



Blue Cross Group Medicare OptionsSM



live
your
Blue
lifeSM



Welcome Guide

Important information about your retiree Medicare plans

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.

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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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.

live your Blue life

Welcome to your BlueSecure and Blue Cross Group MedicareRx (PDP)SM group retiree Medicare plans.

This Welcome Guide 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.

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.

Welcome to your group retiree Medicare plans.

Our goal is to help our Medicare members manage their health. It's why we've developed this Welcome Guide. It includes useful information like:

- Using your member ID card.
- Understanding your benefits.
- Getting help when you need it.

Please review the information about your coverage and next steps, starting on page 4.

Look at the important plan information 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. You will receive a new one at the beginning of the plan year with the government's information. It will include:

- 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

Your Evidence of Coverage tells you how to get your prescription drugs covered through the plan. It can be found on BAMSM (see Step 2). It explains:

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

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 starting 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. Be sure to show the new cards to your providers and pharmacy. Remind them that your old member ID card and number are no longer valid. Keep your ID cards safe like you would a credit or debit card.

Review 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 member ID cards is accurate.

- Update the customer service number you have saved in your phone with the numbers listed on the back of your new cards.
- If something is wrong on either ID card, call us.

Step 2

Sign up for 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. BAM is a secure website and, along with our mobile app, gives you the health information you need, anytime you need it.

On your computer or tablet, go to **mybam.bcbsok.com**.

Click 'Member Login' to be directed to BAM.

Then, you'll be able to log in or create an account.

If you already have a BAM account, you do not

need to set up a new one. After you set up

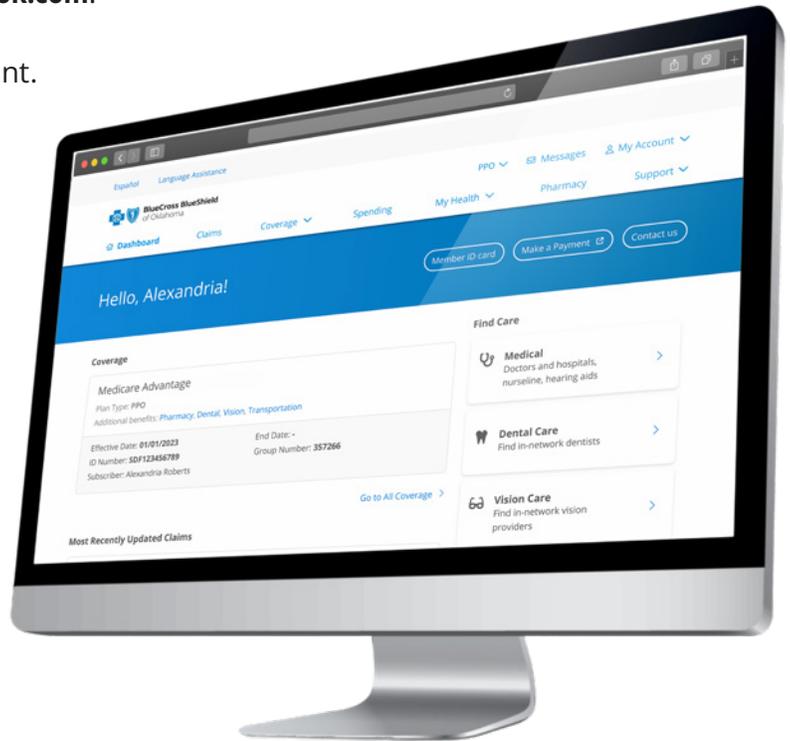
your account and log in, try the 'Guide Me

Through' tool near the bottom right of the

BAM site for a quick tour.

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

- Access your Evidence of Coverage.
- Link directly to the online formulary.
- 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 member ID card.
- And more!



Go mobile! It's Easy to Get Started!

Go to **mybam.bcbsok.com** or grab your smartphone 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.

Your Medical Benefits

BlueSecure is a group retiree supplemental medical plan that pays secondary to Original Medicare to provide broad coverage, including help to pay for things like copays and coinsurance. If Medicare denies a service, the plan 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. 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

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

Medical Expenses

The plan 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

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

Hospice Care

The plan 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.

Your Part D Benefits

The most you'll pay for Part D drugs is \$2,100. Each year annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs or any plan premiums. Review the EOC to understand your costs.

List of Covered Drugs (Formulary)

You can find your formulary by logging into Blue Access for Members (see Step 2). You can search for drugs online or download a copy of the formulary. You will see that prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least. The formulary also includes information about special programs such as prior authorization, quantity limits or step therapy.

Transition Benefit

During the first 90 days of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted via mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on www.myprime.com. You can easily access this website if you first log in to your BAM account. If the formulary exception is approved, you will pay the non-preferred drug tier cost-share.



Insulin and Vaccine Costs

Insulin:

You won't pay more than \$35 for a one-month supply of each covered insulin product. It doesn't matter what cost-sharing tier it's on.

Vaccines:

Your plan covers most Part D vaccines at no cost to you.

The following vaccines are covered under Medicare Part D:

- Shingles
- Tetanus/diphtheria (Td)
- Tetanus, diphtheria, and pertussis (whooping cough) (Tdap)
- Hepatitis A
- Hepatitis B
- Other vaccines recommended by the Advisory Committee on Immunization Practices

You don't need to meet any required deductible for these items.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Managing Your Medications

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option to help you manage your budget when it comes to out-of-pocket drug costs. You'll receive information about the program in the mail.

Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at www.ssa.gov. Choose 'Medicare,' then 'Apply for Part D Extra Help.'

Please note: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Pharmacies Near and Far

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network*, including:

The Walgreens logo is written in a red, cursive script font.The Walmart logo consists of the word "Walmart" in a blue, sans-serif font, followed by a yellow six-pointed starburst icon.

Visit mybam.bcbsok.com to log in to BAM where you can find information about network pharmacies near you.

* Other pharmacies are also available in our network.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Oklahoma (BCBSOK) to provide pharmacy benefit management services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Walgreens Mail Service is contracted to provide pharmacy mail services to members of Blue Cross and Blue Shield of Oklahoma.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of Oklahoma.

Accredo is an independent specialty pharmacy that is contracted to provide services to members of BCBSOK. 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 Blue Cross and Blue Shield of Oklahoma. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

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 these options:



Walgreens Mail Service

Visit www.walgreensmailservice.com or call **1-877-277-7895 TTY 711**.

Amazon Pharmacy

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

Express Scripts® Pharmacy

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

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. These drugs 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 also use one of two specialty pharmacy options:

Walgreens Specialty Pharmacy

Visit www.walgreensspecialtypharmacy.com 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.

Step 4

Review Your Part D Evidence of Coverage.

The EOC explains:

- Your rights and responsibilities
- What's covered
- Your costs

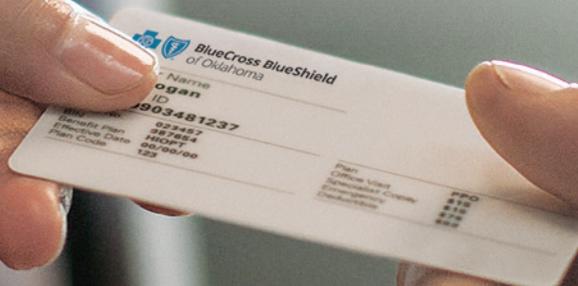
We encourage you to review your Part D EOC, which can be found on BAM (see Step 2). It's an important legal document, so keep it in a safe place.

If you have questions about your covered benefits, call us.

Step 5

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 mybam.bcbsok.com.

- **Authorization to Disclose Protected Health Information**
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. 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 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

Near the end of the plan year, you will receive an ANOC from Blue Cross Group MedicareRx. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin at the start of the new plan year. Review this document carefully.



Explanation of Benefits

You will receive a statement called an EOB. 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.

Common Terms

Allowed Amount

The maximum amount a plan will pay for a covered health care service. If you are charged more than the plan's allowed amount, you may have to pay the difference.

Amount Billed

The amount your provider billed for the service(s) rendered.

Copayment (Copay)

Your share of the cost for each provider visit, service or prescription drug. This is usually a set dollar amount (for example: \$10).

Deductible

An amount, if any, you pay before a plan begins to share the cost of covered drugs and services.

Formulary (Drug List)

A list of drugs covered by your plan.

IRMAA: Income-Related Monthly Adjustment Amount.

A Part B and Part D surcharge based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

Non-Participating Provider

An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit

Once you pay this amount in deductibles, copays and coinsurance for covered services, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider

An in-network or out-of-network provider who accepts Medicare and the agreed-upon rates for services.

Pharmacy Network

Pharmacies that contract with a Part D plan to fill prescriptions for its members. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Prior Authorization (PA)*

Some drugs or services may need to be approved by the plan before they are covered.

Quantity Limits (QL)*

A limit to how much of a medication will be covered in a certain time period. Limits may be applied on select drugs.

Step Therapy (ST)*

You may need to try less expensive options before 'stepping up' to certain high-cost drugs.

* Your formulary will indicate if a drug is subject to one of these special programs. Look for the abbreviation for the program to the right of the drug name and tier.

Important Plan Information



Contact Information



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

We will let you know if your question can only be answered by Medicare or your benefit administrator.



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.

mybam.bcbsok.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:

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Medicare Part D Plan Notice:

Prescription drug plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.