



**BlueCross BlueShield  
of Oklahoma**

## Your Retiree Group Medicare Plan

# Discussion Guide

As you begin to think about retirement, it's helpful to know that your employer, union, or health and welfare fund may offer a Retiree Group Medicare plan to fit your needs. These plans are not available to everyone. But for those who have this choice, it's often the best option.

If you do have access to Retiree Group coverage, it's important to speak with your benefit administrator as soon as you can. Getting answers to your questions early may play an important part in your retirement and Medicare decisions.



**Important:** To join a Retiree Group Medicare option, you must be retired and Medicare-eligible. You can join a plan once these two conditions are met. You may not have the option to join at a later date.

You *must* be enrolled in Medicare Part A and Part B to join a Retiree Group Medicare Advantage or Medicare Supplement Insurance plan. To enroll in a Part D drug plan, you must be enrolled in Part A and eligible for Part B.

## Each Retiree Group Medicare Plan is Different

Retiree Group options may include medical and/or prescription drug plans. Employers can customize a Medicare benefit package to meet the needs of their retirees. Plus, they may offer more than one coverage option, so it's important to get all the details upfront for easy benefit and cost comparison.

## Important Questions to Ask

Use the questions on the next pages as a guide for talking with your benefit administrator or Human Resources contact. Remember that each Retiree Group Plan is different – and you may have more than one option. For this reason, your employer is your best source of information.

# Retiree Group Medicare Plan Discussion Guide

First, list your plan options here:

	Plan 1	Plan 2	Plan 3
--	--------	--------	--------

## What plan types are included? *(check all that apply)*

Medicare Advantage Open Access PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage Traditional PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Which benefits are included?

Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-Counter Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rewards Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No provider network restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## What are my estimated out-of-pocket costs?

Monthly premium	\$ _____	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	\$ _____
Copays	\$ _____	\$ _____	\$ _____
Coinsurance	\$ _____	\$ _____	\$ _____

## Can my spouse be covered? If so, what are the requirements?

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	---

Here are some more questions that apply to all your plan options:

**When can I enroll? What is the enrollment process?**

Enrollment Period

---

Online or Paper

---

What do I need?

---

**When will my coverage start?**

Date

---

**When do I need to decide about my Retiree Group Medicare coverage?**

Date

---

**Who do I contact with questions?**

Name

Email

Phone

---

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

Y0096\_WEBB2BOK22

