



**BlueCross BlueShield  
of Oklahoma**

# **Summary of Benefits**

Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)<sup>SM</sup>

**January 1, 2023 – December 31, 2023**

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 1-855-231-2552 (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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [getblueok.com/dsnp](https://getblueok.com/dsnp) or call 1-855-231-2552 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, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider Directory*).

# 2023 Summary of Benefits

## Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)

January 1, 2023 - December 31, 2023

**Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)** is a Medicare Advantage HMO SNP plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-855-231-2552 (TTY 711) and request the “Evidence of Coverage” or access it online at [getblueok.com/dsnp](https://getblueok.com/dsnp).

To join **Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Oklahoma: Blaine, Bryan, Canadian, Cleveland, Creek, Garfield, Garvin, Grady, Kay, Kingfisher, Lincoln, Logan, Marshall, McClain, McIntosh, Okfuskee, Oklahoma, Okmulgee, Osage, Pawnee, Pittsburg, Pottawatomie, Seminole, and Tulsa.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services unless otherwise noted in your Evidence of Coverage (EOC).

For coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at [www.medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

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

For more information, please call us at 1-855-231-2552 (TTY users should call 711). Hours are 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 weekends and holidays, or visit us at [getblueok.com/dsnp](https://getblueok.com/dsnp).

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Monthly Plan Premium ( <i>includes both medical and drugs</i> )	You pay \$0 - \$26.10 per month. In addition, you must keep paying your Medicare Part B premium.
Part B Premium Buy-down (if applicable)	This plan does not have a Part B Premium Buy-down.
Deductible	\$0 or \$233
Maximum Out-of-Pocket Responsibility ( <i>does not include Part D prescription drugs</i> )	<p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Oklahoma Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$7,550 for services you receive from in-network providers.</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the "Medicare &amp; You" handbook for Medicare-covered services. For Oklahoma Health Care Authority (OHCA)-covered services, refer to the Medicaid Coverage section in this document.</p> <p><b>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</b></p>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Inpatient Hospital	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2022 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> <li>• \$0 or \$1,556 deductible for each benefit period; \$0 copay per day for days 1-60; \$0 or \$389 copay per day for days 61-90</li> <li>• \$0 or \$778 copay per day for each benefit period (up to 60 days over your lifetime)</li> </ul> <p>These amounts may change for 2023.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
Outpatient Hospital	0% or 20% of the total cost
Ambulatory Surgical Center (ASC)	0% or 20% of the total cost
Doctor Visits <ul style="list-style-type: none"> <li>◦ Primary care provider</li> <li>◦ Specialists</li> </ul>	<p><b><u>Primary care provider visit</u></b></p> <ul style="list-style-type: none"> <li>◦ 0% or 20% of the total cost</li> </ul> <p><b><u>Specialists</u></b></p> <ul style="list-style-type: none"> <li>◦ 0% or 20% of the total cost</li> </ul>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Preventive Care  (e.g., flu vaccine, diabetic screenings)	<p>\$0 copay</p> <p><b>Important Message About What You Pay for Vaccines</b></p> <p>Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.</p> <p>*Other preventive services are available. There are some covered services that have a cost. Please reference EOC for more detail.</p>
Emergency Care	<p>0% or 20% of the total cost up to \$95 per visit</p> <p>Copay is waived if you are admitted to the hospital within 3 days for the same condition. See the "Inpatient Hospital" section of this booklet for other costs.</p>
Urgently Needed Services	0% or 20% of the total cost up to \$60 per visit
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li>◦ MRI, CAT Scan</li> <li>◦ X-Rays</li> <li>◦ Diagnostic tests and procedures</li> <li>◦ Lab services</li> </ul>	<p><b><u>Diagnostic radiology services (such as MRIs, CT scans)</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost at a free-standing clinic, and 0% or 20% of the total cost for services in an outpatient hospital setting</li> </ul> <p><b><u>Diagnostic tests and procedures</u></b></p> <ul style="list-style-type: none"> <li>• 0% of the total cost</li> </ul> <p><b><u>Lab services</u></b></p> <ul style="list-style-type: none"> <li>• 0% of the total cost</li> </ul> <p><b><u>Outpatient X-rays</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Therapeutic radiology services (such as radiation treatment for cancer)</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>◦ Medicare-covered hearing exam</li> <li>◦ Routine hearing exam</li> <li>◦ Hearing aid</li> </ul>	<p><b><u>Exam to diagnose and treat hearing and balance issues</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Routine hearing exam</u></b></p> <ul style="list-style-type: none"> <li>• \$0 copay for 1 routine hearing exam each year</li> </ul> <p><b><u>Hearing aid fitting/evaluation</u></b></p> <ul style="list-style-type: none"> <li>• \$0 copay</li> <li>• Purchase includes unlimited provider visits for fitting and adjustments within 12 months of purchase of hearing aids.</li> </ul> <p><b><u>Hearing Aids</u></b></p> <ul style="list-style-type: none"> <li>• There is a \$2,000 maximum plan coverage limit for hearing aids (both ears combined) purchased in-network every year.</li> </ul>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
<p>Dental Services</p> <ul style="list-style-type: none"> <li>◦ Medicare-covered dental</li> <li>◦ Preventive Dental</li> <li>◦ Supplemental Dental Services</li> </ul>	<p><b><u>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Preventive dental services</u></b></p> <p><b><u>Cleanings</u></b></p> <p><b>In-Network and Out-of-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for up to 1 cleaning(s) per year</li> </ul> <p><b><u>Oral exams</u></b></p> <p><b>In-Network and Out-of-Network:</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for up to 1 oral exam(s) per year</li> </ul> <p><b><u>Comprehensive dental services</u></b></p> <p><b>In-Network and Out-of-Network:</b></p> <ul style="list-style-type: none"> <li>• \$3,000 annual maximum coverage. For more details on benefits and benefit limitations regarding your dental coverage, please see your Evidence of Coverage.</li> </ul>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Vision Services <ul style="list-style-type: none"> <li>◦ Medicare-covered eye exam</li> <li>◦ Medicare-covered eyewear</li> <li>◦ Routine eye exam</li> <li>◦ Routine eyewear</li> </ul>	<p><b><u>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Routine eye exam</u></b></p> <ul style="list-style-type: none"> <li>• \$0 copay for 1 routine eye exam every year</li> </ul> <p><b><u>Eyeglasses or contact lenses after cataract surgery</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost for 1 pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery</li> </ul> <p><b><u>Routine eye wear</u></b></p> <p><b>Contact lenses</b></p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay</li> </ul> <p><b>Eyeglass frames</b></p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for 1 pair of eyeglass frames every year</li> </ul> <p><b>Eyeglass lenses</b></p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for 1 pair of eyeglass lenses every year (Standard lenses only. Progressive lenses excluded)</li> </ul> <p>\$400 maximum plan coverage limited in-network for routine eye wear every year (including eyeglass frames, lenses, and contact lenses)</p>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
<p>Mental Health Services</p> <ul style="list-style-type: none"> <li>◦ Inpatient mental health</li> <li>◦ Outpatient group therapy/individual therapy visit</li> </ul>	<p><b><u>Inpatient visit</u></b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2022, the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> <li>• \$0 or \$1,556 deductible for each benefit period; \$0 copay per day for days 1-60; \$0 or \$389 copay per day for days 61-90</li> </ul> <p>These amounts may change for 2023.</p>
	<p><b><u>Outpatient group therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Outpatient individual therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Skilled Nursing Facility (SNF)	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2022 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1-20; \$194.50 copay per day for days 21-100.</li> </ul> <p>These amounts may change for 2023.</p> <p><b>Our plan covers up to 100 days in a SNF.</b></p>
Physical Therapy	0% or 20% of the total cost
Outpatient Rehabilitation	<p><b><u>Cardiac (heart) rehab services</u></b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)</p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Occupational therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Ambulance	0% or 20% of the total cost for each one-way ground transportation trip, 0% or 20% of the total cost for each one-way air transportation trip.
Transportation	\$0 copay for up to 24 one-way trips every year to plan-approved locations.
Medicare Part B Drugs	0% or 20% of the total cost for chemotherapy drugs. 0% or 20% of the total cost for other Part B drugs

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Outpatient Prescription Drugs	
Deductible	<p>\$0 to \$505 (depending on your income and institutional status) per year for Part D prescription drugs</p> <p><b>Important Message About What You Pay for Insulin</b></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, even if you haven't paid your deductible.</p>
Initial Coverage	<p>Depending on your income and institutional status, you pay the following after you pay your yearly deductible, if applicable:</p> <p><b>Generic Drugs</b> (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> <li>You pay \$0 copay; or \$1.45 copay; or \$4.15 copay; or 15% of the total cost per prescription.</li> </ul> <p><b>All Other Drugs</b></p> <ul style="list-style-type: none"> <li>You pay \$0 copay; or \$4.30 copay; or \$10.35 copay; or 15% of the total cost per prescription.</li> </ul> <p>You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Outpatient Prescription Drugs	
Coverage Gap	<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 \$4,660.</p> <p><b>Coverage Gap Stage</b></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 \$7,400, which is the end of the coverage gap.</p> <p>Not everyone will enter the coverage gap.</p>
Catastrophic Coverage	<p>Depending on your income and institutional status, after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$7,400, your share of the cost for a covered drug will be either:</p> <ul style="list-style-type: none"> <li>• \$0; or</li> <li>• A coinsurance or a copayment, whichever is the larger amount: <ul style="list-style-type: none"> <li>◦ – either – Coinsurance of 5% of the cost of the drug</li> <li>◦ – or – \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.</li> </ul> </li> <li>• Our plan pays the rest of the cost</li> </ul>

Premiums and Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Outpatient Prescription Drugs	
<p>Catastrophic Coverage (<i>after you or others on your behalf pay \$7,400</i>)</p> <ul style="list-style-type: none"> <li>◦ Generic Drugs</li> <li>◦ Brand-Name Drugs</li> </ul>	<p><b>Generic Drugs:</b></p> <ul style="list-style-type: none"> <li>• You pay \$4.15 or 5% (whichever costs more)</li> </ul> <p><b>Brand-Name Drugs:</b></p> <ul style="list-style-type: none"> <li>• You pay \$10.35 or 5% (whichever costs more)</li> </ul>
Cost-Sharing may change depending on the pharmacy you choose.	

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Acupuncture for Chronic Low Back Pain	<ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Chiropractic Care	<p><b><u>Medicare-covered manipulation of the spine to correct a subluxation</u></b> (when 1 or more of the bones of your spine move out of position)</p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Diabetes Supplies and Services <ul style="list-style-type: none"> <li>- Diabetes Monitoring Supplies</li> <li>- Diabetes self-management training</li> <li>- Therapeutic shoes or inserts</li> </ul>	<p><b><u>Diabetes monitoring supplies</u></b></p> <p>0% or 20% of the total cost</p> <p><b><u>Diabetes self-management training</u></b></p> <p>\$0 copay</p> <p><b><u>Therapeutic shoes or inserts</u></b></p> <p>0% or 20% of the total cost</p>
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Wellness Programs	<p data-bbox="758 233 1436 272">\$0 copay for SilverSneakers<sup>®</sup> † Fitness Program</p> <p data-bbox="758 289 1978 669">This benefit includes SilverSneakers instructor-led group fitness classes. At participating locations, you can take classes plus use exercise equipment and other amenities. Additionally, SilverSneakers FLEX<sup>®</sup> gives you options to get active outside of traditional gyms. SilverSneakers also connects you to a support network and virtual resources through SilverSneakers Live, SilverSneakers On-Demand<sup>™</sup> and a mobile app, SilverSneakers GO<sup>™</sup>. Plus, you get access to GetSetUp3, with thousands of live online classes to ignite your interests in topics like cooking, technology and art. All you need to get started is your personal SilverSneakers ID number. Go to <a href="https://www.silversneakers.com">SilverSneakers.com</a> to learn more about your benefit or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p data-bbox="758 685 1724 724">Always talk with your doctor before starting an exercise program.</p> <ol data-bbox="800 740 1978 1101" style="list-style-type: none"> <li>1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.</li> <li>2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.</li> <li>3. GetSetUp is a third-party service provider and is not owned or operated by Tivity Health, Inc. ("Tivity") or its affiliates. Users must have internet service to access GetSetUp service. Internet service charges are responsibility of user. Charges may apply for access to certain GetSetUp classes or functionality.</li> </ol> <p data-bbox="758 1133 1978 1243">Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.</p> <p data-bbox="758 1260 1978 1338">†SilverSneakers, SilverSneakers FLEX, SilverSneakers On-Demand, and SilverSneakers GO are registered trademarks or trademarks of Tivity Health, Inc.</p>

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Flex card	<p>\$1,000 annual benefit</p> <p>The flexible spending card is a preloaded debit card that can be used to help with out-of-pocket expenses at your dental, vision and hearing providers.</p>
Foot Care ( <i>podiatry services</i> )	<p><b><u>Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Home Health Care	<ul style="list-style-type: none"> <li>• \$0 copay</li> </ul>
Opioid Treatment Program Services	<ul style="list-style-type: none"> <li>• 0% or 0% of the total cost</li> </ul>
Outpatient Substance Abuse Services	<p><b><u>Group therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Individual therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Over-the-Counter Items	<ul style="list-style-type: none"> <li>• \$255 plan coverage limit every 3 months for specific over-the-counter drugs and other health-related products. Unused OTC amounts do not roll over to the next calendar year.</li> </ul>
Prosthetic Devices ( <i>braces, artificial limbs, etc.</i> )	<p><b><u>Prosthetic devices</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul> <p><b><u>Related medical supplies</u></b></p> <ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Meals	<ul style="list-style-type: none"> <li>• 2 meals a day for 14 days. Unlimited occurrences annually, after an inpatient stay</li> </ul>
Renal Dialysis	<ul style="list-style-type: none"> <li>• 0% or 20% of the total cost</li> </ul>
Telehealth Services	<ul style="list-style-type: none"> <li>• \$0 copay for urgent care visits through MDLive</li> </ul>

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup>
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the total costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

## **Oklahoma MEDICAID BENEFITS**

### **Oklahoma MEDICAID ELIGIBLE MEMBERS**

A person who is eligible for both Medicare and Medicaid, and is enrolled in the Blue Cross and Blue Shield of Oklahoma Medicaid plan, may enroll in the Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) plan for their Medicare services.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Oklahoma Health and Human Services Commission (Medicaid Program) covers and what this Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

### **COST-SHARE/COPAYMENT INFORMATION**

In the Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) plan, the member receives Medicare cost-sharing assistance from the state Medicaid program. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-855-231-2552 (TTY users should call 711). The Medicaid eligibility categories and amount of member cost-sharing are listed below:

#### **IF YOU ARE A QUALIFIED MEDICARE BENEFICIARY (QMB)**

You are entitled to payment of Medicare premiums as well as the deductible and coinsurance amounts on Medicare-covered services. To be eligible, you must already have, or be conditionally eligible for Medicare Part A (Hospital Insurance). Medicaid will pay your Medicare premiums, deductibles, and co-insurance charges on Medicare covered services only.

#### **IF YOU ARE A SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)/QUALIFIED INDIVIDUALS (QI1)**

You are entitled to payment of your Medicare Part B premiums. For SLMBs, your income must be below 120% of the Federal Poverty Level Guidelines and for QI1's, your income must be between 120-135% of the Federal Poverty Level Guidelines. You must be enrolled in Medicare Part A. Medicaid does not pay the Medicare Part A premium. Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

#### **IF YOU ARE A QUALIFIED WORKING DISABLED INDIVIDUALS (QWDI)**

For a QWDI, Medicaid coverage is limited to payment of the Medicare Part A premium. No Medicaid card is issued.

	<b>SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023</b>	<b>SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023</b>
<b>Benefit</b>	<b>Oklahoma Health Care Authority (OHCA)</b>	<b>Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)<sup>SM</sup> (See benefit details above)</b>
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage is limited to Medicare-covered acupuncture for chronic low back pain</li> </ul>
<b>Ambulance</b>	<p>Medically necessary ambulance services:</p> <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Chiropractic Care</b>	<p>Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p> <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Dental Services</b>	<p>For people who are 20 years of age or younger; or 21 years of age or older in an ICF- MR:</p> <ul style="list-style-type: none"> <li>• For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
<b>Diabetes Supplies and Services</b>	Includes coverage for test strips, lancets, and screening tests: <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> <i>(Costs for these services may be different if received in an outpatient surgery setting)*</i>	<ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Doctor's Office Visits</b>	<ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
<b>Durable Medical Equipment</b> <i>(wheelchairs, oxygen, etc.)</i>	Includes wheelchairs, oxygen: <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Emergency Care</b>	Any emergency room visit if the member reasonably believes he or she needs emergency care: <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Foot Care (podiatry services)</b>	<ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	<b>SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023</b>	<b>SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023</b>
<b>Benefit</b>	<b>Oklahoma Health Care Authority (OHCA)</b>	<b>Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)<sup>SM</sup> (See benefit details above)</b>
<b>Home Health Care</b>	Includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services: <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Outpatient Rehab</b>	<ul style="list-style-type: none"> <li>• For Members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Outpatient Substance Abuse Services</b>	Assessment, ambulatory treatment/detox, and MAT: <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
<b>Outpatient Surgery</b>	<ul style="list-style-type: none"> <li>• Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
Over-the-Counter Items	<ul style="list-style-type: none"> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
Prosthetic Devices (braces, artificial limbs, etc.)	<p>Includes braces, artificial limbs and eyes, etc.:</p> <ul style="list-style-type: none"> <li>• For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
Renal Dialysis	<ul style="list-style-type: none"> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
Transportation	<p>Routine:</p> <ul style="list-style-type: none"> <li>• The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
Urgently Needed Services	<p>This is NOT emergency care, and in most cases, is out of the service area:</p> <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>
Vision Services	<ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul> <p><b>Note:</b> Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.</p>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
Preventive Care	<p>Pap Smears and Pelvic Exams (for women)</p> <p>Mammograms (Annual Screening)</p> <p>Prostate Cancer Screening Exams</p> <p>Colorectal Screening Exams (for people aged 50 and older)</p> <p>Immunizations</p> <ul style="list-style-type: none"> <li>• Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul> <p>Bone Mass Measurement (for people who are at risk):</p> <ul style="list-style-type: none"> <li>• Bone density screening is a benefit of Texas Medicaid.</li> <li>• For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>• \$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
<b>Hospice</b>	<ul style="list-style-type: none"> <li>Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>\$0 copay for Medicaid-covered services</li> </ul> <p><b>Note:</b> When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</p>	<ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>Inpatient Hospital Care</b>	<ul style="list-style-type: none"> <li>Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copayments, and deductibles for Medicare covered services.</li> </ul> <p>Members should follow Medicare guidelines related to hospital choice.</p> <ul style="list-style-type: none"> <li>\$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>Skilled Nursing Facility (SNF)</b>	<p>In a Medicare-certified Skilled Nursing Facility:</p> <ul style="list-style-type: none"> <li>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</li> <li>\$0 copay for Medicaid-covered services</li> </ul>	<ul style="list-style-type: none"> <li>Covered</li> </ul>

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2023 – December 31, 2023	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2023 – December 31, 2023
Benefit	Oklahoma Health Care Authority (OHCA)	Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) <sup>SM</sup> (See benefit details above)
Prescription Drug Benefits	<ul style="list-style-type: none"> <li>\$0 copay for Medicaid covered prescription drugs not covered by Medicare Part D</li> </ul> <p><b>Note:</b> Medicaid will not cover any Medicare Part D drug.</p>	<ul style="list-style-type: none"> <li>Covered</li> </ul>

## **MEDICAID COVERED BENEFITS**

Medical, behavioral health, and long-term care services are covered. Some categories of eligibility may also cover dental, vision, transportation, and prescription services. Additional Medicaid covered services may include:

- Preventive services
- Well-child visits
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Medical/surgical services
- Family planning services
- Pregnancy-related and maternity services
- Prenatal care
- Urgent care services
- Emergency services
- Behavioral health benefits
- Prescription drug benefits
- Vision benefits
- Dental benefits
- Transportation benefits

## **MEDICAID LONG-TERM CARE SERVICES**

Long-term care services for members who meet the Nursing Facility Level of Care (NFLOC) criteria are covered. Long-term care includes medical and nonmedical care for people who have disabilities or long-lasting illnesses. The member has to be in Agency-Based Community Benefit for 120 days before switching to Self-Directed Community Benefit.

## **MEDICAID AGENCY-BASED COMMUNITY BENEFIT**

The following services are covered for members who meet NF LOC and select the Agency-Based Community Benefit (ABCB):

- Adult day health
- Assisted living
- Behavior support consultation
- Community transition services
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Personal care services
- Private duty nursing for adults
- Respite
- Skilled maintenance therapy services

## **MEDICAID SELF-DIRECTED COMMUNITY BENEFIT**

The Self-Directed Community Benefit (SDCB) is composed of certain home and community-based services available to eligible members. Self-direction gives you choices. It also gives you control over how the services are provided. You can choose who provides the services.

The following services are covered for members who are eligible for the Self-Directed Community Benefit:

- Behavior support consultation
- Customized community support
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Homemaker/Direct Support
- Nutritional counseling
- Private duty nursing for adults
- Related goods
- Respite
- Skilled maintenance therapy services
- Specialized therapies
- Transportation (non-medical)

**IF YOU ARE A QMB, SLMB, QI1, OR QDWI BENEFICIARY:**

Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Blue Cross Medicare Advantage Dual Care plus, where you will have a 0% cost-share

**Medicaid Plan Notice:**

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

**Medicare Advantage Plan Notice:**

Plans available in Blaine, Bryan, Canadian, Cleveland, Creek, Garfield, Garvin, Grady, Kay, Kingfisher, Lincoln, Logan, Marshall, McClain, McIntosh, Okfuskee, Oklahoma, Okmulgee, Osage, Pawnee, Pittsburg, Pottawatomie, Seminole, and Tulsa counties.

HMO and PPO plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO plan) and refers to GHS Insurance Company (GHSIC) (HMO Special Needs Plan and PPO plans). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC, BlueLincs, and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, BlueLincs, and GHSIC are Medicare Advantage organizations with a Medicare contract. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. Enrollment in these plans depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State, and Medicare and is enrolled in the Blue Cross and Blue Shield of Oklahoma Medicaid plan.

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



## **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 a 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., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a 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>.

English: 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 1-877-688-1813 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

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Spanish: 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 1-877-688-1813 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-688-1813 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-688-1813 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-688-1813 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-688-1813 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-688-1813 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-688-1813 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-688-1813 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-688-1813 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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Arabic: سيقوم شخص ما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول 1-877-688-1813 (TTY/) TDD: 711). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

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Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषयि सेवाएँ उपलब्ध हैं. एक दुभाषयि प्राप्त करने के लिए, बस हमें 1-877-688-1813 (TTY/TDD: 711). पर फोन करें. कोई व्यक्ति जो हन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-688-1813 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-688-1813 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-688-1813 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-688-1813 (TTY/TDD: 711). Ta usługa jest bezpłatna.

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Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご利用になるには、1-877-688-1813 (TTY/TDD: 711). にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

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Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-855-231-2552 (TTY: 711) for more information.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

Such services are funded in part with the State of Oklahoma.

HMO Special Needs Plan provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Insurance Company (GHSIC), an Independent Licensee of the Blue Cross and Blue Shield Association. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. Enrollment depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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