



Monthly Premium: \$149.80

Effective 1/1/2025 – 12/31/2025

Blue Cross Group Medicare Advantage Open Access (PPO)SM

Annual Medical Deductible	\$0
Annual Out-of-Pocket Maximum Includes the Deductible	\$0
Inpatient Hospital Care	\$0 copay per stay
Emergency Care	\$0 copay
Ambulance Services	\$0 copay
Primary Care Office Visit	\$0 copay
Specialist Office Visit	\$0 copay
Chiropractic Services (Medicare-covered)	\$0 copay Coverage limited to manual manipulation of the spine to correct for subluxation.
Skilled Nursing Facility	\$0 copay per day for benefit period 1-20 days. No prior hospitalization required. \$0 copay per day for benefit period 21-100 days. Limited to 100 days per Medicare benefit period.
Outpatient Mental Health Services: Group & Individual Services	\$0 copay (\$0 copay Virtual Visits)
Therapy Services — Speech, Occupational and Physical	\$0 copay
Hearing Services – Routine Hearing Exam	\$0 copay 1 routine hearing exam each year
Hearing Services – Hearing Aids	\$3,000 hearing aid allowance for both ears combined, every 3 years
Over-the-Counter Allowance	\$10 per month with rollover to next month
Meal Service	14 meals per 7 days; max 3 times per year (Authorization required after in-patient stay)
Non-Emergency Transportation	\$0 copay for up to 12 one-way trips to plan-approved locations every year
Fitness Program	SilverSneakers® Fitness Program
Rewards Program	Up to \$100 worth of gift cards per year
Home Health	\$0 copay



BlueCross BlueShield
of Oklahoma

Oklahoma Public Employees Health & Welfare Plan

	Prescription Drug Benefits										
Annual Part D Deductible	\$500 (Tiers 2-5)										
Your Drug List/Formulary Name	5 Tier Premier Formulary										
Your Out-of-Pocket Costs (30-day supply at retail pharmacies) Annual drug costs up to \$2,000	Standard Pharmacy <table> <tr> <td>Tier 1 – Preferred Generic Drugs</td><td>\$0</td></tr> <tr> <td>Tier 2 – Generic Drugs</td><td>\$10</td></tr> <tr> <td>Tier 3 – Preferred Brand Drugs</td><td>\$45</td></tr> <tr> <td>Tier 4 – Non-Preferred Drugs</td><td>33% coinsurance</td></tr> <tr> <td>Tier 5 – Specialty Drugs</td><td>33% coinsurance</td></tr> </table>	Tier 1 – Preferred Generic Drugs	\$0	Tier 2 – Generic Drugs	\$10	Tier 3 – Preferred Brand Drugs	\$45	Tier 4 – Non-Preferred Drugs	33% coinsurance	Tier 5 – Specialty Drugs	33% coinsurance
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Tier 3 – Preferred Brand Drugs	\$45										
Tier 4 – Non-Preferred Drugs	33% coinsurance										
Tier 5 – Specialty Drugs	33% coinsurance										
Catastrophic Coverage	You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,000. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.										
Network Pharmacies	Walgreens, Walmart and independents										

Coupons and Discount Programs

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

Call the Education Helpline at 1-877-842-7564 (TTY 711) for more information.

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., local time;

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., local time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

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 the Education Helpline or see the Summary of Benefits 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 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.

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). 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.