



Blue Cross Group Medicare OptionsSM



Welcome Guide

Important information about your BlueSecureSM retiree group supplemental medical and Blue Cross Group MedicareRx (PDP)SM plans

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

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Live your Blue life

Thank you for choosing BlueSecure and Blue Cross Group MedicareRxSM as part of your Medicare coverage.

This is the Welcome Guide we promised to send when your enrollment was approved. Please review the contents carefully. It has information you need about your new plans. If you have any questions or concerns that are not covered here, please call Customer Service at the number listed on the back of your member ID cards.

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Look for these helpful icons to get the most out of your plan.



When you see this icon,
TAKE ACTION
to complete a task.



When you see this icon,
SAVE THIS important
information somewhere
you can easily reference it.



When you see this
icon, you have
NEW INFORMATION
to review.

New to Medicare?



We're here to help. We hope to answer your basic questions in this booklet. If you need more information or help understanding your benefits or the Medicare rules, call the numbers listed on the back of your member ID cards.

What You Need to Know about BlueSecure.

BlueSecure is a retiree group supplemental medical plan that works with Original Medicare to provide broad coverage, including helping to pay for things like copays and coinsurance. If Medicare denies a service, BlueSecure may also deny that service. Generally, the plan only pays if Medicare allows a service. BlueSecure plans do not cover vision, hearing, or dental services. With BlueSecure, you can choose any doctor or specialist who accepts Medicare. At the time of your doctor's visit, there is no cost upfront. Just show your member ID card and your claim will be sent to Medicare and then sent electronically to us.

Please confirm that your provider accepts Medicare before your appointment.

Hospitalization

BlueSecure can help pay for your Part A inpatient hospitalization coinsurance plus coverage for Medicare-approved amounts through the 515th day.

Medical Expenses

BlueSecure can help pay your Part B coinsurance, generally 20% of Medicare-approved costs, or copayments for hospital outpatient services. Medicare pays the other 80% of costs.

Blood

BlueSecure can help pay for the first three pints of blood each year.

Hospice Care

BlueSecure can help pay for your Part A coinsurance through the 100th day.

BlueSecure also can help pay for skilled nursing facility care, Medicare Part A and B deductibles, and emergency care when you travel outside the United States.

How do I find a doctor or hospital?

It's very important that your doctors accept Medicare assignment.

Find providers who do at www.medicare.gov/care-compare. This website is run by the Federal government, which keeps track of all providers accepting Medicare patients.

Questions about your medical or hospital coverage?

Call the Customer Service number on the back of your BlueSecure member ID card.

Learn How to Get the Most from Your Part D Plan.

Blue Cross Group MedicareRx covers many commonly used outpatient prescription drugs for health issues like high blood pressure, high cholesterol, depression, and osteoporosis.

Get to Know Your Formulary.

Your plan covers a broad range of prescription drugs. A formulary is a list of drugs your plan covers. You'll find the costs for your drugs listed in the enclosed Evidence of Coverage Benefit Insert (EBI). Be sure to share the formulary with your providers and discuss any medications you are already taking. You can lower your costs if you stick to drugs on the list. And you may be able to save money by choosing generic drugs. Ask if this is an option for you. If you have questions, call us at the number listed on the back of your Blue Cross Group MedicareRx member ID card.

Drugs are placed in tiers.

The costs for drugs in each tier are different. Generally, drugs on lower-number tiers cost less. Tier 1 includes the drugs prescribed for common conditions. The drug list will tell you which tier a drug is in, and the tier can give you an idea of how much a drug costs. Read your EBI for details on coverage and member costs.

How to Read the Formulary.

There are two ways to find medications: by medical condition and alphabetically. The formulary includes a table that shows more information such as special rules for prior authorization, quantity limits and step therapy.



National Pharmacy Network

Our national pharmacy network includes thousands of locations where prescription copays may be lower than at an out-of-network pharmacy.

All major national retail and grocery pharmacy chains participate in the network,* including:

Walgreens

Walmart 



Important Reminder about What You Pay for Insulin and Vaccines

Insulin: If your plan includes Part B benefits, 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.

Vaccines: Your plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

*Other pharmacies are also available in our network.

AllianceRx Walgreens Pharmacy, a central specialty and home delivery pharmacy, is contracted to provide mail pharmacy services to members of Blue Cross Group MedicareRx. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Oklahoma and is owned by 18 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Home Delivery and Specialty Pharmacy

Refills by Mail

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home. This service offers:

- Three ways to order refills: online, by phone or through the mail.
- Up to a 90-day supply of medications at one time.
- A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.

You will need to set up an account using your member ID with one of these options:



AllianceRx Walgreens Pharmacy

Visit www.alliancerxwp.com/home-delivery or call **1-877-277-7895 TTY 711**.

Amazon Pharmacy

Visit <https://pharmacy.amazon.com> or call **1-855-393-4279 TTY 711**.
Available after January 1, 2024.



Express Scripts® Pharmacy

Visit www.express-scripts.com/rx or call **1-833-599-0729 TTY 711**.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Oklahoma.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of BCBSOK. The relationship between Express Scripts® Pharmacy and BCBSOK is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSOK. The relationship between Accredo and BCBSOK is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc. Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of BCBSOK. The relationship between Express Scripts® Pharmacy and BCBSOK is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Express Scripts is an independent company and is solely responsible for the products and services that it provides.

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. They have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can use one of two specialty pharmacy options:

AllianceRx Walgreens Pharmacy

Visit www.alliancerxwp.com/specialty-pharmacy or call **1-800-533-7606 TTY 711** to get started.

Accredo®

Visit www.accredo.com or call **1-833-721-1619 TTY 711** to get started.

Out-of-Network Pharmacies

You can buy covered drugs from out-of-network pharmacies in an emergency or if you are traveling where there is no network pharmacy. Please call us for more information.

Questions about your prescription drug coverage?

Call Customer Service at the number on the back of your Blue Cross Group MedicareRx member ID card.



Let's Get Started

Follow these easy steps to get the most from your plan.



Step 1

Check Your Member ID Cards



You can begin to use your benefits on your effective date.

You will get an ID card for each plan.

These are separate from your red, white and blue Medicare ID card.

Review for the following:

- **Effective Date**

Your confirmation letter will show your effective date — the date your coverage begins. The letter can be used as proof of insurance if you have not received your member ID cards by your effective date.

- **Personal Information**

Make sure the information on both ID cards is accurate.

If something is wrong on either ID card, please call the Customer Service number on the back of that card.

Step 2

Sign up or Log in to Blue Access for Members

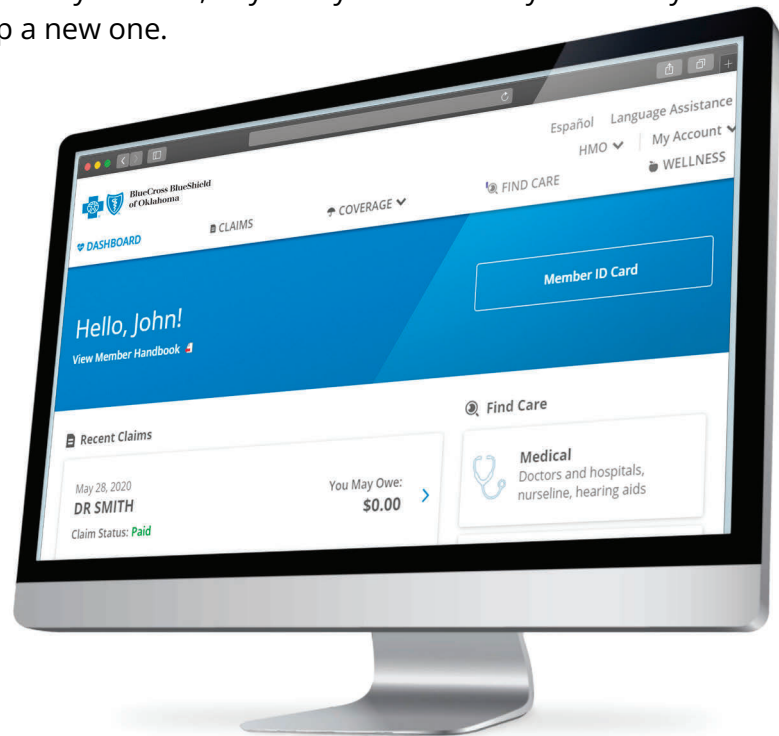


Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members (BAMSM), a secure website and mobile app. It's the health information you need, anytime you need it. If you already have a BAM account, you do not need to set up a new one.

Here are just a few things you can do with BAM:

- View your claims status and up to 18 months of claims activity.
- See your prescription history.
- Search for a health care provider, hospital, urgent care facility or pharmacy.
- Request or print your ID card.
- View or print Explanation of Benefits statements.
- And more!



Go mobile! It's Easy to Get Started!

Go to www.bluememberok.com or grab your smart phone and your ID card and text* **BCBSOKAPP** to 33633 so you can use BAM while you're on the go.

* Message and data rates may apply.



Step 3 Review Your Plans.

Take a look at the important plan information included in this Welcome Guide to be sure you understand your new benefits. Remember, these are important documents, so keep them in a safe place.

BlueSecure

Your enrollment kit included a benefit highlight sheet. It notes:

- The costs Original Medicare pays.
- The benefits the plan pays.
- Any expenses you may have to pay.

Medicare updates this information each year.

Blue Cross Group MedicareRx

The EBI in this guide tells you how to get your prescription drugs covered through the plan. It is part of your complete EOC which can be found on BAM (see Step 2). It explains:

- What your Part D plan covers.
- What you pay for your Part D prescription drugs.
- Your rights and responsibilities.



Step 4 Notify Your Providers and Pharmacy.

Show your new ID cards to your providers and pharmacy so they have the most up-to-date information. You may also need to show your red, white and blue Medicare card to your providers.



Forms You May Need.

You may need some of these forms during the year. All forms can be found on BAM at www.bluememberok.com.

- **Authorization to Disclose Protected Health Information (PHI)**
Use this form to give the plan permission to share your PHI with a specific person or entity.
- **Home Delivery Prescription Order Form**
Be sure to use the home delivery program for eligible maintenance medications. It's easy to use and may help you save money. When you have a new prescription, use the online form for the home delivery service you prefer. **See page 6 for more information.**
- **Prescription Drug Coverage Determination**
If the plan will not cover a prescription drug, you may ask for a coverage determination. Choose the form that matches your request.
- **Appointment of Representative**
This form lets you name someone to make decisions on your behalf and to get your health information such as Explanation of Benefits (EOB). This form also allows the plan to share your health information with a third party such as another health plan or provider. Having this completed form on file is vital for caregivers.

Report Fraud.

Medicare fraud costs billions of dollars each year.

Here are some ways you can help stop it:

- Keep your member ID card safe. Treat it like you would a debit or credit card.
- Make a copy of your member ID card and keep it in a safe place.
- If your member ID card is lost or stolen, call us right away.
- Be sure the pharmacy has your correct information.
- Look at your Explanation of Benefits (EOB) carefully to be sure that you have been properly charged. If you think you may have been the victim of fraud, report it to our Fraud Hotline right away.



To report fraud,

call **1-800-543-0867 TTY 711**, 24 hours a day, 7 days a week

We'll Keep in Touch.

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.



TAKE ACTION: Provide your email address!

Scan this **QR code** with your smartphone camera or go online at www.bcbsok.com/preferences.



Annual Notice of Change (ANOC)

Every year, you will receive an Annual Notice of Change from Blue Cross Group MedicareRx. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin either on January 1 or on the effective date in the following calendar year that your employer has chosen. Review this document carefully.



Explanation of Benefits (EOB)

You will receive a statement called the Explanation of Benefits. How often you receive it depends on how often you go to the doctor or get prescriptions. This statement is not a bill. It simply shows what you have paid and the benefits you have used. Review these to be sure they are correct. If you think there are mistakes, call Customer Service. If you think you are the victim of fraud, report it immediately.

Important Plan Information

Discover how your
coverage works for you.

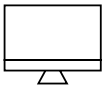




BlueCross BlueShield of Oklahoma

Important Information

ABOUT YOUR PLAN



You can find the most current information about your plan benefits when you visit Blue Access for MembersSM (BAMSM) at www.bluememberok.com.

If you don't already have a BAM account, you can create one the first time you use the service. You can also download the mobile app by texting BCBSOKAPP to 33633. Be sure to have your member ID card handy when setting up your account.



Here's what you'll find:

- Annual Notice of Changes (if a returning member)
- Drug Formulary Lists
- Evidence of Coverage
- In-Network Pharmacies
- Summary of Benefits

You may also request that printed copies of these items be mailed to you by calling Customer Service at the number on the back of your member ID card. Our Customer Service representatives are available to help if you have any questions.

Thank you for being a Blue Cross Group MedicareRx (PDP)SM member. We look forward to serving

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.



State of Oklahoma

Blue Cross Group MedicareRx (PDP)SM

Evidence of Coverage Benefits Insert

January 1 - December 31, 2024

2024 Evidence of Coverage Benefits Insert

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Chapter 4. What you pay for your Part D prescription drugs

SECTION 2 What you pay for a drug depends on which drug payment stage you are in when you get the drug

Section 2.1	What are the drug payment stages for Blue Cross Group MedicareRx (PDP) members?
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There are four "drug payment stages" for your prescription drug coverage under Blue Cross Group MedicareRx (PDP). How much you pay depends on what stage you are in when you get a prescription filled or refilled. Keep in mind you are always responsible for the plan's monthly premium (if applicable) regardless of the drug payment stage. Details of each stage are in Sections 4 through 7 of this chapter. The stages are:

Stage 1: Yearly Deductible Stage

Stage 2: Initial Coverage Stage

Stage 3: Coverage Gap Stage

Stage 4: Catastrophic Coverage Stage

SECTION 4 During the Deductible Stage, you pay the full cost of your Part D drugs

There is no deductible for Blue Cross Group MedicareRx (PDP). You begin in the Initial Coverage Stage when you fill your first prescription of the year. See Section 5 for information about your coverage in the Initial Coverage Stage.

SECTION 5 During the Initial Coverage Stage, the plan pays its share of your drug costs and you pay your share

Section 5.2	A table that shows your costs for a <i>one-month</i> supply of a drug
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During the Initial Coverage Stage, your share of the cost of a covered drug will be either a copayment or coinsurance.

- **"Copayment"** means that you pay a fixed amount each time you fill a prescription.
- **"Coinsurance"** means that you pay a percent of the total cost of the drug each time you fill a prescription.

Blue Cross Group MedicareRx (PDP)SM

As shown in the table below, the amount of the copayment or coinsurance depends on which tier your drug is in. Please note:

- If your covered drug costs less than the copayment amount listed in the chart, you will pay that lower price for the drug. You pay *either* the full price of the drug *or* the copayment amount, *whichever is lower*.
- We cover prescriptions filled at out-of-network pharmacies in only limited situations. Please see the *Evidence of Coverage* booklet Chapter 3, Section 2.5 for information about when we will cover a prescription filled at an out-of-network pharmacy.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

Tier	Retail (standard and preferred) cost sharing (in-network)	Mail-order (standard and preferred) cost sharing	Long-term care (LTC) cost sharing	Out-of-network cost sharing (Coverage is limited to certain situations; see the <i>Evidence of Coverage</i> Chapter 3 for details.)
	(up to a 30-day supply)	(up to a 30-day supply)	(up to a 31-day supply)	(up to a 30-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	Standard: \$5 Preferred: \$0	Standard: \$5 Preferred: \$0	\$5	\$5
Cost-Sharing Tier 2 (Generic)	Standard: \$7 Preferred: \$2	Standard: \$7 Preferred: \$2	\$7	\$7
Cost-Sharing Tier 3 (Preferred Brand)	Standard: \$40 Preferred: \$25	Standard: \$40 Preferred: \$25	\$40	\$40

Tier	Retail (standard and preferred) cost sharing (in-network)	Mail-order (standard and preferred) cost sharing	Long-term care (LTC) cost sharing	Out-of-network cost sharing
	(up to a 30-day supply)	(up to a 30-day supply)	(up to a 31-day supply)	(Coverage is limited to certain situations; see the <i>Evidence of Coverage</i> Chapter 3 for details.) (up to a 30-day supply)
Cost-Sharing Tier 4 (Non-Preferred Drug)	Standard: \$95 Preferred: \$75	Standard: \$95 Preferred: \$75	\$95	\$95
Cost-Sharing Tier 5 (Specialty)	Standard: 33% Preferred: 33%	Standard: 33% Preferred: 33%	33%	33%

Section 5.4 A table that shows your costs for a *long-term* (up to a 90-day) supply of a drug

For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. (For details on where and how to get a long-term supply of a drug, see the *Evidence of Coverage* booklet Chapter 3, Section 2.4.)

The table below shows what you pay when you get a long-term (up to a 90-day) supply of a drug.

- Please note: If your covered drug costs less than the copayment amount listed in the chart, you will pay that lower price for the drug. You pay *either* the full price of the drug *or* the copayment amount, *whichever is lower*.

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

Tier	Retail (standard and preferred) cost sharing (in-network) (up to a 90-day supply)	Mail-order (standard and preferred) cost sharing (up to a 90-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	Standard: \$15 Preferred: \$0	Standard: \$15 Preferred: \$0
Cost-Sharing Tier 2 (Generic)	Standard: \$21 Preferred: \$6	Standard: \$21 Preferred: \$6
Cost-Sharing Tier 3 (Preferred Brand)	Standard: \$120 Preferred: \$75	Standard: \$120 Preferred: \$75
Cost-Sharing Tier 4 (Non-Preferred Drug)	Standard: \$285 Preferred: \$225	Standard: \$285 Preferred: \$225
Cost-Sharing Tier 5 (Specialty)	Standard: 33% Preferred: 33%	Standard: 33% Preferred: 33%

Section 5.5 You stay in the Initial Coverage Stage until your total drug costs for the year reach \$5,030

You stay in the Initial Coverage Stage until the total amount for the prescription drugs you have filled reaches the **\$5,030 limit for the Initial Coverage Stage**.

The Part D EOB that you receive will help you keep track of how much you, the plan, and any third parties have spent on your behalf during the year. Many people do not reach the \$5,030 limit in a year.

We will let you know if you reach this amount. If you do reach this amount, you will leave the Initial Coverage Stage and move on to the Coverage Gap Stage. See Section 1.3 of the EOC on how Medicare calculates your out-of-pocket costs.

SECTION 6 Costs in the Coverage Gap Stage

The tables below show what you pay for prescription drugs during the Coverage Gap Stage.

Coverage Gap Stage Tier	Retail (standard and preferred) cost sharing (in-network) (30-day supply)	Retail (standard and preferred) cost sharing (in-network) (90-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	Standard: \$5 Preferred: \$0	Standard: \$15 Preferred: \$0
Cost-Sharing Tier 2 (Generic)	Standard: \$7 Preferred: \$2	Standard: \$21 Preferred: \$6
Cost-Sharing Tier 3 (Preferred Brand)	Standard: \$40 Preferred: \$25	Standard: \$120 Preferred: \$75
Cost-Sharing Tier 4 (Non-Preferred Drug)	Standard: \$95 Preferred: \$75	Standard: \$285 Preferred: \$225
Cost-Sharing Tier 5 (Specialty)	Standard: 15% Preferred: 15%	Standard: 15% Preferred: 15%

Coverage Gap Stage Tier	Mail-order (standard and preferred) cost sharing (30-day supply)	Mail-order (standard and preferred) cost sharing (90-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	Standard: \$5 Preferred: \$0	Standard: \$15 Preferred: \$0
Cost-Sharing Tier 2 (Generic)	Standard: \$7 Preferred: \$2	Standard: \$21 Preferred: \$6
Cost-Sharing Tier 3 (Preferred Brand)	Standard: \$40 Preferred: \$25	Standard: \$120 Preferred: \$75
Cost-Sharing Tier 4 (Non-Preferred Drug)	Standard: \$95 Preferred: \$75	Standard: \$285 Preferred: \$225

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Coverage Gap Stage Tier	Mail-order (standard and preferred) cost sharing (30-day supply)	Mail-order (standard and preferred) cost sharing (90-day supply)
Cost-Sharing Tier 5 (Specialty)	Standard: 15% Preferred: 15%	Standard: 15% Preferred: 15%

Medicare has rules about what counts and what does *not* count as your out-of-pocket costs. When you reach an out-of-pocket limit of \$8,000, you leave the Coverage Gap Stage and move on to the Catastrophic Coverage Stage.

SECTION 7 During the Catastrophic Coverage Stage, the plan pays the full cost for your covered Part D drugs

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$8,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 8 Part D Vaccines. What you pay for depends on how and where you get them

Important Message About What You Pay for Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's "Drug List." Our plan covers most adult Part D vaccines at no cost to you. Refer to your plan's "Drug List" or contact Member Services for coverage and cost sharing details about specific vaccines.

There are two parts to our coverage of Part D vaccinations:

- The first part of coverage is the cost of **the vaccine itself**.
- The second part of coverage is for the cost of **giving you the vaccine**. (This is sometimes called the administration of the vaccine.)

Your costs for a Part D vaccination depend on three things:

- 1. Whether the vaccine is recommended for adults by an organization called the Advisory Committee on Immunization Practices (ACIP).**
 - Most adult Part D vaccinations are recommended by ACIP and cost you nothing.
- 2. Where you get the vaccine.**

- The vaccine itself may be dispensed by a pharmacy or provided by the doctor's office.

3. Who gives you the vaccine.

- A pharmacist or another provider may give the vaccine in the pharmacy. Alternatively, a provider may give it in the doctor's office.

What you pay at the time you get the Part D vaccination can vary depending on the circumstances and what **drug payment stage** you are in.

- Sometimes when you get a vaccination, you have to pay for the entire cost for both the vaccine itself and the cost for the provider to give you the vaccine. You can ask our plan to pay you back for our share of the cost. For most adult Part D vaccines, this means you will be reimbursed the entire cost you paid.
- Other times, when you get a vaccination, you will pay only your share of the cost under your Part D benefit. For most adult Part D vaccines, you will pay nothing.

Below are three examples of ways you might get a Part D vaccine.

Situation 1: You get the Part D vaccination at the network pharmacy. (Whether you have this choice depends on where you live. Some states do not allow pharmacies to give certain vaccines.)

- For most adult Part D vaccines, you will pay nothing.
- For other Part D vaccines, you will pay the pharmacy your copayment for the vaccine itself, which includes the cost of giving you the vaccine.
- Our plan will pay the remainder of the costs.

Situation 2: You get the Part D vaccination at your doctor's office.

- When you get the vaccine, you may have to pay for the entire cost of the vaccine itself and the cost for the provider to give it to you.
- You can then ask our plan to pay our share of the cost, by using the procedures that are described in Chapter 5 of the Evidence of Coverage.
- For most adult Part D vaccines, you will be reimbursed the full amount you paid. For other Part D vaccines, you will be reimbursed the amount you paid less any copayment for the vaccine (including administration)

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Situation 3: You buy the Part D vaccine itself at the network pharmacy, and then take it to your doctor's office where they give you the vaccine.

- For most adult Part D vaccines, you will pay nothing for the vaccine itself.
- For other Part D vaccines, you will pay the pharmacy your copayment for the vaccine itself.
- When your doctor gives you the vaccine, you may have to pay the entire cost for this service.
- You can then ask our plan to pay our share of the cost by using the procedures described in Chapter 5 of the Evidence of Coverage.
- For most adult Part D vaccines, you will be reimbursed the full amount you paid.

Prescription drug plans 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 plans depends on contract renewal.



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., 35th 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 **1-877-838-3833** (TTY/TDD: **711**). Someone who speaks English/Language can help you. This is a free service.

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 **1-877-838-3833** (TTY/TDD: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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 **1-877-838-3833** (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。

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 **1-877-838-3833** (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。

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 **1-877-838-3833** (TTY/TDD: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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 **1-877-838-3833** (TTY/TDD: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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 **1-877-838-3833** (TTY/TDD: **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-838-3833** (TTY/TDD: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-838-3833** (TTY/TDD: **711**). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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 **1-877-838-3833** (TTY/TDD: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: سيقوم شخص ما يتحدث العربية |إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول **1-877-838-3833** (TTY/TDD: **711**). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-838-3833** (TTY/TDD: **711**). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 **1-877-838-3833** (TTY/TDD: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 **1-877-838-3833** (TTY/TDD: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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 **1-877-838-3833** (TTY/TDD: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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 **1-877-838-3833** (TTY/TDD: **711**). Ta usługa jest bezpłatna.

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。通訳をご用命になるには、**1-877-838-3833** (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。

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Blue Cross Group MedicareRX (PDP) - S5715

Official U.S.
Government
Medicare
Information



For 2024, Blue Cross Group MedicareRX (PDP) - S5715 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: Service not offered
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. local time at 877-583-8129 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. local time and alternate technologies (for example, voicemail) will be used on weekends and holidays. Current members please call 877-838-3833 (toll-free) or 711 (TTY).

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Prescription drug plans 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 plans depends on contract renewal.

Contact Information



Have questions or concerns? Call us first. We can help!



Call

Call the Customer Service number listed on the back of each member ID card.

BlueSecure - for questions about your medical coverage.

8 a.m. to 6 p.m. CT, Monday - Friday

Blue Cross Group MedicareRx - for questions about your Part D coverage.

We are open 8 a.m. – 8 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.



Web

Blue Access for Members

Get information about your plan, claim status and benefits. Search for providers, pharmacies and covered drugs.

www.bluememberok.com



Connect Community

Connect is a fun way to interact with other members through our online blog-style format.

Learn more at **<http://connect.bcbsok.com/medicare>**.

BlueSecure Plan Notice:

BlueSecure, a retiree group supplemental medical plan, is offered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

Medicare Part D Plan Notice:

Prescription drug plans 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 plans depends on contract renewal.

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