



BlueCross BlueShield
of Oklahoma

Blue Cross Medicare OptionsSM Marketing Starter Kit

Blue Cross Medicare AdvantageSM
Decision Guide
Plan Comparison Chart
Broker Trifold Brochure
Enrollment Roadmap

Blue Cross MedicareRx (PDP)SM
Decision Guide
Plan Comparison Chart

Thank you for using the electronic MAPD and PDP Producer Sales Kit.

This sales kit is designed to allow producers to easily access benefit information without having to maintain significant amounts of printed inventory. To ensure compliance with CMS guidelines, please make sure you complete the following when using the electronic sales kit:

- Make copies of the completed enrollment form. Provide one to the prospective member and maintain a copy for your record retention.
- The Decision Guides are not included in the electronic sales kit; however it is available for download from the Producer supply portal from **www.yourcmsupplyportal.com**.
- When you provide a prospect an enrollment form, you are required to provide the Summary of Benefits (including the multi-language insert) and the star rating flyer (if available).

Medicare Part D Plan Notice:

Prescription drug plan provided by Blue Cross and Blue Shield of Texas, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

Medicare Advantage Plan Notice:

HMO and HMO-POS plans available in Canadian, Cleveland, Creek, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Payne, Pottawatomie, Rogers, and Tulsa counties.

PPO plans available in Canadian, Cleveland, Comanche, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, and Pottawatomie counties.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans Inc. (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.



Life Is All About The Choices You Make

We make choosing your 2015 Medicare plan easy.



What is Medicare Advantage?

A Medicare Advantage Plan (like an HMO or PPO)* is a plan choice you may have as part of Medicare. These plans, sometimes called “Part C” or “MA Plans,” are offered by private insurance companies approved by Medicare.

Medicare Advantage Plans are all-in-one plans. They are easy to use and budget-friendly.

Basics

Medicare Advantage Plans include all:

- Part A (Hospital Insurance) benefits
- Part B (Medical Insurance) benefits
- Medically needed care covered by Original Medicare

Extras

Some plans may offer:

- Vision benefits
- Hearing benefits
- Health and wellness programs

Manage Costs

To help keep costs down, most plans have a:

- Prescription drug formulary
- Pharmacy network
- Provider network

Your Costs

You may need to pay:

- Premiums
- Copays
- Coinsurance
- Deductibles

Medicare Advantage Plans are not the same as Medicare Supplement insurance plans.

	Medicare Advantage Plan	Medicare Supplement Insurance
Part B Premium	Must be paid; is separate from the Medicare Advantage plan premium.	Must be paid; is separate from the Medicare Supplement insurance premium.
Monthly Premium	Must be paid; is separate from the Part B premium.	Must be paid; is separate from the Part B premium.
Number of Plans	Determined by health plan.	Standardized plans set by Medicare.
Benefits	Medicare Parts A & B combined, plus services added by the Medicare Advantage plan.	Must already have Parts A & B; Medicare Supplement helps to pay health care costs that Medicare doesn't cover, such as copayments, coinsurance and deductibles.
Doctors & Hospitals	Members may be required to use doctors or hospitals from within the plan's network.	Members can use any provider or hospital that accepts Medicare.
Prescription Drug Coverage	Prescription drug coverage may be built into the plan.	Does not include prescription drug coverage. Enrollment in a separate Part D plan is recommended.

Why Choose a Medicare Advantage Plan from Blue Cross and Blue Shield of Oklahoma?

Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers three Medicare Advantage Plans from which to choose: Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (HMO-POS)SM, and Blue Cross Medicare Advantage (PPO)SM. Each of these plans cover the same things as Original Medicare. Plus, they have benefits not included in Medicare or most Medicare Supplement insurance plans. Think of them as all-in-one plans. Choose which one works best for you.

Your Plan May Include:



\$0 premium plans



Dental benefits



Ability to see providers out of the network



Monthly over-the-counter purchase allowance[‡]



Some generic drugs in the coverage gap



Formulary with the most common drugs



Over 64,000 pharmacies nationwide[†]



Vision and hearing benefits

***HMO** – Health Maintenance Organization. You must use the providers in the plan's network. The HMO may require you to get a referral from your primary care physician.

PPO – Preferred Provider Organization. You pay less when you use providers in the plan's network. You can use providers from outside of the network, but may have to pay more.

[†]Per Geo Access analysis conducted in July 2014

[‡]Not available in all plans

How Does Blue Cross Medicare Advantage Meet Your Needs?

With both HMO and PPO options, you have many plans to choose from. Both types of plans may include these benefits and more. Read the Summary of Benefits to learn all the details.

More Ways to Save

- Low copay for a visit to your primary care doctor
- Generic prescription drug copays are low
- Discounts for health care products and services

Local Provider Network

To get the most from your benefits, use providers in our large network. There are local primary care providers and a wide range of specialists. Look for the providers you have now online at www.getblueok.com/mapd.

Built-in Prescription Drug Coverage

Our formulary has thousands of drugs on it. You'll find five tiers of coverage including Preferred Generic, Non-Preferred Generic, Preferred Brand, Non-Preferred Brand and Specialty. Copays for generics are as low as \$0 – that can mean big savings.

Dental Care

Preventive and Comprehensive dental available on some plans.

Vision Care

\$0 copay for a Vision Specialist Exam. Allowance towards frames and contacts available on some plans.

Hearing Care

Supplemental routine hearing exams and hearing aid allowance available on some plans.

Diabetes Supplies and Training

- 0%-20% copay for Medicare-covered
 - Self-management training
 - Monitoring supplies
 - Therapeutic shoes or inserts

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.

Blue365®

Save on fitness gear, family activities, healthy eating options and much more from top national and local retailers.

Travel Benefits

Do you like to travel? Do you live part of the year in another part of the country? If so you may like the plan's prescription coverage benefit. You pay the same for your prescription drugs at an in-network pharmacy when you are traveling outside of the plan's service area as you would at home.

SilverSneakers®* Fitness Program

SilverSneakers helps you to get fit the way you want, when you want. And it's free!

* SilverSneakers® is a registered mark of Healthways, Inc. Healthways SilverSneakers® Fitness Program is a wellness program owned and operated by Healthways, Inc, an independent company. ®Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

Formulary and Pharmacy Facts

Blue Cross Medicare Advantage covers a broad range of prescription drugs, and offers a large network of pharmacies.

Formulary: Your List of Covered Drugs

- You can save money by switching to a generic. Ask your doctor/pharmacist if this is an option for you.
- Save time by using our easy-to-use mail-order service.
- View the formulary online at www.getblueok.com/mapd/druglist.



Pharmacies: You Save Nationwide

- Blue Cross Medicare Advantage has pharmacies across the country. This means you can have peace of mind when you are away from home.
- To get the most from your plan, use our network pharmacies or mail-order service, except in an emergency.
- Blue Cross Medicare Advantage Preferred Network Pharmacies include:

CVS/pharmacy

Walgreens

Walmart ✱

Other pharmacies are available in our network. Visit www.getblueok.com/mapd/pharmacies for a current pharmacy listing.

Let's Get Started

Are you new to Medicare? Or are you thinking about switching plans? Here are some important items to know before choosing your plan.

- | | |
|--|---|
| <input type="checkbox"/> Be sure you are eligible for Medicare. Our HMO and HMO-POS plans are available in Canadian, Cleveland, Creek, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Payne, Pottawatomie, Rogers, and Tulsa counties. Our PPO plans are available in Canadian, Cleveland, Comanche, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, and Pottawatomie counties. Your primary residence must be in one of these counties to enroll. | <input type="checkbox"/> Are you still working? If so and you're planning to retire, talk to your benefits administrator about your options. |
| | <input type="checkbox"/> Look at the 2015 Blue Cross Medicare Advantage plans. |
| | <input type="checkbox"/> Look for your local doctors in the Provider Directory. |
| | <input type="checkbox"/> Check the Formulary to be sure your drugs are included. |
| | <input type="checkbox"/> Enroll in Blue Cross Medicare Advantage. Enrollment occurs only during specific times of the year. Contact us to learn more. |

Choose Your Blue Cross Medicare Advantage Plan

	Blue Cross Medicare Advantage Basic (HMO) SM	
	Oklahoma City	Tulsa
Premium*	\$0	\$0
Annual Physical Exam	\$0 copay	\$0 copay
Doctors Office Visits Primary Care Physician Specialist	\$5 copay \$40 copay	\$20 copay \$45 copay
Chiropractic Services	\$20 copay	\$20 copay
Over-the-Counter Monthly Purchase Allowance†	\$10	
Diabetes Self-management training, supplies and services	Training: \$0 coinsurance Diabetic Test Strips: 0% coinsurance for items from certain manufacturers when purchased at the pharmacy Other supplies and services: 0% - 20% coinsurance	
Eye Exams Specialist eye exam	\$0 copay	\$0 copay
Dental Services Preventive Comprehensive	covered not covered	covered not covered
Emergency Care	\$65 copay	
Inpatient Hospital	\$295/day copay (days 1-5)	\$300/day copay (days 1 - 3) \$900 annual maximum
	\$0 copay for additional days	
Outpatient Services/Surgery	\$250 copay	\$300 copay
Skilled Nursing Facilities	\$0/day copay (days 1-20) \$150/day copay (days 21-100)	\$0/day copay (days 1-20) \$125/day copay (days 21-100)
Maximum Out-of-Pocket	\$4,500	\$4,900
Travel Out of Service Area	Plan covers you when you travel in the U.S. or its territories.	
Prescription Drug Utilization Benefit Management Programs	Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to try more clinically appropriate or cost effective drugs.	

The benefits listed here are a partial description only. Please see the enclosed Summary of Benefits, which includes important plan information.

Blue Cross Medicare Advantage Premier Plus (HMO-POS) SM				Blue Cross Medicare Advantage Choice (PPO) SM	
Oklahoma City		Tulsa		Oklahoma City	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$39		\$41		\$55	
\$0 copay	not covered	\$0 copay	not covered	\$0 copay	30% coinsurance
\$10 copay \$45 copay	\$50 copay \$50 copay	\$20 copay \$45 copay	\$40 copay \$65 copay	\$20 copay \$40 copay	30% coinsurance
\$20 copay	40% coinsurance	\$20 copay	40% coinsurance	\$20 copay	30% coinsurance
\$20		not available		not available	
Training: \$0 coinsurance Diabetic Test Strips: 0% coinsurance for items from certain manufacturers when purchased at the pharmacy Other supplies and services: 0% - 20% coinsurance					
\$0 copay	not covered	\$0 copay	not covered	\$0 copay	30% coinsurance
covered covered	not covered not covered	covered not covered	not covered not covered	covered not covered	covered not covered
\$65 copay					
\$250/day copay (days 1-5)	\$400/day copay	\$225/day copay (days 1 - 7)	\$400/day copay	\$295/day copay (days 1-7)	\$325/day copay (days 1-7)
\$0 copay for additional days		\$0 copay for additional days		\$0 copay for additional days	
\$250 copay	40% coinsurance	\$300 copay	40% coinsurance	\$250 copay	30% coinsurance
\$0/day copay (days 1-20) \$150/day copay (days 21-100)	40% coinsurance	\$0/day copay (days 1-20) \$125/day copay (days 21-100)	40% coinsurance	\$0/day copay (days 1-10) \$40/day copay (days 11-20) \$125/day copay (days 21-100)	30% coinsurance
4,900	No maximum	\$4,900	\$6,700	\$3,400	\$5,000
Plan covers you when you travel in the U.S. or its territories.					
Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to try more clinically appropriate or cost effective drugs.					

Your Prescription Drugs Are Covered in the Plan

		Blue Cross Medicare Advantage Basic (HMO) SM			
		Oklahoma City		Tulsa	
Annual Prescription Deductible Amount you pay before Blue Cross Medicare Advantage begins to pay		\$0		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply)	Tier 1	\$0 copay	\$5 copay	\$0 copay	\$5 copay
	Tier 2	\$6 copay	\$11 copay	\$6 copay	\$11 copay
	Tier 3	\$39 copay	\$44 copay	\$39 copay	\$44 copay
	Tier 4	\$85 copay	\$95 copay	\$85 copay	\$95 copay
	Tier 5	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You'll pay \$0 / \$5 for drugs in Tier 1 and \$6 / \$11 for drugs in Tier 2. Otherwise, you'll pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.			
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug			

Tier 1 - Preferred Generic Drugs

Tier 2 - Non-Preferred Generic Drugs

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Brand Drugs

Tier 5 - Specialty Drugs

The ease of having your prescription drugs covered is another great reason to choose all-in-one Blue Cross Medicare Advantage.

Blue Cross Medicare Advantage Premier Plus (HMO-POS) SM				Blue Cross Medicare Advantage Choice (PPO) SM	
Oklahoma City		Tulsa		Oklahoma City	
\$0		\$0		\$0	
Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
\$0 copay	\$5 copay	\$0 copay	\$5 copay	\$0 copay	\$5 copay
\$6 copay	\$11 copay	\$6 copay	\$11 copay	\$6 copay	\$11 copay
\$39 copay	\$44 copay	\$39 copay	\$44 copay	\$39 copay	\$44 copay
\$85 copay	\$95 copay	\$85 copay	\$95 copay	\$85 copay	\$95 copay
33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
<p>You'll pay \$0 / \$5 for drugs in Tier 1 and \$6 / \$11 for drugs in Tier 2. Otherwise, you'll pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.</p>					
<p>You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug</p>					

You must continue to pay your Medicare Part B premium.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

After You Enroll

Look for These Communications:

Acknowledgement Letter

We will send you a letter within 10 days of receiving your enrollment form.

Confirmation Letter/ID Card

After your enrollment has been approved, we'll send you a confirmation letter. It will include your Blue Cross Medicare Plan card and the date your coverage will be effective.

Welcome Kit

About two weeks after you get your ID card, you'll receive your Welcome Kit. It includes your Evidence of Coverage. And it tells you what you need to know about being a member of Blue Cross Medicare Advantage.



LifeTimes®: News You Can Use

LifeTimes is our quarterly newsletter filled with articles you're sure to enjoy. Sign up at www.bcbsok.com/lifetimes to receive LifeTimes via email or read it online.

Blue Access for MembersSM (BAM)

BAM is your one-stop online source. Check it for information about your plan, claim status and benefits. You also will find it has health and wellness tools. Visit www.bluememberok.com.



Important Information

Limitations and Exclusions

There are items and services not covered by Blue Cross Medicare Advantage. These are called limitations and exclusions. A full list can be found in the Evidence of Coverage. Here is a limited list. Blue Cross Medicare Advantage cannot cover a drug purchased outside the U.S. and its territories. Blue Cross Medicare Advantage does not cover:

- Over-the-counter (OTC) drugs, unless designated by a specific plan.
- Drugs when used to aid fertility
- Drugs when used to ease signs of cough or cold
- Drugs when used for cosmetic purposes or to aid hair growth
- Vitamins and mineral products ordered by a doctor, except vitamins for pregnant women and fluoride preparations
- Drugs when used for the care of sexual or erectile dysfunction, such as Viagra, Cialis, Levitra, and Caverject
- Drugs when used for care of anorexia, weight loss, or weight gain
- Outpatient drugs for which the manufacturer calls for tests or monitoring services to be bought only from the drug maker as a term of sale
- Barbiturates and Benzodiazepines (starting January 1, 2013 a limited number of these products will be covered for specific indications)

Quantity limits, step therapy, and prior authorization may apply. Look in the Comprehensive Formulary for more information.

Contacting Medicare

Contact Medicare for more information about Medicare benefits and services, including general information regarding health benefits or Medicare Advantage Prescription Drug coverage.

Call 1-800-MEDICARE (1-800-633-4227)
TTY 1-877-486-2048
24 hours a day, 7 days a week

Web www.medicare.gov

What Are My Protections Under Blue Cross Medicare Advantage?

Blue Cross Medicare Advantage agrees to stay in the program for a full year at a time. Each year, the plan decides whether to carry on for another year. Even if Blue Cross Medicare Advantage leaves the program, you will not lose Medicare coverage.

Grievances and Appeals

If you have a problem with our plan, there are two formal processes in place to address your issue: appeal and grievance. An appeal is something you do if you disagree with a decision to deny a request for prescription drugs or payment for services or drugs you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our plan doesn't pay for a drug, item, or service you think you should be able to receive. A grievance is a type of complaint you make about us or one of our network pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes. For more information, please call us.

PLEASE NOTE:

This information is available for free in other languages. Please call our Customer Service number at 1-866-883-5618. (TTY/TDD users should call 711). We are open between 8 a.m. and 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al Cliente llamando al 1-866-883-5618. (Los usuarios de TTY/TDD deberán llamar al 711). Nuestro horario es de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).



Blue Cross Medicare AdvantageSM

Make the Right Choice for Your Health. Enroll Today.



Call

Your licensed independent agent or our product specialist will walk you through enrolling in Blue Cross Medicare Advantage. Call your licensed independent agent or:

1-866-883-5618 • TTY/TDD 711

We are open between 8 a.m. and 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.



Locate a Licensed Agent

Find a licensed independent Blue Cross and Blue Shield of Oklahoma agent in your area:

www.bcbsok.com/medicareagents



Web

Our safe online form is clear and takes you through enrolling step-by-step. It's easy.

Go to: www.getblueok.com/mapd/enroll

Medicare beneficiaries may also enroll in Blue Cross Medicare Advantage through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.



Mail

Fill out the enclosed enrollment form. To avoid processing delays, check that you:

- ☐ Select your choice of Blue Cross Medicare Advantage plan.
- ☐ Copy your Medicare number exactly as printed on your Medicare ID card.
- ☐ Sign the form.
- ☐ Mail the white copy in the postage-paid envelope. The blue copy is for your records.



Attend a Free Seminar

www.bcbsok.com/seminars

HMO and HMO-POS plans available in Canadian, Cleveland, Creek, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Payne, Pottawatomie, Rogers, and Tulsa counties.

PPO plans available in Canadian, Cleveland, Comanche, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, and Pottawatomie counties.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans Inc. (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.



Life Offers You Many Choices

It's time to choose the right
2015 prescription drug plan.

 **BlueCross BlueShield
of Oklahoma**

Through It All.[®]

bcbsok.com

What is a Prescription Drug Plan?

A prescription drug plan, also known as Part D, helps to pay for covered prescription medications. To be eligible for a prescription drug plan, you must be entitled to Part A and/or enrolled under Part B.

Basics

Prescription Drug Plans help to cover costs:

- During the Initial Coverage Period (drug costs up to \$2,960)
- Through the Gap (costs exceeding \$2,960 up to a total of \$4,700)
- After the Gap (after total out-of-pocket costs exceed \$4,700)



Manage Costs

To help manage costs, plans have a:

- Prescription drug formulary
- Pharmacy network



Your Costs

You may need to pay:

- Premiums
- Copays
- Coinsurance
- Deductibles



Do I Need a Medicare Supplement Insurance Plan?†

Medicare Supplement insurance helps to pay for expenses beyond what is covered by Medicare, but does not cover prescription drugs. Having a prescription drug plan and a Medicare Supplement insurance plan gives you better coverage. There are several Medicare Supplement insurance plans, each with different benefits and premiums, so you can choose the plan that works best for your specific needs. Medicare Supplement insurance plans are identified by the separate letters A, B, C, D, F, F-HD, G, K, L, M and N.‡ The basic benefits of each plan are exactly alike for all insurance companies.

Blue Cross MedicareRxSM Formulary

You can save money by switching to a generic. Ask your doctor/pharmacist if this is an option for you.

View the most current formulary at
www.getblueok.com/pdp/druglist



† Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

‡ Not all of these plans are offered by Blue Cross and Blue Shield of Oklahoma.

Why Choose Blue Cross MedicareRx?

Blue Cross MedicareRx is the prescription drug plan offered by Blue Cross and Blue Shield of Oklahoma. Its benefits include:

- Fixed copayments and coinsurances
- A comprehensive drug list
- Convenience of nationwide coverage at thousands of pharmacies and mail-order choices
- The confidence of knowing your coverage is backed by one of the state's leading insurers

Where Part D Fits into Medicare

Medicare is the nation's largest health insurance program, covering health care services such as hospital stays, skilled nursing and physician services for about 52 million people.* There are four parts to Medicare. Each provides coverage for different types of health care services. Part D covers prescription drugs.



PART A

Hospital Insurance

Helps pay for inpatient hospital care, skilled nursing facility care, home health care and hospice care. While most Americans are enrolled automatically in Medicare Part A, it alone may not cover all of your health care costs. Parts B, C and D are voluntary programs that provide additional coverage.



PART B

Medical Insurance

Helps pay for covered doctor's services and many other medical services and supplies. If you don't enroll in Part B when you are first eligible for Medicare, you may have to pay a penalty later.



PART C

Medicare Advantage Plans

Offers medical coverage through a network of providers, such as an HMO or PPO, that is an alternative to Original Medicare (Parts A & B). These plans may or may not cover prescription drugs.



PART D

Prescription Drug Coverage

Helps pay for covered prescription medications. As with Part B, selecting a Part D plan when you are first eligible means you may not have to pay a penalty later.

* Kaiser Family Foundation. Medicare at a Glance Fact Sheet; (2013, November).

Your 2015 Blue Cross MedicareRx Plan Options

Blue Cross MedicareRx offers 3 plans to choose from to cover your prescription drug needs.

		Blue Cross MedicareRx Basic (PDP) SM		Blue Cross MedicareRx Value (PDP) SM		Blue Cross MedicareRx Plus (PDP) SM	
Premium*		\$28.10		\$54.80		\$120.90	
Annual Prescription Deductible Amount you pay before Blue Cross MedicareRx begins to pay		\$320 for All Tiers		\$275 for Tiers 3, 4 & 5 only		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply)	Tier 1	\$1	\$6	\$0	\$5	\$0	\$5
	Tier 2	\$6	\$11	\$6	\$11	\$2	\$7
	Tier 3	\$39	\$45	\$37	\$42	\$33	\$40
	Tier 4	\$90	\$95	\$85	\$95	\$80	\$95
	Tier 5	25%	25%	25%	25%	33%	33%
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You will pay 45% of the costs on Brand Name drugs and 65% of the costs of Generic drugs.				You will pay \$0 / \$5 for drugs in Tier 1 and \$2 / \$7 for drugs in Tier 2. You will receive some coverage for Brand drugs in the gap. Otherwise, members will pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.	
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug					

Tier 1 - Preferred Generic Drugs

Tier 2 - Non-Preferred Generic Drugs

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Brand Drugs

Tier 5 - Specialty Drugs

* You must continue to pay your Medicare Part B premium.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Preferred Pharmacy Savings

Save on copays when you use a Preferred Pharmacy.

Blue Cross MedicareRx Basic (PDP)SM

Medication	Use	Tier	Preferred Pharmacy Copay	Standard Pharmacy Copay	Savings
Cimetidine	Stomach Acid Reduction	2	\$6	\$11	\$5
Lovastatin	High Cholesterol	1	\$1	\$6	\$5
Citalopram	Depression	1	\$1	\$6	\$5
Lisinopril	High Blood Pressure	1	\$1	\$6	\$5
Glipizide	Diabetes	1	\$1	\$6	\$5
Fluticasone	Asthma	2	\$6	\$11	\$5

Blue Cross MedicareRx Value (PDP)SM

Medication	Use	Tier	Preferred Pharmacy Copay	Standard Pharmacy Copay	Savings
Cimetidine	Stomach Acid Reduction	2	\$6	\$11	\$5
Lovastatin	High Cholesterol	1	\$0	\$5	\$5
Citalopram	Depression	1	\$0	\$5	\$5
Lisinopril	High Blood Pressure	1	\$0	\$5	\$5
Glipizide	Diabetes	1	\$0	\$5	\$5
Fluticasone	Asthma	2	\$6	\$11	\$5

Blue Cross MedicareRx Plus (PDP)SM

Medication	Use	Tier	Preferred Pharmacy Copay	Standard Pharmacy Copay	Savings
Cimetidine	Stomach Acid Reduction	2	\$2	\$7	\$5
Lovastatin	High Cholesterol	1	\$0	\$5	\$5
Citalopram	Depression	1	\$0	\$5	\$5
Lisinopril	High Blood Pressure	1	\$0	\$5	\$5
Glipizide	Diabetes	1	\$0	\$5	\$5
Fluticasone	Asthma	2	\$2	\$7	\$5

Network Pharmacies

Blue Cross MedicareRx Pharmacies

- Blue Cross MedicareRx has pharmacies nationwide, giving you peace of mind while traveling.
- For you to receive benefits, Blue Cross MedicareRx network pharmacies or mail-order service must be used, except in an emergency.
- Blue Cross MedicareRx Preferred Pharmacies and their affiliates include:

CVS/pharmacy

Walgreens

Walmart ✱

Other network pharmacies are available in our network.

Visit www.getblueok.com/pdp/pharmacies
for a current network pharmacy listing.



Prescription Drug List

List all your prescription drugs in one place as you consider your choices.

My Prescription Drug List Instructions

- ☐ **Step 1:** Write the names of your prescription drugs.
- ☐ **Step 2:** Find them in the Comprehensive Formulary at www.getblueok.com/pdp/druglist and check the tiers in which they are listed.
- ☐ **Step 3:** Add the drugs you buy at a Preferred Pharmacy. (A Preferred Pharmacy allows you a larger discount on copays.)
- ☐ **Step 4:** Add the drugs you buy at a Standard Pharmacy.
- ☐ **Step 5:** Add your Specialty drugs under Tier 5. Make a note of their cost.

My Prescription Drug List

Name of Prescription Drug/Dose	Tier 1 Generics	Tier 2 Non-Preferred Generics	Tier 3 Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
warfarin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Pharmacy: Use the number of drugs under Tiers 1 - 4 to complete the Pick A Plan worksheet.	Tier 1 <input type="text"/>	Tier 2 <input type="text"/>	Tier 3 <input type="text"/>	Tier 4 <input type="text"/>	Tier 5 <input type="text"/>
Standard Pharmacy: Use the number of drugs under Tiers 1 - 4 to complete the Pick A Plan worksheet.	Tier 1 <input type="text"/>	Tier 2 <input type="text"/>	Tier 3 <input type="text"/>	Tier 4 <input type="text"/>	Tier 5 Total Cost <input type="text"/>

Use your My Prescription Drug List to complete the Pick A Plan worksheet on pages 8 - 9. The totals are not final costs, but are only estimates of what you could spend annually in each plan. Or, use our online Plan Selector tool at www.getblueok.com/pdp.

Pick a Plan Worksheet

		Blue Cross MedicareRx Basic (PDP) SM	
Annual Deductible		\$320 for All Tiers	
Annual Premium Cost		\$28.10 Monthly Premium	x 12 = Months
		\$337.20	
A	Estimated Monthly Drug Costs* Using your Drug List totals from page 7, write the number of prescription drugs you will fill at a Preferred Pharmacy and a Standard Pharmacy .	Tier 1	Preferred <input type="text"/> x \$1 copay = <input type="text"/> Standard <input type="text"/> x \$6 copay = <input type="text"/>
	* Assumes a 30-day eligible prescription at an in-network pharmacy and that out-of-pocket costs have not reached \$2,960 (coverage gap). Many factors can affect your calculations. This worksheet is not intended to reflect all costs.	Tier 2	Preferred <input type="text"/> x \$6 copay = <input type="text"/> Standard <input type="text"/> x \$11 copay = <input type="text"/>
		Tier 3	Preferred <input type="text"/> x \$39 copay = <input type="text"/> Standard <input type="text"/> x \$45 copay = <input type="text"/>
		Tier 4	Preferred <input type="text"/> x \$90 copay = <input type="text"/> Standard <input type="text"/> x \$95 copay = <input type="text"/>
		Tier 5	<input type="text"/> x 25% coinsurance = <input type="text"/>
B	Estimated Monthly Drug Cost Add the totals for the drugs above to find your Estimated Monthly Drug Cost.	Add drug costs = <input type="text"/>	
C	Estimated Annual Drug Cost Multiply the Estimated Monthly Drug Cost by 12. This is what 12 months of your prescription drugs may cost.	x 12 months = <input type="text"/>	
D	Estimated Total Annual Costs Add the Estimated Annual Drug Cost numbers to Annual Deductible and Annual Premium. This is your estimated total cost for one year in the plan.	Annual Deductible: \$320 for All Tiers Annual Premium: + \$337.20 Estimated Annual Drug Cost: + <input type="text"/> Estimated Total: = <input type="text"/>	

Blue Cross MedicareRx Value (PDP) SM				Blue Cross MedicareRx Plus (PDP) SM			
			\$275 for Tiers 3, 4 & 5 only				\$0
\$54.80 Monthly Premium	x 12 = Months	\$657.60		\$120.90 Monthly Premium	x 12 = Months	\$1,450.80	
Preferred	<input type="text"/>	x \$0 copay =	<input type="text"/>	Preferred	<input type="text"/>	x \$0 copay =	<input type="text"/>
Standard	<input type="text"/>	x \$5 copay =	<input type="text"/>	Standard	<input type="text"/>	x \$5 copay =	<input type="text"/>
Preferred	<input type="text"/>	x \$6 copay =	<input type="text"/>	Preferred	<input type="text"/>	x \$2 copay =	<input type="text"/>
Standard	<input type="text"/>	x \$11 copay =	<input type="text"/>	Standard	<input type="text"/>	x \$7 copay =	<input type="text"/>
Preferred	<input type="text"/>	x \$37 copay =	<input type="text"/>	Preferred	<input type="text"/>	x \$33 copay =	<input type="text"/>
Standard	<input type="text"/>	x \$42 copay =	<input type="text"/>	Standard	<input type="text"/>	x \$40 copay =	<input type="text"/>
Preferred	<input type="text"/>	x \$85 copay =	<input type="text"/>	Preferred	<input type="text"/>	x \$80 copay =	<input type="text"/>
Standard	<input type="text"/>	x \$95 copay =	<input type="text"/>	Standard	<input type="text"/>	x \$95 copay =	<input type="text"/>
<input type="text"/>		x 25% coinsurance =	<input type="text"/>	<input type="text"/>		x 33% coinsurance =	<input type="text"/>
Add drug costs		=	<input type="text"/>	Add drug costs		=	<input type="text"/>
x 12 months =		<input type="text"/>		x 12 months =		<input type="text"/>	
Annual Deductible:	\$275 for Tiers 3, 4 & 5 only			Annual Deductible:	\$0		
Annual Premium:	+	\$657.60		Annual Premium:	+	\$1,450.80	
Estimated Annual Drug Cost:	+	<input type="text"/>		Estimated Annual Drug Cost:	+	<input type="text"/>	
Estimated Total:	=	<input type="text"/>		Estimated Total:	=	<input type="text"/>	

After You Enroll

Look for These Communications:

Acknowledgement Letter

We will send you a letter within 10 days of receiving your enrollment form.

Confirmation Letter/ID Card

After your enrollment has been approved, we'll send you a confirmation letter. It will include your Blue Cross MedicareRx ID card and the date your coverage will be effective.

Welcome Kit

About two weeks after you get your ID card, you'll receive your Welcome Kit. It will include your Evidence of Coverage. And it tells you what you need to know about being a member of Blue Cross MedicareRx.



LifeTimes®: News You Can Use

Watch your email inbox for **LifeTimes**. It is our quarterly newsletter filled with articles you're sure to enjoy. You can read it online, too, at www.bcbsok.com/lifetimes.

Blue Access for MembersSM (BAM)

BAM is your one-stop online source for information about your plan, claim status and benefits. You also will find health and wellness tools.



Important Information

Limitations and Exclusions

There are items and services not covered by Blue Cross MedicareRx. These are called limitations and exclusions. A full list can be found in the Evidence of Coverage. Here is a limited list. Blue Cross MedicareRx cannot cover a drug purchased outside the U.S. and its territories. Blue Cross MedicareRx does not cover:

- Over-the-counter (OTC) drugs
- Drugs when used to aid fertility
- Drugs when used to ease signs of cough or cold
- Drugs when used for cosmetic purposes or to aid hair growth
- Vitamins and mineral products ordered by a doctor, except vitamins for pregnant women and fluoride preparations
- Drugs when used for the care of sexual or erectile dysfunction, such as Viagra, Cialis, Levitra, and Caverject
- Drugs when used for care of anorexia, weight loss, or weight gain
- Outpatient drugs for which the manufacturer calls for tests or monitoring services to be bought only from the drug maker as a term of sale
- Barbiturates and Benzodiazepines (starting January 1, 2013: a limited number of these products will be covered for specific indications)
- Quantity limits, step therapy, and prior authorization may apply. Look in the online Comprehensive Formulary for more information.

What Are My Protections Under Blue Cross MedicareRx?

Blue Cross MedicareRx agrees to stay in the program for a full year at a time. Each year, the plan decides whether to carry on for another year. Even if Blue Cross MedicareRx leaves the program, you will not lose Medicare coverage.

Grievances and Appeals

If you have a problem with our plan, there are two formal processes in place to address your issue: appeal and grievance. An appeal is something you do if you disagree with a decision to deny a request for prescription drugs or payment for services or drugs you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our plan doesn't pay for a drug, item, or service you think you should be able to receive.

A grievance is a type of complaint you make about us or one of our network pharmacies, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes. For more information, please call us.

PLEASE NOTE:

This information is available for free in other languages. Please contact our Customer Service number at 1-877-296-8195 for additional information. (TTY/TDD users should call 711). We are open between 8 a.m. and 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays. TTY/TDD: 711.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al Cliente llamando al 1-877-296-8195 para obtener información adicional. (Los usuarios de TTY/TDD deberán llamar al 711). Estamos a su disposición de 8:00 a.m. a 8:00 p.m., los siete días de la semana. Si llama del 15 de febrero al 30 de septiembre, se utilizarán tecnologías alternas (por ejemplo, correo de voz) durante los fines de semana y días feriados. TTY/TDD: 711.

Make the Right Choice for Your Peace of Mind.

Blue Cross MedicareRxSM



Call

1-877-296-8195

8 a.m. - 8 p.m., local time, 7 days a week.

If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY/TDD: 711



Web

www.getblueok.com/pdp



Locate a Licensed Agent

www.bcbsok.com/medicareagents



Seminars

Find a free seminar near you: www.bcbsok.com/seminars



Write

Blue Cross MedicareRx • P.O. Box 3897 • Scranton, PA 18505-9947

Medicare

Contact Medicare for more about Medicare benefits and services, including basic information about Medicare Advantage Prescription Drug coverage, Part D and health benefits.

Call

1-800-MEDICARE (1-800-633-4227) • TTY 1-877-486-2048

24 hours a day, 7 days a week

Web

www.medicare.gov

Medicare Supplement Insurance Plan Notice:

Medicare Supplement insurance plans are offered by 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.

Medicare Part D Plan Notice:

Prescription drug plan provided by Blue Cross and Blue Shield of Oklahoma, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

	Blue Cross Medicare Advantage Basic (HMO) SM		Blue Cross Medicare Advantage Premier Plus (HMO-POS) SM				Blue Cross Medicare Advantage Choice (PPO) SM	
	Oklahoma City	Tulsa	Oklahoma City		Tulsa		Oklahoma City	
			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Premium*	\$0	\$0	\$39		\$41		\$55	
Annual Physical Exam	\$0 copay	\$0 copay	\$0 copay	not covered	\$0 copay	not covered	\$0 copay	30% coinsurance
Doctors Office Visits Primary Care Physician Specialist	\$5 copay \$40 copay	\$20 copay \$45 copay	\$10 copay \$45 copay	\$50 copay \$50 copay	\$20 copay \$45 copay	\$40 copay \$65 copay	\$20 copay \$40 copay	30% coinsurance
Chiropractic Services	\$20 copay	\$20 copay	\$20 copay	40% coinsurance	\$20 copay	40% coinsurance	\$20 copay	30% coinsurance
Over-the-Counter Monthly Purchase Allowance [†]	\$10		\$20		not available		not available	
Diabetes Self-management training, supplies and services	Training: \$0 coinsurance Diabetic Test Strips: 0% coinsurance for items from certain manufacturers when purchased at the pharmacy Other supplies and services: 0% - 20% coinsurance							
Eye Exams Specialist eye exam	\$0 copay	\$0 copay	\$0 copay	not covered	\$0 copay	not covered	\$0 copay	30% coinsurance
Dental Services Preventive Comprehensive	covered not covered	covered not covered	covered covered	not covered not covered	covered not covered	not covered not covered	covered not covered	covered not covered
Emergency Care	\$65 copay							
Inpatient Hospital	\$295/day copay (days 1-5)	\$300/day copay (days 1 - 3) \$900 annual maximum	\$250/day copay (days 1-5)	\$400/day copay	\$225/day copay (days 1 - 7)	\$400/day copay	\$295/day copay (days 1-7)	\$325/day copay (days 1-7)
	\$0 copay for additional days		\$0 copay for additional days		\$0 copay for additional days		\$0 copay for additional days	
Outpatient Services/Surgery	\$250 copay	\$300 copay	\$250 copay	40% coinsurance	\$300 copay	40% coinsurance	\$250 copay	30% coinsurance
Skilled Nursing Facilities	\$0/day copay (days 1-20) \$150/day copay (days 21-100)	\$0/day copay (days 1-20) \$125/day copay (days 21-100)	\$0/day copay (days 1-20) \$150/day copay (days 21-100)	40% coinsurance	\$0/day copay (days 1-20) \$125/day copay (days 21-100)	40% coinsurance	\$0/day copay (days 1-10) \$40/day copay (days 11-20) \$125/day copay (days 21-100)	30% coinsurance
Maximum Out-of-Pocket	\$4,500	\$4,900	4,900	No maximum	\$4,900	\$6,700	\$3,400	\$5,000
Travel Out of Service Area	Plan covers you when you travel in the U.S. or its territories.							
Prescription Drug Utilization Benefit Management Programs	Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to try more clinically appropriate or cost effective drugs.							

Compare the prescription drug benefits of all 3 Blue Cross Medicare AdvantageSM plans.

The added convenience of having your prescription drugs covered is another great reason to choose all-in-one Blue Cross Medicare Advantage.

		Blue Cross Medicare Advantage Basic (HMO) SM				Blue Cross Medicare Advantage Premier Plus (HMO-POS) SM				Blue Cross Medicare Advantage Choice (PPO) SM	
		Oklahoma City		Tulsa		Oklahoma City		Tulsa		Oklahoma City	
Annual Prescription Deductible Amount you pay before Blue Cross Medicare Advantage begins to pay		\$0		\$0		\$0		\$0		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply)	Tier 1	\$0 copay	\$5 copay	\$0 copay	\$5 copay	\$0 copay	\$5 copay	\$0 copay	\$5 copay	\$0 copay	\$5 copay
	Tier 2	\$6 copay	\$11 copay	\$6 copay	\$11 copay	\$6 copay	\$11 copay	\$6 copay	\$11 copay	\$6 copay	\$11 copay
	Tier 3	\$39 copay	\$44 copay	\$39 copay	\$44 copay	\$39 copay	\$44 copay	\$39 copay	\$44 copay	\$39 copay	\$44 copay
	Tier 4	\$85 copay	\$95 copay	\$85 copay	\$95 copay	\$85 copay	\$95 copay	\$85 copay	\$95 copay	\$85 copay	\$95 copay
	Tier 5	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You'll pay \$0 / \$5 for drugs in Tier 1 and \$6 / \$11 for drugs in Tier 2. Otherwise, you'll pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.									
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug									

- Tier 1 - Preferred Generic Drugs

Tier 2 - Non-Preferred Generic Drugs

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Brand Drugs

Tier 5 - Specialty Drugs

Blue Cross Medicare Advantage Preferred Network Pharmacies and their affiliates include:
Other network pharmacies are available in our network.



All Blue Cross Medicare Advantage plans provide coverage for preventive services. Please see your Summary of Benefits or visit www.getblueok.com/mapd for more specific information.

* You must continue to pay your Medicare Part B premium. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply.

† Over the counter purchase allowance may not be available in all plans. This is not a mail order card.

HMO and HMO-POS plans available in Canadian, Cleveland, Creek, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Payne, Pottawatomie, Rogers, and Tulsa counties.

PPO plans available in Canadian, Cleveland, Comanche, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, and Pottawatomie counties.

Blue Cross Medicare Advantage plans are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans), and GHS Managed Health Care Plans Inc. (GHS-MHC) (HMO and HMO-POS plans), Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC, and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's, and BlueLincs' plans depends on contract renewal.

2015 Blue Cross MedicareRxSM Plan Options

		Blue Cross MedicareRx Basic (PDP) SM		Blue Cross MedicareRx Value (PDP) SM		Blue Cross MedicareRx Plus (PDP) SM	
Premium*		\$28.10		\$54.80		\$120.90	
Annual Prescription Deductible Amount you pay before Blue Cross MedicareRx begins to pay		\$320 for All Tiers		\$275 for Tiers 3, 4 & 5 only		\$0	
	Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Initial Coverage Period Copays Annual drug costs up to \$2,960 (30-day supply is shown)	Tier 1	\$1	\$6	\$0	\$5	\$0	\$5
	Tier 2	\$6	\$11	\$6	\$11	\$2	\$7
	Tier 3	\$39	\$45	\$37	\$42	\$33	\$40
	Tier 4	\$90	\$95	\$85	\$95	\$80	\$95
	Tier 5	25%	25%	25%	25%	33%	33%
Gap Coverage Annual drug costs exceeding \$2,960 (up to a total of \$4,700 out-of-pocket costs)		You will pay 45% of the costs on Brand Name drugs and 65% of the costs of Generic drugs				You will pay \$0 / \$5 for drugs in Tier 1 and \$2 / \$7 for drugs in Tier 2. You will receive some coverage for Brand drugs in the gap. Otherwise, members will pay 45% of the cost of Brand Name drugs and 65% of the cost of Generic drugs on Tiers 3, 4 and 5.	
After the Gap Copays After your total out-of-pocket costs exceed \$4,700		You pay whichever is greater: Tiers 1 & 2 - \$2.65 copay or 5% coinsurance for your drug Tiers 3 & 4 - \$6.60 copay or 5% coinsurance for your drug Tier 5 - 5% coinsurance for your drug					

Tier 1 - Preferred Generic Drugs

Tier 2 - Non-Preferred Generic Drugs

Tier 3 - Preferred Brand Drugs

Tier 4 - Non-Preferred Brand Drugs

Tier 5 - Specialty Drugs

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

* You must continue to pay your Medicare Part B premium.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Blue Cross MedicareRx is a prescription drug plan provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plan depends on contract renewal.

Call Me

When You're Ready to Enroll!

Independent, Authorized Agent for
Blue Cross and Blue Shield of Oklahoma

**I can help you choose the
Blue Cross Medicare Advantage
plan that best meets your
needs. Call me today!**



HMO and HMO-POS plans available in Canadian, Cleveland, Creek, Grady, Lincoln, Logan, Mayes, McClain, Muskogee, Oklahoma, Okmulgee, Payne, Pottawatomie, Rogers, and Tulsa counties.

PPO plans available in Canadian, Cleveland, Comanche, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, and Pottawatomie counties.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans Inc. (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.

601611.0614



Choose the All-in-One Plan with Added Value



Y0096_MRK_OK_BRKTRI15a Accepted 10012014

Choose your Blue Cross Medicare AdvantageSM plan today. It's your all-in-one plan with added value.



Blue Cross Medicare Advantage Has You Covered.

- 3 plans from which to choose
 - Blue Cross Medicare Advantage Basic (HMO)SM (Tulsa & Oklahoma City)
 - Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM (Tulsa & Oklahoma City)
 - Blue Cross Medicare Advantage Choice (PPO)SM (Oklahoma City only)
- Our network of doctors and pharmacies

And Keeps Your Costs Low.

- \$0 - \$55 monthly premium
- \$0 copay for annual physical exam with your in-network primary care provider (PCP)
- \$65 copay for emergency care
- Low copay for visits to specialists
- Prescription drug coverage
- Some plans offer full drug coverage in the "coverage gap" for Tier 1 and Tier 2
- \$0 coinsurance for Medicare-covered diabetes supplies*
- Value-added services

These Added Benefits Give You Even More Value.

Dental Care

- Preventive
- Comprehensive



Monthly Over-the-Counter (OTC) Purchase Allowance



Vision Care

- Routine eye exam



Hearing Care

- Hearing aid allowance
- Routine hearing exam



You must continue to pay your Medicare Part B premium. The benefits listed may be available in your plan. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

* For items from certain manufacturers when purchased at the pharmacy

You are enrolled. What's next?



Questions?

Call Blue Cross Medicare Advantage Customer Service

1-877-774-8592

TTY/TDD: 711

We are open 8 a.m. - 8 p.m., local time, 7 days a week.

If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

1	Blue Cross Medicare Advantage SM enrollment confirmation	Medicare must approve your enrollment form before you are officially a member.
2	Medicare enrollment confirmation letter	You will receive a letter ten days after Medicare approves your enrollment with Blue Cross Medicare Advantage.
3	Blue Cross Medicare Advantage ID Card	Show your Blue Cross Medicare Advantage ID card to your primary care provider (PCP) and your pharmacist.
4	Welcome Kit	Your Welcome Kit has: <ul style="list-style-type: none"> • Evidence of Coverage • Formulary • Pharmacy Directory • Provider Directory • Welcome brochure
5	Health Assessment	We will call you to ask some questions about your health (a health risk assessment). You may have answered some of these questions when you first enrolled, but we'd like to check on the information now.
6	Annual Wellness Exam	Call your PCP to plan a visit for your annual wellness exam. You can also talk with your PCP about health screenings you might need or other health and wellness matters during your visit.

Blue Cross Medicare Advantage plans are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans), and GHS Managed Health Care Plans Inc. (GHS-MHC) (HMO and HMO-POS plans), Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, GHS-MHC, and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's, and BlueLincs' plans depends on contract renewal.