



State Employee 2024 Enrollment Guide

Reduce Your Out-of-Pocket Health Insurance Costs with this New Benefit Option for State Employees That Lowers Monthly Premiums and Eliminates Deductibles, Coinsurance and Copays.*

\$0 Deductibles
\$0 Copays
\$0 Coinsurance



OKLAHOMA

Designed for State Employees.
This plan is not sponsored or endorsed by the state of Oklahoma.

**Pre-Med Defender is the marketing name for the Supplemental Medical Expense Insurance underwritten by A rated insurance carriers. State specific provisions may apply. Pre-Med Defender virtually eliminates all out-of-pocket medical costs! Your only out-of-pocket costs are prescription drugs. Look inside to find out how Pre-Med Defends against rising health care costs, how to sign up and compare how Pre-Med Defender when combined with HealthChoice Basic can put more money back in your check and save you on almost all out-of-pocket costs.*



Lower Healthcare Costs **BEGIN HERE**



Tired of giving up a significant portion of your paycheck each month for health insurance, only to be left with out-of-pocket expenses?

Visit OkPreMed.com to Enroll

**Say HELLO to a better choice in health coverage.
Say HELLO to Pre-Med Defender.**

Pay an affordable monthly premium and eliminate your medical deductible and coinsurance.

- ✓ **NO DEDUCTIBLES**
- ✓ **ELIMINATES** Coinsurance
- ✓ **LOWER** Out-of-Pocket Costs

It's all possible with Pre-Med Defender!

**Maximize your benefit allowance and
protect your monthly income!**

Approved by the State of Oklahoma Employee benefits Department, Pre-Med Defender is a Group Supplemental Program designed to be paired specifically with our HealthChoice Basic medical plan.

Enrollment is easy!

1

STEP 1: Choose the **HealthChoice Basic** or **Basic Alternative** Plan as your primary health plan.

2

STEP 2: Enroll in **Pre-Med Defender** Secondary Plan at **OKpremed.com**.*

* You must re-enroll in Pre-Med Defender each year at open enrollment.

3

STEP 3: Print and sign your **Payroll Authorization form**, and submit to your Supervisor /HR.

**Plan Year
January 1 – December 31, 2024**

Visit Okpremed.com to learn more about Pre-Med Defender!

2024 Enrollment



OKLAHOMA
2024 Rates

Pre-Med Defender when combined with the **HealthChoice Basic plan**, gives you the best defense against out-of-pocket expenses! You will have two premiums and utilize two ID cards combined to form one plan:

HEALTHCHOICE BASIC PLAN + PRE-MED DEFENDER SECONDARY COVERAGE						
	HEALTHCHOICE BASIC MONTHLY PREMIUM		PRE-MED DEFENDER MONTHLY PREMIUM		COMBINED MONTHLY PREMIUM	
Pre-Med Defender SECONDARY PLAN			\$0 Deductible \$4,000 Benefit			
Employee	\$ 543.08	+	\$ 87.67	=	\$ 630.75	Compared to
Employee & Spouse	\$ 1,180.40	+	\$ 207.19	=	\$ 1,387.59	
Employee, Spouse & Child	\$ 1,460.46	+	\$ 305.43	=	\$ 1,765.89	
Employee, Spouse & Children	\$ 1,654.12	+	\$ 305.43	=	\$ 1,959.55	
Employee & Child	\$ 823.14	+	\$ 171.20	=	\$ 994.34	
Employee & Children	\$ 1,016.80	+	\$ 171.20	=	\$ 1,188.00	
						HEALTHCHOICE HIGH & ALTERNATIVE MONTHLY PREMIUM
						SUBSTANTIAL MONTHLY SAVINGS WITH COMBINED PLANS!
						\$ 679.92 = \$ 49.17
						\$ 1,476.42 = \$ 88.83
						\$ 1,818.28 = \$ 52.39
						\$ 2,056.52 = \$ 96.97
						\$1,021.48 = \$ 26.14
						\$ 1,259.72 = \$ 71.72

MONTHLY PLAN RATES						
HEALTH PLAN	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 600.78	\$ 1,426.76	\$ 1,983.66	\$ 2,725.84	\$ 1,157.68	\$ 1,899.86
CommunityCare HMO	\$ 650.06	\$ 1,412.22	\$ 1,739.20	\$ 1,967.10	\$ 977.04	\$ 1,204.94
GlobalHealth HMO	\$ 979.42	\$ 2,425.14	\$ 2,984.44	\$ 3,338.52	\$ 1,538.72	\$ 1,892.80
HealthChoice High	\$ 679.62	\$ 1,476.42	\$ 1,818.28	\$ 2,056.52	\$ 1,021.48	\$ 1,259.72
HealthChoice Basic	\$ 543.08	\$ 1,180.40	\$ 1,460.46	\$ 1,654.12	\$ 832.14	\$ 1,016.80
HealthChoice High Deductible Health Plan (HDHP)	\$ 446.30	\$ 970.38	\$ 1,200.90	\$ 1,359.56	\$ 676.82	\$ 835.48
Pre-Med Defender with HealthChoice Basic	\$ 630.75	\$ 1,387.59	\$ 1,765.89	\$ 1,959.55	\$ 994.34	\$ 1,188.00

HEALTH PLAN BENEFIT COMPARISONS						
HEALTH PLAN	Individual Calendar Year Deductible	Individual Calendar Year Max Out-of-Pocket	Office Visit PCP/Specialist	Hospital Inpatient/Outpatient	Emergency Room	Urgent Care
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 0.00	\$ 4,000.00	\$25/\$50	\$1,000/\$750	\$ 300.00	\$ 50.00
CommunityCare HMO	\$ 0.00	\$ 4,000.00	\$35/\$50	\$350/\$300	\$ 200.00	\$ 50.00
GlobalHealth HMO	\$ 0.00	\$ 4,000.00	\$0/\$50	\$300/300	\$ 400.00	\$ 25.00
HealthChoice High	\$ 750.00	\$ 3,300.00	\$30/50	20% of allowable after deductible	\$ 200.00	\$ 30.00
HealthChoice Basic	\$ 1,000 after first \$500 [^]	\$ 4,000.00	First Dollar Coverage then 50% of allowable after deductible	First Dollar Coverage then 50% of allowable after deductible	First Dollar Coverage then 50% of allowable after deductible	First Dollar Coverage then 50% of allowable after deductible
HealthChoice High Deductible Health Plan (HDHP)	\$ 1,750.00	\$ 6,000.00	100% until deductible is met	100% until deductible is met	100% until deductible is met	\$ 30.00
Pre-Med Defender with HealthChoice Basic*	\$ 0.00^{^^}	\$0.00^{^^}	\$0.00^{^^}	\$0.00^{^^}	\$0.00^{^^}	\$0.00^{^^}

This is only a sample summary of each plan. For all plan benefits/limitations, contact each plan. [^] HealthChoice Basic plan pays the first \$500. HealthChoice Alternative pays the first \$250. Member is responsible for the next \$1,000. ^{^^} Pre-Med Defender has a \$0 Deductible, then pays for eligible medical expenses up to \$4,000 for Individual and up to \$9,000 for Family coverage.

* Pre-Med Defender does not provide coverage for Prescription Drugs. Member will use their HealthChoice Basic Prescription Copay plan.

How it Works!



1
CARD ONE
Primary



2
CARD TWO
Secondary

1

STEP 1: When seeking care, present **BOTH** your HealthChoice Basic ID card and your Pre-Med Defender Secondary ID card.

2

STEP 2: Provider will submit claims to HealthChoice first, then to Pre-Med Defender.

3

STEP 3: Secondary claims are then paid directly to your provider.

NOTE: You may receive a bill from your provider for any remaining balance that was not covered by either policy. Reach out to the provider with any questions or concerns!

EXCLUSIONS & LIMITATIONS

No benefits will be paid for loss caused by or resulting from:

1. any Expenses incurred during any period the insured Person does not have coverage under a Medical Plan; 2. war, declared or undeclared; 3. suicide or any attempt thereof, while sane or insane (in Colorado, Missouri or Montana, while sane); 4. any intentionally self-inflicted injury or Sickness, while sane or insane (in Colorado, Missouri or Montana, while sane); 5. any loss while the insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the insured Person pro rata any premium paid, less any benefits paid, for any period during which the insured Person is in such service; 6. any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made; 7. drugs or medicines, except medicines prescribed and taken while Hospital Confined; 8. dental or vision services unless: a. resulting from an injury occurring while the insured Person's coverage under the Policy is in force; or b. due to congenital disease or anomaly of a Dependent newborn child; 9. any injury that occurs while an insured Person has been determined to be intoxicated: a. by judicial or administrative judgment or order; b. by evidence of an alcohol concentration in the insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or c. by other evidence demonstrating the insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a physician and was taken according to the prescribed dosage; and the use of such substance was a proximate cause of the injury; 10. any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including, but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during the course of a routine physical examination or checkup; 11. injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation, or if the Policyholder opts out of such requirements, any similar coverage purchased or self-funded by the Policyholder to cover work-related injuries or Sicknesses; 12. any loss for which the insured Person is not required to pay a Medical Plan Deductible, Medical Plan Copayment or Medical Plan Coinsurance under the insured Person's Medical Plan; 13. any expense for which benefits are excluded under the insured Person's Medical Plan; 14. an insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.

If you need assistance, please contact:

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**View
Testimonials**



[https://okpremed.com/
testimonials](https://okpremed.com/testimonials)

Have Questions?

To find out more about Pre-Med Defender, visit **okpremed.com**

The benefits outlined in this brochure are for illustrative purposes only and should not be considered as a guarantee or proposal for coverage. Limitations and exclusions apply.