



Pre-Med
Defender™

2027 ENROLLMENT GUIDE

Two Options to Defend Your Health Against Rising Healthcare Costs

HealthChoice Basic + PMD

NEW FOR 2027

HealthChoice HDHP + PMD

**OPEN ENROLLMENT BEGINS
OCTOBER 1, 2026**



OKLAHOMA

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

Look inside to find out how Pre-Med Defender Defends against rising health care costs, how to sign up and compare how Pre-Med Defender when combined with HealthChoice Basic or HealthChoice HDHP can put more money back in your check and help you reduce your out-of-pocket medical costs. Pre-Med Defender is the marketing name for the fully insured Supplemental Medical Expense Insurance underwritten by A rated insurance carriers. State specific provisions may apply. Pre-Med Defender does not cover outpatient prescription drugs or copays charged by the primary health plan. Pre-Med Defender is not affiliated with HealthChoice.

Say HELLO to a Better Way to Cover Care.

HealthChoice offers three medical plans — High, Basic, and the High-Deductible Health Plan (HDHP). Pre-Med Defender (PMD) is a supplemental medical expense plan, underwritten by A-rated insurance carriers, that pairs with two of the plans to reduce what you pay out of pocket for covered care.

Last year, PMD paired only with HealthChoice Basic. This year, we've added a second pairing — **HealthChoice HDHP** — an HSA-qualified plan with substantially lower premiums. With the HDHP pairing, you're responsible for the first \$2,000 individual / \$4,000 family of eligible expenses each year, which you can pay directly from your HSA². Whether you choose to pair Pre-Med Defender with the Basic or HDHP plan, you'll be maximizing your benefit allowance and protecting your monthly income. Say Hello to Pre-Med Defender.

Who Is Eligible?

Active and Retired Oklahoma state employees and educators enrolled in HealthChoice Basic, Basic Alternative, or HealthChoice High-Deductible Health Plan (HDHP) during the 2027 Plan Year. **You must re-enroll in Pre-Med Defender each year — enrollment does not carry over automatically.**

OPEN ENROLLMENT BEGINS OCTOBER 1, 2026

Choose Your Pairing

HealthChoice Basic + PMD

PMD's \$0-deductible secondary coverage pairs directly with HealthChoice Basic for maximum first-dollar protection.¹

- \$0 PMD deductible
- Up to \$4,000 individual / \$9,000 family annual benefit
- Best for members who want the lowest possible out-of-pocket exposure

HealthChoice HDHP + PMD

NEW FOR 2027

A lower-premium, HSA-qualified pairing. You cover the first \$2,000 of eligible expenses yourself each year — payable directly from your HSA — then PMD picks up.²

- \$2,000 individual Deductible / \$4,000 family Deductible
- Up to \$4,250 individual / \$8,500 family annual benefit
- Best for members who want lower payroll deductions and a long-term HSA strategy

¹ Reflects the combined effect of Pre-Med Defender secondary coverage paired with HealthChoice Basic, up to the \$4,000 individual / \$9,000 family annual PMD benefit maximum.

² Pre-Med Defender pairs with the HDHP matching the HealthChoice \$2,000 individual / \$4,000 family deductible to preserve HSA eligibility. After deductible, PMD pays for eligible medical expenses up to \$4,250 individual / \$8,500 family annual PMD benefit maximum. Pre-Med Defender does not cover prescription drugs; members use their HealthChoice prescription copay plan. Pre-Med Defender does not cover copays charged by the primary health plan. Consult a tax advisor regarding your HSA eligibility and contribution limits. This is a summary only — for full plan benefits and limitations, contact each plan. This plan is not sponsored or endorsed by the State of Oklahoma. Pre-Med Defender is not affiliated with HealthChoice.

How It Works

It's as easy as **1, 2, 3**—and works the same way no matter which HealthChoice option you pair with PMD.

PRIMARY HEALTH PLAN



SECONDARY HEALTH PLAN



1

Present both cards

Always show both your HealthChoice and Pre-Med Defender ID cards when seeking care.

2

Provider files claims

Your provider submits to HealthChoice first, then files with Pre-Med Defender.

3

Provider is Paid

Secondary claims are paid off of HealthChoice EOB to your provider.

3 Steps to Enroll

1

Choose your HealthChoice plan — **Basic, Basic Alternative, or High Deductible Plan (HDHP)**.

2

Go to **OKpremed.com** and click **Enroll Now** to sign up for the matching Pre-Med Defender secondary plan or enroll through your employer during Annual Open Enrollment.

3

You will be emailed a copy of your completed **Payroll Authorization Form**. Make sure to provide a copy to your Supervisor or HR Department.



Scan to enroll or learn more

Visit **okpremed.com** anytime to compare plans, download the Pre-Med Defender mobile app, or start your enrollment.

OPEN ENROLLMENT BEGINS OCTOBER 1, 2026

Exclusions & Limitations

Limitations: If an Insured Person did not have a Medical Plan on the Insured Person's Effective Date under the Policy, the Company's sole obligation will then be to refund all premiums paid for that Insured Person

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 thereat, 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;
- (6) any expense for which there is no legal obligation to pay;
- (7) drugs or medicines, except medicines prescribed and taken while hospital confined;
- (8) dental or vision services unless resulting from a covered injury or a dependent newborn's congenital condition;

- (9) any injury occurring while the insured person has been determined to be intoxicated or under the influence of alcohol, narcotics, or hallucinatory drugs not taken as prescribed;
- (10) treatment or supplies for Wellness Services, including routine check-ups, well child visits, and mammograms;
- (11) injury or sickness compensable under Workers' Compensation or similar law;
- (12) any loss for which the insured is not required to pay a Medical Plan deductible, copayment, or coinsurance;
- (13) any expense excluded under the insured's Medical Plan;
- (14) an insured engaging in an act or occupation in violation of the law of the jurisdiction where the loss occurred, including misdemeanor and felony violations.

The coverage will continue as long as the group policy remains in force, the premiums are paid, and as long as the employee and any covered dependent remain eligible, and the employee's coverage remains in force. Coverage under this policy is contingent on maintaining active enrollment in either the HealthChoice Basic or Basic Alternative or HealthChoice High Deductible Health Plan (HDHP). If HealthChoice coverage lapses or is discontinued, Pre-Med Defender benefits cease.

Questions? We're Here to Help.

Our Customer Care team explains how Pre-Med Defender works alongside your HealthChoice plan and can help with claims, plan questions, or a tour of the mobile app.

Customer Service: 877-548-4392

Email: support@mypremeddefender.com

Hours: Mon–Thu 7:30am–7pm, Fri 7:30am–6pm CST

Manage Your Plan Anywhere

Download the Pre-Med Defender mobile app for your electronic ID card, claims & EOBs, and one-tap access to Customer Care.

Get the app: Search "Pre-Med Defender" on the App Store or Google Play. Check your email for login credentials after you register.



Scan to enroll or learn more

Visit **okpremed.com** anytime to compare plans, download the Pre-Med Defender mobile app, or start your enrollment.

The benefits outlined in this guide are for illustrative purposes only and should not be considered a guarantee or offer of coverage. Covered Charges means Expenses Incurred that are payable under both the Policy and the Insured Person's Medical Plan. Expenses that are excluded under either the Policy or the Insured Person's Medical Plan are not Covered Charges. Covered Charges are limited to the Medical Plan Deductible and coinsurance amount that the Insured Person is required to pay under the Insured Person's Medical Plan. This plan is not sponsored or endorsed by the State of Oklahoma. Pre-Med Defender is not affiliated with HealthChoice.