



Blue Cross Group Medicare Advantage Open Access (PPO)SM

The advantage is yours.

Look inside for:

- Details about your retiree group Medicare plan
- Getting started
- What happens next



live your
Blue lifeSM





Medicare coverage made easy

Blue Cross Group Medicare Advantage is your all-in-one plan.

Your benefit administrator offers Blue Cross Group Medicare Advantage Open Access (PPO) for your Medicare coverage. This plan has no provider network restrictions. It bundles prescription drug coverage and extra health and wellness benefits with Original Medicare. It covers most commonly used services such as provider visits, inpatient hospital and outpatient services, emergency care and prescription medicines.

Here's how your Open Access PPO plan works.

- While we encourage you to use network providers, you have the flexibility to go outside the network for the same cost. No referral is needed. The providers you choose must **1)** accept Medicare; **2)** agree to see you as a patient; and **3)** agree to bill the plan. Find providers at www.bcbsok.com/retiree-medicare-tools.
- Some high-cost medical services that have more cost-effective alternatives need prior authorization from the plan before your provider can proceed.
- Prescription drugs are placed into tiers. The costs for drugs in each tier may differ. You may be able to save money by choosing generic drugs, so ask if this is an option for you.
- Before you enroll, you can search for your medicines online at www.myprime.com.
 - Select 'Medicines,' then
 - 'Find a Medicine,' followed by
 - 'Continue without sign in.'
 - Under 'Select Your Health Plan':
 - Select BCBS Oklahoma.
 - Answer 'Yes'.
 - Select Blue Cross Group Medicare Advantage (PPO).
 - Click 'Continue.'
 - Type your medicine and dosage.
 - Review the drug tier and requirements.
 - Refer to the Summary of Benefits for your cost.

*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.

Extra health and wellness benefits complete your coverage.



Wellness Solutions

Track your health and keep learning with our wellness and education tools. You can set and track progress towards your health care goals. You can also learn about:

- diabetes self-care.
- managing blood pressure.
- eating well and healthy weight.
- stopping tobacco use.
- stress management and mental health.
- safety concerns.

Rewards Program

Put up to \$100 worth of gift cards in your pocket for choosing healthy activities. Earn gift cards for completing Healthy Actions throughout the year, like having your Annual Wellness Visit, getting your flu shot or taking a Fall Risk Assessment.[†]

Gift card options include major national retailers. They may offer physical and/or eCards. The maximum annual rewards you can earn is \$100 worth of gift cards.

Please note: Healthy Actions are subject to change.

Fitness Designed for You

The SilverSneakers^{®††} Fitness Program is included in your plan. It helps you achieve your health and fitness goals with access to more than 17,000 fitness locations and online classes led by certified instructors.

Virtual Visits

Virtual Visits allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

24/7 Nurseline

Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.

Blue Access for MembersSM (BAMSM)

- Be sure to register for BAM at www.bluememberok.com. It is a secure website designed to give you quick easy access to the health information you need. Bookmark it on your computer or download the easy-to-use mobile app to your smartphone or tablet. You'll be able to enjoy these benefits any time, any where:
 - Search for health care providers.
 - Check claims status and plan information.
 - View up to 18 months of claims activity.
 - Request an ID card or print a temporary ID.
 - Find health and wellness information.
 - Sign up to receive message alerts via text or email for when a claim is final, for information about health topics, or for prescription drug reminders.
 - and much more.

These extra health and wellness benefits are part of your retiree group Medicare plan. Please read the Summary of Benefits for coverage details.

What happens after you enroll?

1. Medicare Approval

Medicare must approve your enrollment before you are officially a member. This generally takes about 10 business days.

2. Acknowledgment and Confirmation Letters, Member ID Card

Within 10–14 days of receiving your enrollment, we'll send you an acknowledgment letter. After your enrollment is approved by Medicare, you'll get a confirmation letter, followed by your member ID card. Share your new ID card with your providers and your pharmacy so they have your correct information. If your ID card hasn't come in the mail by your effective date, you can still use your benefits. Just show either your acknowledgment or confirmation letter as proof of insurance.

3. Welcome Kit

This usually arrives after your member ID card and contains a welcome guide, formulary, evidence of coverage benefit insert and information to help you get the most from your plan.

4. We will contact you.

We will be reaching out to you. Feel free to ask questions about your benefits and tell us if you have special needs we should know about. We might also ask you a few basic health questions, help you schedule your Annual Wellness Visit, and share more about the Rewards Program.

5. Ongoing Communication

Once you are a member, your plan becomes your partner in health. We'll send helpful reminders and health tips throughout the year. If you have a special medical condition, you may receive even more personalized communication from our medical professionals who can help you manage your health and find resources just for you.

It's time to live your Blue Life!SM



Questions about your retiree group Medicare plan?

Talk to your benefit administrator or refer to the plan documents for details.

Get to know Blue Cross Group Medicare AdvantageSM.

Choosing a Medicare plan is an important decision and we're here to help. Here is some useful information about your retiree group Medicare plan, how to get started, and what you can expect after you enroll.

Let's get started.

1. If you haven't signed up for Original Medicare Part A and Part B yet, contact your local Social Security office or go to www.ssa.gov to enroll online.
2. Review this brochure and the enclosed Summary of Benefits for details about your plan.
3. **It's time to enroll!** Follow the enrollment instructions provided by your benefit administrator.
4. Watch your mailbox for your enrollment acknowledgment and confirmation letters, followed by your new member ID card.
5. Your Welcome Kit, Evidence of Coverage Benefit Insert, and Formulary will arrive shortly after that.



This information is not a complete description of benefits.

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that provides digital health and personal clinical engagement tools and services for Blue Cross and Blue Shield of Oklahoma members.

† 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.

†† Classes and amenities vary by location.

SilverSneakers[®] is a wellness program owned and operated by Tivity Health, Inc., an independent company.

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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) (PPO plans). 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. Enrollment in these plans depends on contract renewal.