



**BlueCross BlueShield  
of Texas**

# **Summary of Benefits**

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

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

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

**January 1, 2022 – December 31, 2022**

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 1-888-285-2249 (TTY/TDD: 711). We are open from 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 the 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 [getbluetx.com/pdp](https://getbluetx.com/pdp) or call 1-888-285-2249 to view 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 doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium, 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, 2023.

# INTRODUCTION TO SUMMARY OF BENEFITS

January 1, 2022 – December 31, 2022

	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>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>, <b>Blue Cross MedicareRx Value (PDP)</b>, or <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 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>, <b>Blue Cross MedicareRx Value (PDP)</b>, or <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 plans with other Prescription Drug 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>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>
<b>Blue Access for Members</b>	<p>Go to: <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a> to access information about your plan selection, including:</p> <ul style="list-style-type: none"> <li>Claims information</li> <li>Benefits information</li> <li>Pharmacy locator</li> </ul>		

	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>Hours of Operation</b>	<ul style="list-style-type: none"> <li>• From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. – 8:00 p.m. local time.</li> <li>• From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. – 8:00 p.m. local time.</li> </ul>		
<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 users should call 711).</li> <li>• If you are not a member of this plan, call toll-free 1-877-213-1817 (TTY users should call 711).</li> <li>• Our website: <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a></li> </ul>		
<b>Who can join?</b>	To join <b>Blue Cross MedicareRx Basic (PDP)</b> , <b>Blue Cross MedicareRx Value (PDP)</b> , or <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.		
<b>What drugs are covered?</b>	<p>You can see the plan formulary (list of Part D prescription drugs) and any restrictions at <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a>.</p> <p>Or, Call us and we will send you a copy of the formulary.</p>	<p>You can see the plan formulary (list of Part D prescription drugs) and any restrictions at <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a>.</p> <p>Or, Call us and we will send you a copy of the formulary.</p>	<p>You can see the plan formulary (list of Part D prescription drugs) and any restrictions at <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a>.</p> <p>Or, Call us and we will send you a copy of the formulary.</p>
<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: Deductible, 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. You can see our plan's <i>Pharmacy Directory</i> at <a href="http://getbluetx.com/pdp">getbluetx.com/pdp</a>.</p> <p>Or, call us and we will send you a copy of the <i>Pharmacy Directory</i>.</p>		

## SUMMARY OF BENEFITS

January 1, 2022 – December 31, 2022

	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>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>			
<b>How much is the monthly premium?</b>	\$65.00 per month.	\$87.10 per month.	\$154.90 per month.
<b>Part D Deductible Stage</b>	\$480 per year for Part D prescription drugs.	<ul style="list-style-type: none"> <li>\$480 per year for Part D prescription drugs except for drugs listed on Tier 1 Preferred Generic and Tier 2 Generic which are excluded from the deductible.</li> </ul> <p>Once you have paid \$480 for your Tiers 3, 4 and 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p>	Because there is no prescription drug deductible for the plan, this payment stage does not apply to you. You begin in the Initial Coverage Stage when you fill your first prescription of the year.
<b>Initial Coverage</b>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$4,430.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach \$4,430.</p> <p>Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

## Prescription Drug Cost Shares During the Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$4,430. 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.

Initial Coverage Stage: Standard Retail Pharmacy			
Standard Retail	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>Tier 1: Preferred Generic</b>	<b>One-month supply:</b> \$8 copay	<b>One-month supply:</b> \$10 copay	<b>One-month supply:</b> \$7 copay
	<b>Three-month supply:</b> \$24 copay	<b>Three-month supply:</b> \$30 copay	<b>Three-month supply:</b> \$21 copay
<b>Tier 2: Generic</b>	<b>One-month supply:</b> \$11 copay	<b>One-month supply:</b> \$20 copay	<b>One-month supply:</b> \$9 copay
	<b>Three-month supply:</b> \$33 copay	<b>Three-month supply:</b> \$60 copay	<b>Three-month supply:</b> \$27 copay
<b>Tier 3: Preferred Brand</b>	<b>One-month supply:</b> \$27 copay	<b>One-month supply:</b> \$47 copay	<b>One-month supply:</b> \$37 copay
	<b>Three-month supply:</b> \$81 copay	<b>Three-month supply:</b> \$141 copay	<b>Three-month supply:</b> \$111 copay
<b>Tier 4: Non-Preferred Drug</b>	<b>One-month supply:</b> 33% of the total cost	<b>One-month supply:</b> 42% of the total cost	<b>One-month supply:</b> 45% of the total cost
	<b>Three-month supply:</b> 33% of the total cost	<b>Three-month supply:</b> 42% of the total cost	<b>Three-month supply:</b> 45% of the total cost
<b>Tier 5: Specialty Tier</b>	<b>One-month supply:</b> 25% of the total cost	<b>One-month supply:</b> 25% of the total cost	<b>One-month supply:</b> 33% of the total cost
	<b>Three-month supply:</b> A long-term supply is not available for drugs in Tier 5.	<b>Three-month supply:</b> A long-term supply is not available for drugs in Tier 5.	<b>Three-month supply:</b> 33% of the total cost

Initial Coverage Stage: Preferred Retail Pharmacy			
Preferred Retail	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>Tier 1: Preferred Generic</b>	<b>One-month supply:</b> \$1 copay	<b>One-month supply:</b> \$1 copay	<b>One-month supply:</b> \$0 copay
	<b>Three-month supply:</b> \$3 copay	<b>Three-month supply:</b> \$3 copay	<b>Three-month supply:</b> \$0 copay
<b>Tier 2: Generic</b>	<b>One-month supply:</b> \$4 copay	<b>One-month supply:</b> \$5 copay	<b>One-month supply:</b> \$2 copay
	<b>Three-month supply:</b> \$12 copay	<b>Three-month supply:</b> \$15 copay	<b>Three-month supply:</b> \$6 copay
<b>Tier 3: Preferred Brand</b>	<b>One-month supply:</b> \$20 copay	<b>One-month supply:</b> \$45 copay	<b>One-month supply:</b> \$30 copay
	<b>Three-month supply:</b> \$60 copay	<b>Three-month supply:</b> \$135 copay	<b>Three-month supply:</b> \$90 copay
<b>Tier 4: Non-Preferred Drug</b>	<b>One-month supply:</b> 31% of the total cost	<b>One-month supply:</b> 38% of the total cost	<b>One-month supply:</b> 40% of the total cost
	<b>Three-month supply:</b> 31% of the total cost	<b>Three-month supply:</b> 38% of the total cost	<b>Three-month supply:</b> 40% of the total cost
<b>Tier 5: Specialty Tier</b>	<b>One-month supply:</b> 25% of the total cost	<b>One-month supply:</b> 25% of the total cost	<b>One-month supply:</b> 33% of the total cost
	<b>Three-month supply:</b> A long-term supply is not available for drugs in Tier 5.	<b>Three-month supply:</b> A long-term supply is not available for drugs in Tier 5.	<b>Three-month supply:</b> 33% of the total cost

Initial Coverage Stage: Standard Mail Order Pharmacy (3-month supply)			
Standard Mail Order	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>Tier 1: Preferred Generic</b>	\$24 copay	\$30 copay	\$21 copay
<b>Tier 2: Generic</b>	\$33 copay	\$60 copay	\$27 copay
<b>Tier 3: Preferred Brand</b>	\$81 copay	\$141 copay	\$111 copay
<b>Tier 4: Non-Preferred Drug</b>	33% of the total cost	42% of the total cost	45% of the total cost
<b>Tier 5: Specialty Tier</b>	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	33% of the total cost



Initial Coverage Stage: Preferred Mail Order Pharmacy (3-month supply)			
Preferred Mail Order	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>Tier 1: Preferred Generic</b>	\$3 copay	\$3 copay	\$0 copay
<b>Tier 2: Generic</b>	\$12 copay	\$15 copay	\$6 copay
<b>Tier 3: Preferred Brand</b>	\$60 copay	\$135 copay	\$90 copay
<b>Tier 4: Non-Preferred Drug</b>	31% of the total cost	38% of the total cost	40% of the total cost
<b>Tier 5: Specialty Tier</b>	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	33% of the total cost

**Initial Coverage Stage: Long-term Care and Out-of-network Pharmacies (one-month supply)**

	<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>Long-term Care Tiers 1-5</b>	If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.		
<b>Out-of-network Tiers 1-5</b>	You may get drugs from an out-of-network pharmacy only when you are not able to use a network pharmacy. You may be required to pay the difference between what you pay for the drug at the out-of-network pharmacy and the cost that we would cover at an in-network pharmacy.		

## Coverage Gap Stage: Standard Retail Pharmacy

	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>Coverage Gap Stage</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 \$4,430.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under your 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.</p>	<p>Your plan provides additional coverage through the gap. For Tier 1, you continue to pay the similar amounts as you did in the Initial Coverage Stage.</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 \$4,430.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under your 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.</p>	<p>Your plan provides additional coverage through the gap. For Tier 1, you continue to pay the similar amounts as you did in the Initial Coverage Stage.</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 \$4,430.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under your 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.</p>

Catastrophic Coverage Stage			
	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>Catastrophic Coverage Stage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the total cost, or</li> <li>• \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs</li> </ul>		



**BlueCross BlueShield  
of Texas**

Blue Cross and Blue Shield of Texas 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 Texas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Texas:

- 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 Texas 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., 35<sup>th</sup> 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/TDD: **711**).

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

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-888-285-2249** (TTY: **711**).

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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/TDD: **711**)。

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-285-2249** (TTY/TDD: **711**) 번으로 전화해 주십시오

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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/TDD: **711**).

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

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-285-2249** (телетайп: **711**).

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સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-285-2249** (TTY: **711**).

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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**).

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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/TDD: **711**).

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ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-285-2249** (TTY/TDD: **711**).

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ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-285-2249** (TTY/TDD: **711**) पर कॉल करें।

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

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ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-888-285-2249** (TTY: **711**).

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

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This information is not a complete description of benefits. Call 1-888-285-2249 (TTY: 711) for more information.

Prescription drug plans provided by Blue Cross and Blue Shield of Texas, 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.