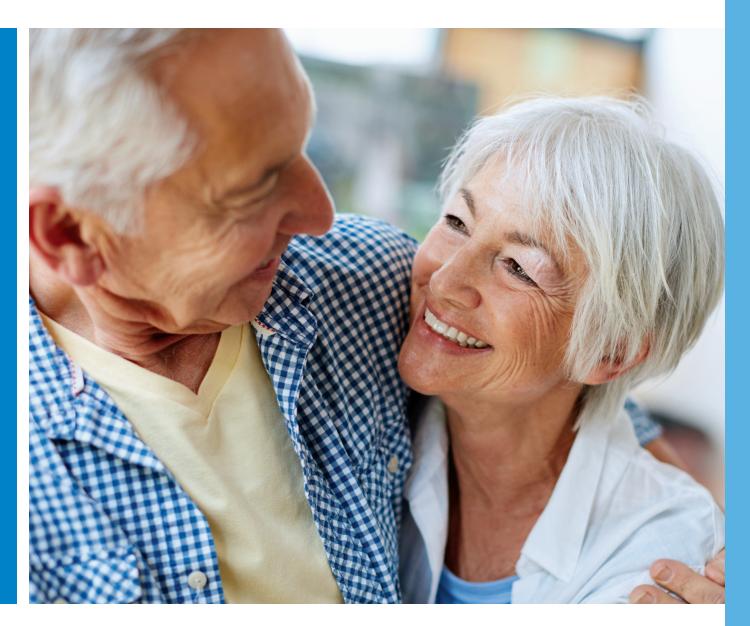


Life is Full of Important Choices

Let us help you make the right choice for your Medicare insurance.



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How Does Medicare Work?

There are four parts to Medicare, each providing different types of health care services. Medicare Supplement Insurance is often added on top of Parts A, B, and D to form a more complete medical coverage.

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

PART

D

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.

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.



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.

Medicare Supplement Insurance

Optional coverage helps to pay for expenses beyond what is covered by Medicare. 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" through "N".¹ The basic benefits of each plan are exactly alike for all insurance companies.

If you already are a member of a Medicare Advantage plan, you cannot purchase a Medicare Supplement Insurance plan.

What Are My Plan Options and Coverage?

Medicare Supplement Insurance Plans are identified by the separate letters A, B, C, D, F, F-HD, G, K, L, M and N, with each letter representing a different level of benefits. The chart below shows an overview of the different plan levels available from Blue Cross and Blue Shield of Oklahoma

	Basic Benefit Option	Comprehensive Plan Option		Budget-Conscious Plan Options	
	Plan A	Plan F	Plan G	High Deductible Plan F ⁵	Plan N
Reduced Premium Blue Plan65 Select Option Available ^{1,2} (eligibility based on ZIP code)		\checkmark	\checkmark		\checkmark
Basic Benefits	\checkmark	\checkmark	\checkmark	\checkmark	Copay applies ⁶
Skilled Nursing Coinsurance		\checkmark	\checkmark	\checkmark	\checkmark
Part A Deductible		\checkmark	\checkmark	\checkmark	\checkmark
Part B Deductible		\checkmark		\checkmark	
Part B Excess ³		\checkmark	\checkmark	\checkmark	
Foreign Travel Emergency Care ⁴		\checkmark	\checkmark	\checkmark	\checkmark

Household Discount

You may be eligible for a household discount if at least two members reside in the same household and are enrolled in a Blue Cross and Blue Shield of Oklahoma Medicare Supplement Insurance Plan effective on or after May 1, 2019.

Learn more about your Medicare Supplement Insurance options at **www.getblueok.com/medsupp**

What Does a Medicare Supplement Insurance Plan Cover?

All Medicare Supplement insurance plans help provide coverage for some of the costs that Medicare doesn't pay, including:

Copayments

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Deductibles

The amount you must pay for health care before Original Medicare begins to pay.

- ¹ Network restrictions apply. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to pay for all expenses.
- ² You must live within 25 miles of a participating Blue Plan65 Select hospital to be eligible.
- ³ Not to exceed any charge limitation established by the Medicare program or state law.
- ⁴ Plans cover medically necessary emergency care services needed immediately because of an injury or illness of sudden and unexpected onset, beginning during the first 60 days of each trip outside the USA. There is a deductible of \$250 and a lifetime maximum benefit of \$50,000.
- ⁵ Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$2,300 deductible. Benefits from high-deductible Plan F will not begin until out-of-pocket expenses are \$2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.
- ⁶ Plan N requires a copayment of up to \$20 for office visits and a copayment of up to \$50 for ER.
- ⁷ Source: Continuous Tracking Program 2017; DSS Research, HCSC
- ⁸ The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma is that of independent contractors.

Blue365[®] is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for more information. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products.

BCBSOK reserves the right to stop or change this program at any time without notice.

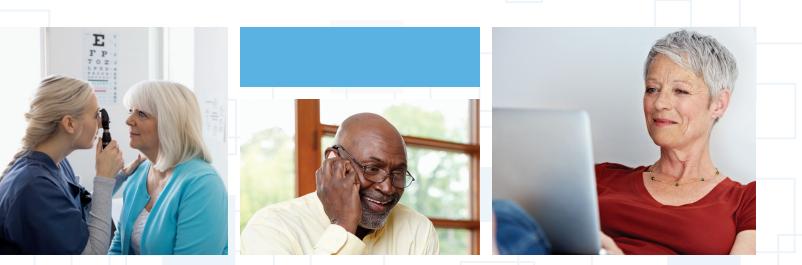
Why Choose Blue Cross and Blue Shield of Oklahoma?

Blue Cross and Blue Shield of Oklahoma is a name you can trust, and has been serving the people of Oklahoma for more than 70 years. Our Blue Medicare Supplement insurance plans offer in-depth coverage to help protect your health while also offering our high-level customer service and additional benefits.

Here Are 10 Great Reasons to Choose BCBSOK:

- A choice of four BCBSOK Medicare Supplement insurance plans to help you cover Medicare gaps.
- 2. Virtually hassle-free claims processing.
- **3.** A name recognized by doctors and specialists everywhere.
- **4.** Reliable coverage from a respected industry leader.
- **5.** Helpful individual service from Medicare Supplement insurance agents.
- 6. 98 percent of our subscribers say they are satisfied.⁷

- 7. Blue Access for MembersSM (BAM) is a secure member website where you can find more about your policy, see if claims have been completed, sign up for alerts about claim activity, print a temporary ID card, view up to 18 months of claim history, and more.
- **8.** Over 70 years of experience, know-how, and service to Oklahoma residents.
- **9.** Blue365^{® 8} member discount program offers you discounts on things like dental, vision and hearing products and services, fitness gear, weight loss programs, healthy eating options and much more.
- **10.** Easy, online application is available.



As long as you are an Oklahoma resident, age 65 or older, have Medicare Part A and are within the six months following your enrollment for Medicare Part B, your acceptance is guaranteed. If you are an Oklahoma resident, under age 65, have Medicare Part A and are within the six months following your enrollment for Medicare Part B, your acceptance is guaranteed for Plan A. If you are an Oklahoma resident turning age 65, were previously enrolled in Medicare Parts A and B, and apply within six months of turning age 65, your acceptance is guaranteed.

Blue Medicare Supplement

Make the Right Choice for Your Peace of Mind.

Call

Toll Free: 1-844-732-8430, 8:00 a.m. – 8:00 p.m., local time, Monday through Friday.

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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.