30</b> <b>Tier 4</b> - Non-Preferred Brand Drugs <b>\$55 / \$60</b> <b>Tier 5</b> - Specialty Drugs <b>33% / 33%</b>
<b>Gap Coverage</b> Annual drug costs exceeding \$3,750 (up to a total of \$5,000 out-of-pocket costs)	<b>Tier 1</b> - Preferred Generic Drugs <b>\$0 / \$5</b> <b>Tier 2</b> - Generic Drugs <b>\$2 / \$7</b> <b>Tier 3</b> - Preferred Brand Drugs <b>\$25 / \$30</b> <b>Tier 4</b> - Non-Preferred Brand Drugs <b>\$55 / \$60</b> <b>Tier 5</b> - Specialty Drugs <b>24% / 24%</b>
<b>After the Gap Copays</b> After your total out-of-pocket costs exceed \$5,000	Member pays whichever is greater: <ul style="list-style-type: none"> <li>• 5% of the total cost, or</li> <li>• \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copay for all other drugs</li> </ul>
<b>Preferred Pharmacy Networks</b>	Walgreens, Albertson's, AccessHealth

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

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.

Other pharmacies/providers are available in our network.

You must continue to pay your Medicare Part B premium.

Blue Cross MedicareRx is a prescription drug plan 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 plan depends on contract renewal.