



BlueCross BlueShield
of Oklahoma



It's time to enroll in your BlueSecureSM plan

Retiree Checklist



Actions you may need to take:

- ☐ **Confirm you are enrolled in Medicare Parts A and B.**
Enrollment is done through the Social Security Administration. Visit SSA online at www.ssa.gov, visit your local SSA office in person or call SSA at **1-800-772-1213** (TTY **1-800-325-0778**).
- ☐ **Review the Enrollment Brochure and Summary of Benefits for details about your plan.**
- ☐ **Enroll in the plan or decline coverage.**
I want to enroll in this plan — follow the instructions from your benefits office or in your enrollment kit.
I want to opt out of this plan — contact your benefits office unless otherwise instructed.
- ☐ **Watch your mailbox for important plan documents and notices.**
- ☐ **Share your new member ID card and number with your provider.**

Enrollment Timeline:

It takes about four weeks from the time we get enrollment information from your benefits office until you get your member ID card and Welcome Kit. Here's what you can expect to get to stay updated on your enrollment status:

1. Acknowledgment Letter

We will send you an acknowledgment letter by mail, within 10 days of our receipt of your enrollment form.

2. Confirmation Letter

After your enrollment is approved by Medicare, we will send a confirmation letter. **Use it as proof of insurance if you have not received your member ID card by your effective date.**

3. Member ID Card

Your member ID card will be mailed next. Show your new card when you get services so you are giving the right information.

4. Welcome Guide

This helpful kit includes plan documents and other useful information.

Image(s) may have been created or enhanced using artificial intelligence tools.

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BlueCross BlueShield of Oklahoma

live
your
Blue
lifeSM



Lower your out-of-pocket costs

with a BlueSecure retiree supplemental medical plan

Keep this information for reference.

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610798.0826

Introducing BlueSecure, your retiree medical plan.

Your health coverage includes BlueSecure retiree supplemental medical plan. BlueSecure pays secondary to Original Medicare to cover your medical and hospital costs. You will continue to have the freedom and security of medical coverage that goes wherever you go.

You must take action to either enroll in one of the plan offerings, or decline future coverage.

Cover the out-of-pocket costs that Medicare doesn't.

Original Medicare Part A and Part B cover about 80% of your hospital and medical costs. BlueSecure fills some of the gaps for medical and hospital care that Medicare doesn't cover, like coinsurance, copays, and deductibles. Be sure to choose a Part D prescription drug plan to help cover your outpatient prescription drugs.

With BlueSecure, you're covered anywhere you travel in the U.S. You can see any doctor who accepts Medicare, and you never need a referral to see a specialist.

Let's get started.

It only takes a few minutes to get covered. Just follow these simple steps:

1. If you haven't signed up for Original Medicare yet, contact your local Social Security office or go to **www.ssa.gov** to enroll online. You must be a retiree enrolled in Medicare Part A and Part B and continue to pay any required Part A or Part B premiums, IRMAA surcharges and late enrollment penalties.
2. Review this brochure and the plan documents.
3. **It's time to enroll!** Follow the enrollment instructions provided by your benefit administrator.
4. Watch your mailbox for your member ID card. You will receive it after your enrollment is complete.
5. As soon as your enrollment is confirmed, be sure to register for **Blue Access for MembersSM** at **mybam.bcbsok.com** right away. It is a secure digital tool designed to give you quick, easy access to the health information you need. Bookmark it on your computer and download the easy-to-use mobile app. If you already have a BAMSM account, you will not need to create a new one.
 - View claims status and up to 18 months of activity.
 - Access coverage and benefit information.
 - Find a doctor or urgent care facility.
 - Request an ID card or print a temporary ID.

How does BlueSecure work?

BlueSecure works with Medicare Parts A and B.

Medicare will pay its share of your doctor and hospital bills. BlueSecure can help pay your share of Original Medicare out-of-pocket costs like copays, coinsurance, and deductibles.

Each year, Medicare can change the copayments and deductibles it will cover. Depending on your plan, BlueSecure may adjust to cover the remaining deductible and coinsurance. Your BlueSecure plan will renew every year as long as you pay your premium and the plan is available. See the plan documents in this enrollment kit for details about your coverage and any out-of-pocket costs.

Here are your three BlueSecure plan choices:

Please refer to the benefit highlight sheet for additional details.

	Medicare Part A	Medicare Part B	BlueSecure SM Plan 3	BlueSecure SM Plan 4 ¹	BlueSecure SM Plan 5
Inpatient Hospital	✓		✓ ²	✓ ¹	✓ ²
Skilled Nursing	✓		✓ ³	✓ ^{1,3}	✓ ³
Hospice Care	✓		✓	✓ ¹	✓
Inpatient Physician Visits		✓	✓	✓ ¹	✓
Preventive Care		✓	✓	✓ ¹	✓
Blood	✓	✓	✓	✓ ¹	✓
X-rays		✓	✓	✓ ¹	✓
Laboratory Services		✓	✓	✓ ¹	✓
Speech & Physical Therapy		✓	✓	✓ ¹	✓
Medical Equipment & Supplies		✓	✓	✓ ¹	✓
Foreign Travel Emergency Care			✓ ⁴	✓ ^{1,4}	✓ ⁴
Part B Excess Charges			✓	✓ ¹	✓
Part B Deductible			✓	✓ ¹	

¹ In Plan 4, the member must pay the \$2,950 deductible before the plan begins to pay. This amount may change in 2027.

² Covers up to 515 consecutive days of hospitalization

³ Covers 21st through 100th day of skilled nursing care

⁴ Foreign Country: Pays 80% after \$250 annual deductible up to a Lifetime Max. of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

Get more from your Medicare.



Questions about your group retiree plan?

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

Or call the Education Helpline for more information. **1-877-842-7564** TTY 711

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.

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Not connected with or endorsed by the U.S. Government or Federal Medicare Program. This information is a solicitation for insurance. This information is not a complete description of benefits.

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**Oklahoma State University 1/2027
effective rates by plan and age**

			Group Rates Plan 3 (Plan F Comp) eff 1/1/2027	Group Rates Plan 5 (Plan G Comp) eff 1/1/2027	Group Rates Plan 4 (Plan F HD Comp) eff 1/1/2027
Adj Age	State	County	Unisex Rate	Unisex Rate	Unisex Rate
U65	OK	Any	\$219.36	\$157.88	\$42.90
65	OK	Any	\$219.36	\$157.88	\$42.90
66	OK	Any	\$229.74	\$166.24	\$44.94
67	OK	Any	\$240.12	\$174.59	\$46.96
68	OK	Any	\$250.51	\$182.96	\$49.00
69	OK	Any	\$260.89	\$191.30	\$51.01
70	OK	Any	\$271.26	\$199.66	\$53.06
71	OK	Any	\$281.64	\$208.01	\$55.08
72	OK	Any	\$292.01	\$216.37	\$57.11
73	OK	Any	\$302.39	\$224.73	\$59.14
74	OK	Any	\$312.78	\$233.09	\$61.18
75	OK	Any	\$323.15	\$241.44	\$63.21
76	OK	Any	\$333.53	\$249.80	\$65.23
77	OK	Any	\$343.91	\$258.14	\$67.26
78	OK	Any	\$354.30	\$266.51	\$69.29
79	OK	Any	\$364.68	\$274.86	\$71.33
80	OK	Any	\$375.05	\$283.23	\$73.35
81	OK	Any	\$385.43	\$291.58	\$75.38
82	OK	Any	\$395.82	\$299.93	\$77.41
83	OK	Any	\$406.18	\$308.28	\$79.44
84	OK	Any	\$416.57	\$316.65	\$81.48
85	OK	Any	\$426.97	\$324.99	\$83.50
86	OK	Any	\$437.33	\$333.36	\$85.52
87	OK	Any	\$447.72	\$341.71	\$87.56
88	OK	Any	\$458.09	\$350.07	\$89.60
89	OK	Any	\$468.47	\$358.42	\$91.62
90	OK	Any	\$478.85	\$366.78	\$93.65
91	OK	Any	\$489.22	\$375.13	\$95.68
92	OK	Any	\$499.61	\$383.49	\$97.71
93	OK	Any	\$510.00	\$391.85	\$99.74
94	OK	Any	\$520.37	\$400.21	\$101.78
95	OK	Any	\$530.76	\$408.55	\$103.79
96	OK	Any	\$541.12	\$416.92	\$105.83
97	OK	Any	\$551.51	\$425.27	\$107.86
98	OK	Any	\$561.89	\$433.63	\$109.90
99	OK	Any	\$572.26	\$441.98	\$111.92
100	OK	Any	\$582.64	\$450.34	\$113.96



Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at bcbsok.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને એક્સસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yánilti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohji' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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