



Please post this page on your refrigerator or bulletin board as a reminder to act on your 2027 health plan.

Welcome to Your 2027 Plan

Prepared for: <Subscriber_First_Name> <Subscriber_Last_Name>

Member ID number: <Subscriber_ID>

How to Prepare for a New Year of Coverage



To view your health plan highlights for 2027, visit

MyRenewalCodeOK.com and enter your access code **<0123456789>**.

- Confirm the benefit costs for your 2027 plan in your Summary of Benefits and Coverage online.
- <Review your new estimated 2027 premium.>
- Check your list of prescription drug changes.
- <Go over your 2027 dental plan information.>

Changes to Your Pharmacy Benefit Program Starting on January 1, 2027



View your 2027 drug list and coverage changes or get more info at

BlueRxOK.com. Some drugs may:

- Be newly covered on your drug list.
- Be moving to a higher or lower drug tier.
- No longer be covered.
- Have new special requirements such as prior authorization.

Help is Available (Ayuda en Español Disponible)



Talk with your independent, authorized agent, <Agent_Name>, about your 2026 health plan options. <Please call **855-414-6185**.> Or contact a licensed Health Plan Specialist at **855-636-8702**.

We are available:

- Monday through Friday: 8 a.m. to 8 p.m. CT
- Saturday: 8 a.m. to 6 p.m. CT
- Sunday: 10 a.m. to 2 p.m. CT

Expect longer wait times closer to January 15, when open enrollment ends.

StayBlueOK.com



BlueCross BlueShield
of Oklahoma



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Government-Required Notice

<First Name> <Last Name>

<Date>

<Address line 1>

<Address line 2>

<City> <State> <Zip>

Important: It's time to review your health coverage. **Update your Health Insurance Marketplace application and pick a plan by December 15, 2026**, or we'll automatically re-enroll you in the same or similar coverage for 2027. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Blue Cross and Blue Shield of Oklahoma for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

We're still offering your health coverage in 2027, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one, then update your application with the Health Insurance Marketplace®.

What's changing in 2027?

Your new premium

- **Starting in January, your new monthly premium amount is estimated to be \$<Dollar amount>.**
<<A<percent>% change from 2026.>

Here's the math: Monthly premium of \$<Dollar_amount> minus <Phrase_or_dollar_amount> of possible financial help. Your actual monthly premium amount may be different because your financial help may change in 2027. You'll find out your new monthly premium when you get your January bill.

Important: This estimated monthly premium is based on current information we have for 2026. It might not account for some or all changes that could impact your monthly premium, like cost changes in your area for next year, or changes to your household income or family size. To find out the actual amount of your monthly premium, update your Marketplace application. For more information about updating your application, go to "What should I do next?" below.

- Your 2026 monthly premium amount is <Dollar_amount>.
Here's the math: Monthly premium cost of \$<Dollar_amount> minus \$<Dollar_amount> of financial help you get each month.

Other changes

- <Please visit **MyRenewalCodeOK.com** and enter access code <0123456789> to view your **Benefit Changes**.>
- Please see the enclosed **Benefit Changes** section.
- You can also review more details about your plan at **StayBlueOK.com** and in your 2027 **Summary of Benefits and Coverage** at <SBC_URL_English> (English) or <SBC_URL_Spanish> (Español).

StayBlueOK.com

Government-Required Notice *continued*

What should I do next?

1. Update your Marketplace application by December 15.

Review your Marketplace application to make sure the information is still current and correct, and make any necessary updates. After you submit your updated application, you'll find out if you qualify for more or less financial help than in 2026. This could mean you'll pay a lower monthly premium amount or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you might not owe money when you file your taxes.

2. Decide if you want to enroll in this plan or choose another one.

I want to enroll in this plan.

Select <28 Plan name and Child_SCID> to enroll.

<**Important:** This isn't a Silver plan in 2027. This means you can't get financial help to lower your out-of-pocket costs if you stay in this plan. You must go back to the Marketplace and enroll in a Silver plan to find out if you qualify to get financial help. If you don't enroll in a Silver plan, any financial help you currently get to lower your out-of-pocket costs will end on December 31.>

I want to pick a different plan.

You can choose a different plan between November 1, 2026, and January 15, 2027. Enroll by December 15, for coverage to start January 1.

- Visit [HealthCare.gov](https://www.healthcare.gov) to find other Marketplace plans.
Compare plans to save money and find one that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.

• You can also check with BCBSOK to find out what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Marketplace.

Note: If you got financial help in 2026 to lower your monthly premium, you must file federal income taxes and "reconcile" the premium tax credit you qualified for with the amount you used during 2026. If the amounts are different, it may change the amount you owe or get back when you file your federal income taxes. To reconcile the premium tax credit, you must complete IRS Form 8962 "Premium Tax Credit (PTC)" and include it with your federal tax return. For more information about the premium tax credit, visit:

<https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>.

We're here to help

- Call BCBSOK at <Issuer phone number> or visit [bcbsok.com](https://www.bcbsok.com).
- Visit [HealthCare.gov](https://www.healthcare.gov), or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- <<Contact an agent or broker you've worked with before <like <Agent_Name>.> <Call <Agent_phone_number>.>.>
- Call <48 Issuer phone number> to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

Benefit Changes

Here Are Key Plan Changes

	2026 Health Plan	2027 Health Plan
Your plan name	<Current_Health_Plan_Name>	<Current_Health_Plan_New>
Your Benefits	2026	2027
Plan is compatible with a health savings account	<Yes><No>	<Yes><No>
In-network individual deductible	<\$X,XXX>	<\$X,XXX>
In-network family deductible	<\$X,XXX>	<\$X,XXX>
In-network individual out-of-pocket maximum	<\$X,XXX>	<\$X,XXX>
In-network family out-of-pocket maximum	<\$X,XXX>	<\$X,XXX>
In-network coinsurance	<XX%>	<XX%>

Coinsurance (%) and Copay (\$) Changes

Your Out-of-Pocket Costs for:	2026	2027
In-network PCP office visit	<\$XX> copay	<XX%> coinsurance after deductible is paid
In-network specialist office visit	<XX%> coinsurance after deductible is paid	<\$XX> copay
In-network urgent care visit	<\$XX> copay	<XX%> coinsurance after deductible is paid
In-network mental health and substance abuse office visit	<XX%> coinsurance after deductible is paid	<\$XX> copay

Your Out-of-Pocket Costs for Prescription Drugs:	2026	2027
Preferred Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>

Benefit Changes *continued*

Your Out-of-Pocket Costs for Prescription Drugs:	2026	2027
Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>

- <Your plan has moved to a Select Primary Care Physician cost-share structure. To obtain a No Charge PCP (Primary Care Physician) visit, you must choose a Select Physician as your PCP through the Blue Access for MembersSM portal or by calling the number on your member ID card. Virtual Visits are available. See your Benefit Booklet for details.>
- <Your plan has moved from a four-tier to a six-tier pharmacy cost-share structure. For more information about pharmacy tiers and your pharmacy benefits, please visit [BlueRxOK.com](https://www.BlueRxOK.com).>
- Please review the 2027 drug list at [BlueRxOK.com](https://www.BlueRxOK.com) to see if the drugs that you take or are prescribed are affected by any changes. For example, a drug may have moved to a lower or higher drug tier or no longer be covered.
<Please check [BlueRxOK.com](https://www.BlueRxOK.com) each month for any changes to the drug list.>
- Review your 2027 **Summary of Benefits and Coverage** for cost share differences between using a network <preferred/value participating> pharmacy vs. a network <non-preferred/participating> pharmacy.
- <Your dental plan, <Current_Dental_Plan>, is being renewed for 2027. Your new dental monthly payment amount will be \$<2027_Dental_Rate>. Your rate adjustment will take effect January 1, 2027.>

Benefit Changes *continued*

This is not a complete list of benefit changes.

For a more complete summary of your benefits, see the **Summary of Benefits and Coverage** for 2027, available online at <[SBC_URL_English](#)> (English) or <[SBC_URL_Spanish](#)> (Español). You can also request an SBC in paper form, free of charge, by calling the number on your member ID card.

<Important Notice

Our agents and brokers help you choose and enroll in the health care coverage that is right for you. They also serve you throughout the year. When you enroll in or renew a plan, we pay them between \$20–\$32.50 (depending on the plan) per member per month for up to five total members. That means that if there are three people on your policy, a broker receives \$60–\$97.50 per month in commissions.

They may additionally receive other bonus and marketing payments from us ranging from \$50–\$100 based on their total sales for a period of time. These commissions or bonuses/marketing payments are paid by BCBSOK and do not affect the amount of your premium.

If you have questions, please contact your BCBSOK agent or broker.>