



# State of Oklahoma

## Summary of Benefits

Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup>

**January 1 – December 31, 2024**

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 Benefits Insert."

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**Blue Cross Group Medicare Advantage Open Access (PPO)** is a Medicare Advantage PPO 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 1-877-299-1008 (TTY 711) and request the “Evidence of Coverage” or access it online at [www.bcbsok.com/retiree-medicare-tools](http://www.bcbsok.com/retiree-medicare-tools).

To join Blue Cross Group Medicare Advantage Open Access (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be a retiree, or Medicare-eligible dependent of a retiree, of State of Oklahoma.

Our service area includes anywhere in the United States.

For coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at [www.medicare.gov](http://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 1-877-299-1008 (TTY users should call 711), 7 days a week, 8 a.m. to 8 p.m. or visit us at [www.bcbsok.com/retiree-medicare-tools](http://www.bcbsok.com/retiree-medicare-tools).

## **Understanding the Benefits**

**Blue Cross Group Medicare Advantage Open Access (PPO)** has a network of doctors, hospitals, pharmacies, and other providers. You may seek care from any provider that accepts Medicare and agrees to bill us. Your benefit levels are the same whether or not you utilize a network provider.

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's Provider Directory and/or Pharmacy Directory at [www.bcbsok.com/retiree-medicare-tools](http://www.bcbsok.com/retiree-medicare-tools).

NOTE: Services with a \* may require prior authorization or a referral from your doctor.

**Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup>**

**MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES**

|   |  |
|---|--|
| <p><b>How much is the monthly premium?</b><br/><i>(includes both medical and drugs)</i></p>   | <p>For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium.</p>                         |
| <p><b>Deductible</b></p>  | <p>This plan does not have a deductible for medical services.</p>  |
| <p><b>Maximum Out-of-Pocket Responsibility</b><br/><i>(does not include Part D prescription drugs)</i></p>                                  | <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$0 combined for services you receive from in-network and out of network providers.</li> </ul>  |
| <p><b>Inpatient Hospital Care*</b></p>  | <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p><b><u>In-network:</u></b> \$0 copay per stay</p> <p><b><u>Out-of-network:</u></b> \$0 copay per stay</p>   |
| <p><b>Outpatient Hospital*</b></p>  | <p><b><u>In-network:</u></b> \$0 copay</p> <p><b><u>Out-of-network:</u></b> \$0 copay</p>  |
| <p><b>Ambulatory Surgical Center (ASC)*</b></p>   | <p><b><u>In-network:</u></b> \$0 copay</p> <p><b><u>Out-of-network:</u></b> \$0 copay</p>  |
| <p><b>Doctor Visits*</b></p> <ul style="list-style-type: none"> <li>• <b>Primary care provider</b></li> <li>• <b>Specialists</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> </ul> |

| <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |  |
|---|--|
| <b>Preventive Care*</b><br>(e.g., flu vaccine, diabetic screenings)       | <p><b><u>In-network:</u></b> \$0 copay</p> <p><b><u>Out-of-network:</u></b> \$0 copay</p> <p><b>Important Message About What You Pay for Vaccines</b> Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.</p> <p>*Other preventive services are available. There are some covered services that may have a cost.</p>                                 |
| <b>Emergency Care</b>   | <p><b><u>In-network:</u></b> \$0 copay</p> <p><b><u>Out-of-network:</u></b> \$0 copay</p> <p>Cost share waived if admitted within 3 days for the same condition.</p>   |
| <b>Urgently Needed Services</b>   | <p><b><u>In-network:</u></b> \$0 copay</p> <p><b><u>Out-of-network:</u></b> \$0 copay</p>  |
| <b>Diagnostic Tests, Lab and Radiology Services, and X-Rays*</b>          | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay <b><u>Out-of-network:</u></b> \$0 copay</li> <li>• <b><u>In-network:</u></b> \$0 copay <b><u>Out-of-network:</u></b> \$0 copay</li> <li>• <b><u>In-network:</u></b> \$0 copay <b><u>Out-of-network:</u></b> \$0 copay</li> <li>• <b><u>In-network:</u></b> \$0 copay <b><u>Out-of-network:</u></b> \$0 copay</li> </ul> |
| <b>Hearing Services*</b>  | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> </ul>   |

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|--|--|
| <ul style="list-style-type: none"> <li>• Hearing aid</li> </ul>  |  |
| <b>Dental Services*</b> <ul style="list-style-type: none"> <li>• Medicare covered dental</li> <li>• Preventive Dental</li> <li>• Supplemental Dental Services</li> </ul>                               | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> <li>• Not Covered</li> <li>• Not Covered</li> </ul>   |
| <b>Vision Services*</b> <ul style="list-style-type: none"> <li>• Medicare covered vision exam</li> <li>• Medicare covered eyewear</li> <li>• Routine vision exam</li> <li>• Routine eyewear</li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> <li>• <b><u>In-network:</u></b> \$0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay for 1 pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery</li> <li>• Not Covered</li> <li>• Not covered</li> </ul> |

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|---|---|
| <b>Mental Health Care*</b> <ul style="list-style-type: none"> <li>• Inpatient mental health</li> <li>• Outpatient group therapy/ individual therapy visit</li> </ul>                    | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> </ul> <p><b>Individual</b></p> <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> </ul> <p><b>Group</b></p> <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay</li> </ul> |
| <b>Skilled Nursing Facility (SNF)*</b>  | <p><b><u>In-network:</u></b> \$0 copay per day for days 1-20. \$0 copay per day for days 21-100.</p> <p><b><u>Out-of-network:</u></b> \$0 copay per day for days 1-20. \$0 copay per day for days 21-100.</p>   |
| <b>Outpatient Rehabilitation*</b> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation Services</li> <li>• Physical therapy and speech and language therapy visit</li> </ul> | <p><b><u>In-network:</u></b> \$0 copay for cardiac rehabilitation services</p> <p><b><u>Out-of-network:</u></b> \$0 copay for cardiac rehabilitation services</p> <p><b><u>In-network:</u></b> \$0 copay</p> <p><b><u>Out-of-network:</u></b> \$0 copay</p>   |

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|--|--|
| <b>Ambulance*</b> <ul style="list-style-type: none"> <li>• <b>Ground services</b></li> <li>• <b>Air services</b></li> </ul>                      | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay for each one-way trip</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay for each one-way trip</li> </ul><br><ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> \$0 copay for each one-way trip</li> <li>• <b><u>Out-of-network:</u></b> \$0 copay for each one-way trip</li> </ul> |
| <b>Transportation*</b>   | Not Covered  |
| <b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• <b>Chemotherapy drugs</b></li> <li>• <b>Other Part B drugs</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> 0% of the total cost</li> <li>• <b><u>Out-of-network:</u></b> 0% of the total cost</li> </ul><br><ul style="list-style-type: none"> <li>• <b><u>In-network:</u></b> 0% of the total cost</li> <li>• <b><u>Out-of-network:</u></b> 0% of the total cost</li> </ul>   |

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**PRESCRIPTION DRUG BENEFITS**

**Stage 1: Part D Deductible**

Because there is no prescription drug deductible for the plan, this payment stage does not apply to you.

**Important Message About What You Pay for Insulin**

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.

**Stage 2: Initial Coverage**

Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.



**Cost Shares During the Initial Coverage Stage**

| <b>Initial Coverage Stage: Standard Retail Pharmacy</b> |   |
|---|---|
| <b>Standard Retail</b>                                  | <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |
| <b>Tier 1:<br/>Preferred Generic</b>                    | <b>One-month supply:</b> \$12   |
|   | <b>Three-month supply:</b> \$36   |
| <b>Tier 2:<br/>Generic</b>                              | <b>One-month supply:</b> \$22   |
|   | <b>Three-month supply:</b> \$66   |
| <b>Tier 3:<br/>Preferred Brand</b>                      | <b>One-month supply:</b> \$47   |
|   | <b>Three-month supply:</b> \$141  |
| <b>Tier 4:<br/>Non-Preferred Drug</b>                   | <b>One-month supply:</b> \$97   |
|   | <b>Three-month supply:</b> \$291  |
| <b>Tier 5:<br/>Specialty Tier</b>                       | <b>One-month supply:</b> 33%  |
|   | <b>Three-month supply:</b> 33%  |

**Initial Coverage Stage: Preferred Retail Pharmacy**

| Preferred Retail                      | Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup> |
|---------------------------------------|---|
| <b>Tier 1:<br/>Preferred Generic</b>  | <b>One-month supply:</b> \$5  |
|                                       | <b>Three-month supply:</b> \$15                                     |
| <b>Tier 2:<br/>Generic</b>            | <b>One-month supply:</b> \$15                                       |
|                                       | <b>Three-month supply:</b> \$45                                     |
| <b>Tier 3:<br/>Preferred Brand</b>    | <b>One-month supply:</b> \$40                                       |
|                                       | <b>Three-month supply:</b> \$120                                    |
| <b>Tier 4:<br/>Non-Preferred Drug</b> | <b>One-month supply:</b> \$90                                       |
|                                       | <b>Three-month supply:</b> \$270                                    |
| <b>Tier 5:<br/>Specialty Tier</b>     | <b>One-month supply:</b> 33%  |
|                                       | <b>Three-month supply:</b> 33%                                      |

**Initial Coverage Stage: Standard Mail Order Pharmacy**

| <b>Standard Mail Order</b>                | <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |
|---|---|
| <b>Tier 1:<br/>Preferred Generic</b>      | <b>One-month supply:</b> \$12   |
|   | <b>Three-month supply:</b> \$36   |
| <b>Tier 2:<br/>Generic</b>                | <b>One-month supply:</b> \$22   |
|   | <b>Three-month supply:</b> \$66   |
| <b>Tier 3:<br/>Preferred Brand</b>        | <b>One-month supply:</b> \$47   |
|   | <b>Three-month supply:</b> \$141  |
| <b>Tier 4:<br/>Non-Preferred<br/>Drug</b> | <b>One-month supply:</b> \$97   |
|   | <b>Three-month supply:</b> \$291  |
| <b>Tier 5:<br/>Specialty Tier</b>         | <b>One-month supply:</b> 33%  |
|   | <b>Three-month supply:</b> 33%  |

**Initial Coverage Stage: Preferred Mail Order Pharmacy**

| <b>Preferred Mail Order</b>               | <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |
|---|---|
| <b>Tier 1:<br/>Preferred Generic</b>      | <b>One-month supply:</b> \$5  |
|   | <b>Three-month supply:</b> \$15   |
| <b>Tier 2:<br/>Generic</b>                | <b>One-month supply:</b> \$15   |
|   | <b>Three-month supply:</b> \$45   |
| <b>Tier 3:<br/>Preferred Brand</b>        | <b>One-month supply:</b> \$40   |
|   | <b>Three-month supply:</b> \$120  |
| <b>Tier 4:<br/>Non-Preferred<br/>Drug</b> | <b>One-month supply:</b> \$90   |
|   | <b>Three-month supply:</b> \$270  |
| <b>Tier 5:<br/>Specialty Tier</b>         | <b>One-month supply:</b> 33%  |
|   | <b>Three-month supply:</b> 33%  |

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

| <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |  |
|---|--|
| <b>Long-term Care Tiers 1-5</b>   | If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.  |
| <b>Out-of-network Tiers 1-5</b>   | You may get drugs from an out-of-network pharmacy in specific situations. You generally must use a network pharmacy to fill your prescription. |

| <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |  |
|---|--|
| <b>Stage 3: Coverage Gap</b>  | <p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>See the table(s) below for your costs during this stage. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$8,000.</p> |

**Coverage Gap Stage: Standard Retail Pharmacy**

| Standard Retail                       | Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup> |
|---------------------------------------|---|
| <b>Tier 1:<br/>Preferred Generic</b>  | <b>One-month supply:</b> \$12                                       |
|                                       | <b>Three-month supply:</b> \$36                                     |
| <b>Tier 2:<br/>Generic</b>            | <b>One-month supply:</b> \$22                                       |
|                                       | <b>Three-month supply:</b> \$66                                     |
| <b>Tier 3:<br/>Preferred Brand</b>    | <b>One-month supply:</b> \$47                                       |
|                                       | <b>Three-month supply:</b> \$141                                    |
| <b>Tier 4:<br/>Non-Preferred Drug</b> | <b>One-month supply:</b> \$97                                       |
|                                       | <b>Three-month supply:</b> \$291                                    |
| <b>Tier 5:<br/>Specialty Tier</b>     | <b>One-month supply:</b> 15%  |
|                                       | <b>Three-month supply:</b> 15%                                      |

**Coverage Gap Stage: Preferred Retail Pharmacy**

| Preferred Retail                      | Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup> |
|---------------------------------------|---|
| <b>Tier 1:<br/>Preferred Generic</b>  | <b>One-month supply:</b> \$5  |
|                                       | <b>Three-month supply:</b> \$15                                     |
| <b>Tier 2:<br/>Generic</b>            | <b>One-month supply:</b> \$15                                       |
|                                       | <b>Three-month supply:</b> \$45                                     |
| <b>Tier 3:<br/>Preferred Brand</b>    | <b>One-month supply:</b> \$40                                       |
|                                       | <b>Three-month supply:</b> \$120                                    |
| <b>Tier 4:<br/>Non-Preferred Drug</b> | <b>One-month supply:</b> \$90                                       |
|                                       | <b>Three-month supply:</b> \$270                                    |
| <b>Tier 5:<br/>Specialty Tier</b>     | <b>One-month supply:</b> 15%  |
|                                       | <b>Three-month supply:</b> 15%                                      |

**Coverage Gap Stage: Standard Mail Order Pharmacy**

| <b>Standard Mail Order</b>                | <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |
|---|---|
| <b>Tier 1:<br/>Preferred Generic</b>      | <b>One-month supply:</b> \$12   |
|   | <b>Three-month supply:</b> \$36   |
| <b>Tier 2:<br/>Generic</b>                | <b>One-month supply:</b> \$22   |
|   | <b>Three-month supply:</b> \$66   |
| <b>Tier 3:<br/>Preferred Brand</b>        | <b>One-month supply:</b> \$47   |
|   | <b>Three-month supply:</b> \$141  |
| <b>Tier 4:<br/>Non-Preferred<br/>Drug</b> | <b>One-month supply:</b> \$97   |
|   | <b>Three-month supply:</b> \$291  |
| <b>Tier 5:<br/>Specialty Tier</b>         | <b>One-month supply:</b> 15%  |
|   | <b>Three-month supply:</b> 15%  |



**Coverage Gap Stage: Preferred Mail Order Pharmacy**

| <b>Preferred Mail Order</b>               | <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |
|---|---|
| <b>Tier 1:<br/>Preferred Generic</b>      | <b>One-month supply:</b> \$5  |
|   | <b>Three-month supply:</b> \$15   |
| <b>Tier 2:<br/>Generic</b>                | <b>One-month supply:</b> \$15   |
|   | <b>Three-month supply:</b> \$45   |
| <b>Tier 3:<br/>Preferred Brand</b>        | <b>One-month supply:</b> \$40   |
|   | <b>Three-month supply:</b> \$120  |
| <b>Tier 4:<br/>Non-Preferred<br/>Drug</b> | <b>One-month supply:</b> \$90   |
|   | <b>Three-month supply:</b> \$270  |
| <b>Tier 5:<br/>Specialty Tier</b>         | <b>One-month supply:</b> 15%  |
|   | <b>Three-month supply:</b> 15%  |

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|---|--|
| <b>Stage 4:<br/>Catastrophic<br/>Coverage</b>                             | <p>During this stage, once you meet the out-of-pocket maximum, you pay \$0 for the cost of your drugs for the remainder of the calendar year (through December 31, 2024).</p> <p>After your yearly out-of-pocket drug costs reach \$8,000, you pay nothing for covered Part D drugs.</p> |

**Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup>**

**ADDITIONAL MEMBER BENEFITS**

**NOTE: Services with a \* may require prior authorization or a referral from your doctor.**

|  |   |
|--|---|
| <p><b>Acupuncture</b></p>  | <p><b><u>Acupuncture for chronic low back pain (Medicare-covered)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Routine Acupuncture (non-Medicare-covered)</u></b></p> <p>Not Covered</p>   |
| <p><b>Chiropractic Care*</b></p>                                     | <p><b><u>Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Routine Chiropractic Services (non-Medicare-covered)</u></b></p> <p>Not Covered</p> |
| <p><b>Diabetes Supplies and Services*</b></p>                        | <p><b><u>Diabetes monitoring supplies</u></b></p> <ul style="list-style-type: none"> <li>• In-network: 0% of the total cost</li> <li>• Out-of-network: 0% of the total cost</li> </ul> <p><b><u>Diabetes self-management training</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>          |
| <p><b>Durable Medical Equipment (wheelchairs, oxygen, etc.)*</b></p> | <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>  |

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|---|--|
| <b>Wellness Programs</b>  | <p>\$0 copay for SilverSneakers<sup>†</sup> Fitness Program</p> <p>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>TM</sup> and a mobile app, SilverSneakers GO<sup>TM</sup>.</p> <p><sup>†</sup>SilverSneakers, SilverSneakers FLEX, SilverSneakers On-Demand, and SilverSneakers GO are registered trademarks or trademarks of Tivity Health, Inc.</p> |
| <b>Foot Care (podiatry services)*</b>                                     | <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>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>   |
| <b>Home Health Care*</b>  | <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>   |
| <b>Opioid Treatment Program Services*</b>                                 | <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>   |
| <b>Outpatient Substance Abuse Services*</b>                               | <p><b><u>Group therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Individual therapy visit</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>   |
| <b>Over-the-Counter Items</b>   | Not Covered  |

| <b>Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup></b> |   |
|---|---|
| <b>Prosthetic Devices<br/>(braces, artificial limbs, etc.)*</b>           | <p><b><u>Prosthetic devices</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> <p><b><u>Related medical supplies</u></b></p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul> |
| <b>Meals</b>  | Not Covered   |
| <b>Renal Dialysis*</b>  | <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: \$0 copay</li> </ul>  |
| <b>Supplemental Telehealth Services</b>                                   | <ul style="list-style-type: none"> <li>• In-network: \$0 copay for urgent care; \$0 copay for Outpatient Mental Health; \$0 copay for Outpatient Mental Health Psychiatric visit through MDLive.</li> </ul>   |
| <b>Hospice</b>  | 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.   |



## 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 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, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-299-1008** (TTY/TDD: **711**).

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-299-1008** (TTY/TDD: **711**).

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-299-1008** (TTY: **711**).

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-299-1008** (TTY/TDD: **711**)。

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-299-1008** (TTY/TDD: **711**) 번으로 전화해 주십시오

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-299-1008** (TTY/TDD: **711**).

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-299-1008** (رقم هاتف الصم والبكم: **711**).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-299-1008** (телетайп: **711**).

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સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-299-1008** (TTY: **711**).

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خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں **1-877-299-1008** (TTY: **711**).

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-299-1008** (TTY/TDD: **711**).

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ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-299-1008** (TTY/TDD: **711**).

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ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-299-1008** (TTY/TDD: **711**) पर कॉल करें।

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-299-1008** (ATS : **711**).

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ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-299-1008** (TTY: **711**).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-299-1008** (TTY/TDD: **711**).

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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 1-877-299-1008 (TTY: 711) for more information.

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 and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and BlueLincs are Independent Licensee of the Blue Cross and Blue Shield Association. HCSC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and BlueLincs' plans depends on contract renewal.