



Effective 5/1/2023 - 12/31/2023	Blue Cross Group Medicare Advantage Open Access (PPO) <sup>SM</sup>
Annual Medical Deductible	\$0
Out-of-Pocket Maximum	\$0
Inpatient Hospital Care	\$0/per admission
Emergency Care	\$0 copay
Ambulance Services	\$0 copay
Primary Care Office Visit	\$0 copay
Specialist Office Visit	\$0 copay
Hearing Services – Routine Hearing Exam	\$0 copay
Hearing Services – Hearing Aids	\$3,000 allowance for both ears combined In-network and out-of-network on hearing aids every 3 years
Over-the-Counter Rx Allowance	\$10 per month with rollover to next month
Meal Service	14 Meals / 7 days; Max 3 times per year (Authorization required after in-patient stay)
Transportation Services	\$0 copay (for up to 12 one-way trips to plan-approved locations per year)
Fitness Program	SilverSneakers <sup>SM</sup>
Rewards Program	Up to \$100 in gift cards per year

Call the Education Helpline at **1-833-634-0442 TTY 711** for more information.

We are open 8:00 a.m. – 9:00 p.m., central standard time, 5 days a week. If you are calling from March 16 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Turn over for prescription drug benefits ➡



	Prescription Drug Benefits	
<b>Annual Deductible</b>	<b>\$500 (Tiers 2-5)</b>	
<b>Initial Coverage Period Copays</b> (30-day supply) Annual drug costs up to \$4,660	<b>Standard Pharmacy</b>	
	<b>Tier 1</b> – Preferred Generic Drugs	<b>\$0</b>
	<b>Tier 2</b> – Generic Drugs	<b>\$10</b>
	<b>Tier 3</b> – Preferred Brand Drugs	<b>\$45</b>
	<b>Tier 4</b> – Non-Preferred Brand Drugs	<b>33% coinsurance</b>
	<b>Tier 5</b> – Specialty Drugs	<b>33% coinsurance</b>
<b>Gap Coverage</b> Annual drug costs exceeding \$4,660 (up to a total of \$7,400 out-of-pocket costs)	<b>Tier 1</b> – Preferred Generic Drugs	<b>\$0</b>
	<b>Tier 2</b> – Generic Drugs	<b>\$10</b>
	<b>Tier 3</b> – Preferred Brand Drugs	<b>\$45</b>
	<b>Tier 4</b> – Non-Preferred Brand Drugs	<b>33% coinsurance</b>
	<b>Tier 5</b> – Specialty Drugs	<b>33% coinsurance</b>
<b>After the Gap Copays</b> After your total out-of-pocket costs exceed \$7,400	Member pays whichever is greater: <ul style="list-style-type: none"> <li>• 5% of the total cost, or</li> <li>• \$4.15 copay for generic (including brand drugs treated as generic) or a \$10.35 copay for all other drugs</li> </ul>	

This information is not a complete description of benefits. Non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Oklahoma members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

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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. BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. Registration is required to participate. Visit [www.BlueRewardsOK.com](http://www.BlueRewardsOK.com) to register and see what Healthy Actions earn rewards. 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.

PPO plan provided by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC is an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment depends on contract renewal.