



BlueCross BlueShield
of Oklahoma

live
your
Blue
lifeSM



Welcome Guide

Important information about your retiree Medicare Advantage plan

Keep this information for reference.

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

Table of Contents

Get Started. **4**

Step 1: Check Your Member ID Card. 4

Step 2: Sign up for or Log in to Blue Access for MembersSM 5

Step 3: Understand Your Plan’s Network 6

Step 4: Review Your Evidence of Coverage 8

Step 5: Schedule Your Annual Wellness Visit 9

Step 6: Get the Most from Your Plan. 10

Step 7: Access Extra Health and Wellness Benefits and Member Rewards 14–17

Forms You May Need **18**

Report Fraud. **18**

We’ll Keep in Touch. **19**

Our Partners. **20**

Common Terms **22**

Important Plan Information **23**

Contact Information **back cover**

When you get information from your **BCBSOK-MAPDSM** plan,
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 BCBSOK-MAPD.

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 plan's coverage
- Exploring your wellness solutions
- Getting help when you need it

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



Get Started

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



Step 1

Check Your Member ID Card



You can use your benefits starting on your effective date.

Use your member ID card from BCBSOK-MAPD whenever you receive a provider service or visit the pharmacy. When you receive your ID card, review the following:



Effective date

Your confirmation letter will show your effective date — the date your coverage begins. Use the letter as proof of insurance if you have not received your member ID card by your effective date.

Personal information

Make sure the information on the member ID card is accurate. If you have any questions or concerns, call Customer Service.

- Be sure to show the new card to your providers and pharmacy. Remind them that your old ID and number are no longer valid.
- Keep your ID cards safe like you would a credit or debit card.
- Update the customer service number you have saved in your phone with the number listed on the back of your new card.
- If something is wrong on your 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.

BAMSM 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**.

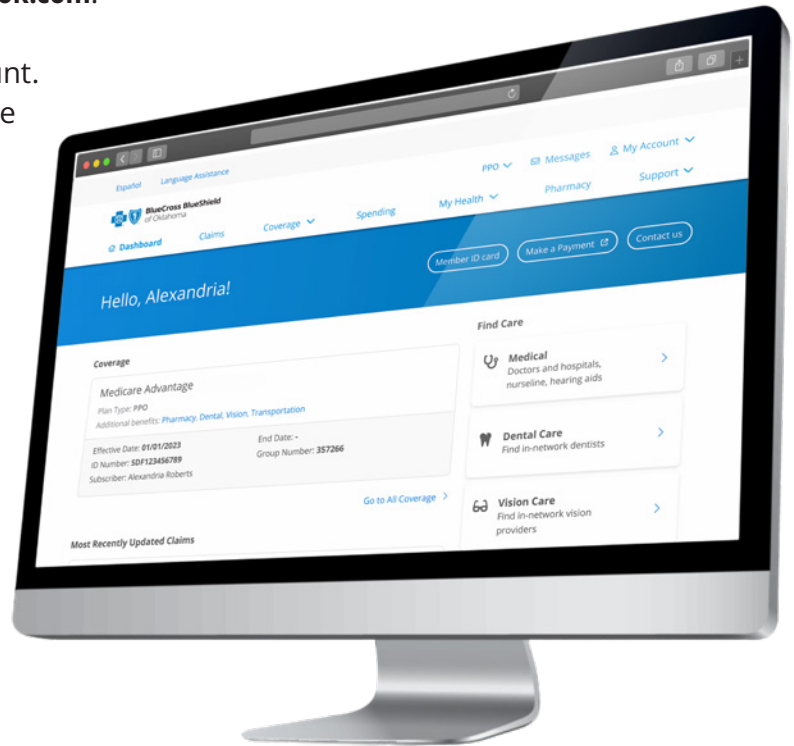
Click 'Member Login' to be directed to BAM.

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

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. If you already have a BAM account, you do not need to set up a new one.

Here are 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 ID card
- And more!



Go mobile! It's Easy to Get Started!

Grab your smartphone and ID card and text[†] BCBSOKAPP to 33633 and download the mobile app so you can use BAM while you're on the go, or go to **mybam.bcbsok.com**.

[†] Message and data rates may apply.

Step 3

Understand Your Plan's Network



Selecting a provider.

Your Medicare Advantage Open Access PPO plan gives you the freedom to seek care across the country. You can use network providers but have the flexibility to go outside the network for the same cost. No referral is needed. Your providers must 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to submit claims to the plan. All in-network providers have met our strict professional standards. While your plan lets you get care from any provider who accepts Medicare, we encourage you to choose in-network providers when possible.

Be sure to tell the provider's office that you are in a Group Retiree Medicare Advantage Open Access PPO plan.



Call ahead and be prepared.

Calling your provider's office ahead will help make sure:

- All your information is up to date.
- The provider is still accepting Medicare.

We recommend that you confirm with providers that they accept your Medicare Advantage Open Access PPO plan and will submit claims to the plan. At your appointment, show the provider the **'Your Providers, Your Personal Network'** flyer that is included with this Welcome Guide. Detailed plan information, including cost-sharing that applies to services, can be found in your Evidence of Coverage.

We work closely with your provider to deliver care.

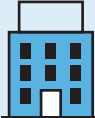
Before you can be covered for some medications or certain high-cost medical services, your doctor may need to get authorization from the plan. You may first need to try other clinically appropriate or cost-effective treatments. Quantity limits may be set for some drugs for cost or safety reasons.

Our plans follow government guidelines in this area to ensure you receive the most appropriate, cost-effective care available.



Your Options for Care.

With several choices for accessing medical advice and treatment, it can be challenging to know who to call when. Picking the best option can give you peace of mind and save you time and money.

 24/7 Nurseline	Nurses can answer questions about ailments and medications and assist you in deciding where to go for care. Call 24/7 Nurseline at 1-800-631-7023 TTY 711 to connect with registered nurses at no additional cost.
 Virtual Visits (MDLIVE®)	See and talk to a doctor or therapist on your computer, tablet, or cellphone for non-emergency medical conditions. To activate your account, free of charge, you can: • Call MDLIVE at 1-866-954-3583 TTY users call 1-800-770-5531 • Go to www.mdlive.com/bcbsok-medicare • Text BCBSOKMEDICARE to 635-483 • Download the MDLIVE app
 Virtual primary care	Your primary care provider knows your medical history best and may provide virtual options.
 Doctor's office	Your primary care provider can provide routine and preventive care and treatment for a current health issue or refer you to a specialist.
 Urgent care center	Urgent care can be a good choice for minor health issues that require timely attention but are not emergencies. It is a convenient option after hours or if you can't get in to see your primary care provider.
 Emergency room	If you need immediate treatment for a critical condition or life-threatening illness, call 911 or go to the nearest ER.

Step 4

Review Your Evidence of Coverage



The EOC explains:

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

We encourage you to review your EOC. It lists the coverage, costs and extra health and wellness benefits that are provided by your retiree Medicare plan. It's an important legal document, so keep it in a safe place. It can be found on BAM (see Step 2) or you can call Customer Service for a printed copy.

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



Step 5

Schedule Your Annual Wellness Visit



Wellness begins with understanding.

Your BCBSOK-MAPD plan includes a \$0 copay Annual Wellness Visit with your health care provider. Use this checklist to guide the conversation. Schedule your Annual Wellness Visit today and earn rewards through our Rewards Program*. Earn up to \$100 in gift cards from national and local retailers for completing your Annual Wellness Visit and additional preventive screenings (as indicated with 💰). Additional information on our Rewards Program can be found on page 16.

Talk With Your Doctor About	Completion Date/Notes
☐ All your current conditions and treatments	
☐ Prescription and over-the-counter medications	
☐ Any pain you have and what you do for it	
☐ Difficulties with daily activities	
☐ Your level of physical exercise	
☐ Balance issues or recent falls 💰	
☐ Difficulties with bladder control	
☐ Problems with sleeping or memory loss	
☐ Tobacco, alcohol or drug use	
☐ Hospital or ER visits in the last 90 days	
Complete These Basic Exams	Completion Date/Notes
☐ Blood Pressure	
☐ Height, Weight and Body Mass Index	
☐ Blood Sugar and Retinal Eye Exam (if applicable) 💰	
Review Your Screenings and Vaccines	Completion Date/Notes
☐ Annual Flu Vaccine 💰	
☐ Bone Density Exam 💰	
☐ Colorectal Screening 💰	
☐ Mammogram 💰	
☐ Pneumonia Vaccine	

* The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to provide digital health and personal clinical engagement tools and services for members with coverage through BCBSOK. Registration is required to participate. Visit **www.BlueRewardsOK.com** to register and see what Healthy Actions earn rewards. If you do not have internet access, call Customer Service using the phone number on the back of your insurance card. Maximum annual rewards of \$100 in gift cards. One reward per healthy action per year. Healthy action dates of service must be in the current Plan year. Healthy Actions that earn rewards are subject to change.

Step 6

Get the Most from Your Plan

Notify your providers and pharmacy.

Show your new member ID card to your providers and pharmacy so they have the most up-to-date information. This can prevent your claim from being denied due to incorrect information.

Your Medical Benefits

Your BCBSOK-MAPD plan covers most commonly used services such as provider visits, inpatient and outpatient hospital services, emergency care, and prescription medicines. And it bundles these with wellness solutions for comprehensive health coverage. The plan manages claims and benefits, so you have only one call to make when you have questions. As a Medicare Advantage member, you get all the benefits covered by Original Medicare, and more. Read your EOC for details on coverage and member costs.

- Provider office visits
- Preventive services
- Emergency care
- Hospitalization
- Health screenings
- Diagnostic services
- Immunizations
- Rehabilitation
- Physical therapy
- Skilled nursing care

Your Part D Benefits

The most you'll pay in 2026 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.

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.



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.

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:

Walgreens

Walmart 

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.

Home Delivery and Specialty Pharmacy

Home Delivery

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**.

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 .

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

Accredo is a 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.

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.walgreensspecialtyrx.com or call **1-877-627-6337 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.



Step 7

Access Extra Health and Wellness Benefits and Member Rewards

BCBSOK-MAPD offers a number of benefits above and beyond standard insurance coverage.



Blue365®

Blue365 is just one more advantage of being a member of Blue Cross and Blue Shield of Oklahoma. With this exclusive member program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Once you sign up, weekly 'featured deals' will be emailed to you. These deals offer special savings for a short period of time.

If you already have one, you can continue to use your Blue365 account. You do not need to re-enroll.

To learn more about Blue365, visit www.blue365deals.com/bcbsok.



24/7 Nurseline

Our nurses are available 24 hours a day, seven days a week, 365 days a year. They can help with health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care and more. You can also access an audio library of more than 1,000 health topics ranging from allergies to women's health. More than 600 topics are available in Spanish.

When should you call 24/7 Nurseline?

Call when you have questions about health problems, such as:

- Asthma, back pain, or chronic health problems
- Dizziness or severe headache
- Cuts or burns
- High fever
- Sore throat

You can access the 24/7 Nurseline at: 1-800-631-7023 TTY 711.

You will find this number on the back of your member ID card.

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSOK reserves the right to stop or change this program at any time without notice.



SilverSneakers® Fitness Program

SilverSneakers is a fitness program for seniors and includes unlimited access to thousands of fitness locations nationwide. Membership offers a welcoming community where you can have fitness fun with friends and meet new people.

SilverSneakers benefits include:

- Specialized fitness classes designed for people of all abilities and led by certified instructors
- FLEX classes like yoga and dance at parks, recreation centers and clubs
- Access to SilverSneakers LIVE virtual classes and hundreds of On-Demand classes at **SilverSneakers.com**

For more information, call Monday through Friday, 8 a.m. – 8 p.m. EST, 1-888-423-4632 • TTY 711 or visit www.silversneakers.com/StartHere or email support@silversneakers.com.



Telehealth Services

Your group retiree Medicare Advantage plan covers virtual visits, provided by Blue Cross and Blue Shield of Oklahoma and powered by MDLIVE. With virtual visits, your appointment is with an independently contracted, board-certified MDLIVE doctor for minor, non-emergency medical or behavioral health conditions by phone, mobile app or online video anytime, anywhere, 24 hours a day, 7 days a week. Talk to a doctor immediately or schedule an appointment at a time that works best for you.

To activate your account, you can choose what is easiest for you:

- Go to **www.mdlive.com/bcbsok-medicare**
- Text BCBSOKMEDICARE to 635-483
- Download the MDLIVE app

To learn more about virtual visits benefits call 1-866-954-3583 (TTY 1-800-770-5531) or go to www.mdlive.com.

SilverSneakers is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health, SilverSneakers and the SilverSneakers logotype are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Virtual visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Oklahoma. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.



Prevention has its Rewards

The Rewards Program gives you a healthy and easy way to earn up to \$100 in gift cards from national retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn a gift card for getting qualified wellness visits. Because prevention is better than cure, you can earn \$25 in gift cards just for completing your Annual Wellness Visit!

Here is a list of Healthy Actions that earn you Rewards:

- Annual Wellness Visit (worth \$25!)
- Annual flu vaccine
- Colorectal cancer screening
- Diabetic screenings
- Fall risk assessment
- In-home test kits
- Mammogram
- Retinal eye exam



TAKE ACTION: Sign up to get started with the program.

1. Go to **www.BlueRewardsOK.com**. You will need your member ID card, date of birth and email address. After you register, we will send you an email letting you know that your account has been set up.
2. Don't have a computer? Call the number on the back of your member ID card and we can help you register and pick your gift card. It's that easy!

Once registered, the system will automatically record your Healthy Actions. It may take up to 90 days for Healthy Actions to show as completed in the system.

Things to remember:

- Registration is required to participate.
- You can earn one reward per Healthy Action per year.
- Healthy Action dates of service must be in the current plan year.
- The maximum annual rewards is \$100 in gift cards.
- Healthy Actions that earn rewards are subject to change.

Your gift card options

Gift card options include major national retailers. Retailers may offer physical and/or eCards.

Receiving and checking the balance on your gift card(s).

Digital Cards

You should receive an email with your non-refundable and non-exchangeable digital gift card within 24 hours of placing your order. Be sure to check your spam folder in the event your email provider has blocked the delivery. The process for checking balances will vary by retailer. Information about checking balances for the chosen retailer will be provided along with the gift card code sent via email.

Physical Cards

Allow seven business days for processing your card. If you do not receive your card via USPS within two weeks of placing the order, call the number on the back of your member ID card. Find the gift card balance by contacting the retailer by phone or online, using information on the back of the card.

If your gift card is denied during a transaction, first check the balance of the card. If there is still a balance on the gift card, or the retailer won't accept it, call Customer Service at the number on the back of your member ID card. They will work with the retailer to resolve the issue.



Forms You May Need

You may need these forms during the year. All forms can be found on BAM at mybam.bcbsok.com.

- **Appointment of Representative**

This form lets you choose someone to make decisions on your behalf. It also lets them get your health information such as Explanation of Benefits. This form may also be used to let the plan 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.

- **Prescription Mail Order**

Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money. When you have a new prescription, use the online form from the home delivery pharmacy of your choice. See page 12 for more information.

- **Authorization to Disclose Protected Health Information**

Use this form to allow the plan to share your PHI with a person or entity you choose.

- **Coverage Determination**

If the plan will not cover a prescription drug or medical service, you may ask for a coverage determination. Choose the form that matches your request.

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 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.

We'll contact you occasionally to check in and will be available to:

- Help you schedule an Annual Wellness Visit — a valuable part of your plan.
- Register you for the Rewards Program that can earn you up to \$100 in gift cards.
- Answer any questions you have.



In-home Health Assessment

As part of our commitment to your health and well-being, your Medicare Advantage group retiree plan includes an optional, In-Home Health Evaluation by a licensed and credentialed clinician (certified nurse practitioner, physician assistant or medical doctor) from one of our trusted partners listed on page 20. All members can receive an In-Home Health Evaluation. There is no obligation or cost.

The 45-to-60-minute IHE or telehealth visit provides extra time outside of a Primary Care Provider visit for you to discuss your physical, emotional and mental health in the comfort of your home. This evaluation can help you discuss health concerns, learn more about disease management programs and have your home checked for possible safety issues.

You will first receive a letter from our partner, followed by phone calls on behalf of the plan to further explain IHE and steps for scheduling a visit.

All clinicians will answer COVID-19 screening questions before entering your home. CDC guidelines are followed to ensure the safety of both you and the clinician.



Annual Notice of Change

Near the end of the plan year, you'll receive an ANOC from Blue Cross Group Medicare Advantage. 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'll receive a statement called an EOB. How often you receive it depends on how often you fill your prescriptions or see your provider. This statement is not a bill. It simply details what you paid and indicates the level of benefits used. Review these details to be sure they are correct. If you think there are errors, call Customer Service at the number on the back of your member ID card. If you think you are the victim of fraud, report it immediately.

Our Partners

We partner with the following vendors to help you take care of your health and wellness. Please know these are our trusted partners in providing you unparalleled care.



In-Home Assessment Vendors:

You may receive communication from Matrix or Signify to help you schedule an In-Home Assessment. This convenient health touchpoint is completed by a nurse practitioner in the comfort and safety of your home, at no cost.

Findings from this visit will be shared with you and your doctor.



In-Home Test Kits:

You may receive one or more kits from Everlywell. These kits test your blood sugar levels, check for hidden blood in your stool or evaluate your kidney function. These easy to complete screenings are part of your coverage, sent to you at no extra cost, and results are shared with you and your doctor.



Cologuard Kit:

You may receive a Cologuard test kit from our partner, Exact Sciences. This test checks for hidden blood in your stool as an important screening for colorectal cancer. This easy to complete screening is part of your coverage, sent to you at no extra cost, and results are shared with you and your doctor.

Signify Health is an independent company that provides care management activities and member care services for Blue Cross and Blue Shield of Oklahoma.

Matrix Medical Network is an independent company that conducts mobile medical examination services for Blue Cross and Blue Shield of Oklahoma. Matrix Medical Network operates and administers the mobile examination services they provide and are solely responsible for its operations and that of its contracted providers.

Everlywell Health Solutions is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to provide health screenings for members with coverage through BCBSOK.

Cologuard is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to provide laboratory services for members with coverage through BCBSOK.



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.

Coinsurance

An amount you pay after any deductibles. This is usually a percentage of the cost. For example, if the plan pays 80% of the allowed amount, then 20% would be your coinsurance.

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).

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!

Contact us with all your questions before calling Medicare or your benefit administrator. Blue Cross Group Medicare Advantage is your Medicare plan. 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 your member ID card. We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through Sept. 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.



Web

Blue Access for Members

Search for providers and get information about your plan, claim status and benefits.

mybam.bcbsok.com

Rewards Program

www.bluerewardsok.com



Connect Community

Connect is a fun way to interact with other members through our online blog-style format. Learn about health and wellness, benefits and coverage, how health insurance works and much more.

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

This information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

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