

How to Enroll in Pre-Med Defender

A step-by-step walkthrough of online enrollment at okpremed.com for Oklahoma educators and state employees.

Before you begin, have ready:

- Your email address
- Your date of birth
- Your Social Security Number
- Your 2027 HealthChoice plan (Basic or HDHP)
- Your employer's name

Good to know

- You must **re-enroll every year** — coverage does not carry over automatically.
- Enrollment must be completed **in one sitting**; nothing is saved until all fields are complete.
- Retirees select **Retiree**; any employee paying by card or ACH selects **State of Oklahoma Self Bill**.

Screenshots in this guide use sample (fictional) information: employer "Bixby Public Schools," email jane.sample@example.com, date of birth 03/15/1985. Enrollment screens are shown with sample data; no real enrollment was submitted.

1 Go to okpremed.com and click "Enroll in 2027 Coverage"

On the home page, click the gold **ENROLL IN 2027 COVERAGE** button. (You can also use any **ENROLL NOW** button lower on the page.)



Want the full plan details first? Click **Download 2027 Enrollment Guide** just above it.

2 Review the enrollment overview

The enrollment page lists the **three** things you'll do: choose your Pre-Med Defender plan, click **NEXT**, then select your employer and click **Go**.

To Enroll in Pre-Med Defender coverage, please follow these steps.
* You must re-enroll in Pre-Med Defender each year — enrollment does not carry over automatically.

1

Choose your Pre-Med Defender plan

Review the two plan options and rates below. **Option A** must be paired with HealthChoice Basic. **Option B** must be paired with HealthChoice HDHP.

2

Click the NEXT Button Below

Click the **NEXT** Button at the bottom of this page to select your employer from the drop-down list.

3

Select your Employer and click Go

If you are a Retiree, please select **Retiree** from the list. If you are paying via credit card or ACH, please select **State of Oklahoma Self Bill** from the list.

Once your enrollment is complete a confirmation email will be sent to both you and your HR department with a link to your completed **Payroll Authorization Form**.

3 Choose the plan that matches your HealthChoice coverage

Option A pairs with **HealthChoice Basic**. **Option B** (new for 2027) pairs with **HealthChoice HDHP** and keeps you HSA-eligible. Scroll down to compare benefits and the 2027 monthly rates for each coverage tier.

OPTION A

**HealthChoice Basic
+ Pre-Med Defender**

The tried-and-true combination educators and state employees already know. Pairs PMD's \$0 deductible secondary coverage directly with HealthChoice Basic.

- \$0 PMD deductible — coverage starts on your first eligible expense
- Eliminates deductibles, coinsurance & copays on covered services¹
- PMD pays up to \$4,000 individual / \$9,000 family annual benefit
- Best for members who want maximum first-dollar protection

OPTION B NEW FOR 2027

**HealthChoice HDHP
+ Pre-Med Defender**

A lower-premium path than Basic with a \$2,000 deductible and \$4,250 annual benefit that stays HSA-qualified. Plus you can bank the difference in a Health Savings Account².

- \$2,000 individual / \$4,000 family deductible paired with HealthChoice HDHP
- Stays HSA-eligible — contribute your premium savings tax-free
- PMD pays up to \$4,250 individual / \$8,500 family annual benefit
- Best for members who want lower payroll deductions and an HSA



Pre-Med Defender only pairs with HealthChoice Basic, Basic Alternative, or HDHP. Make sure your HealthChoice election matches the option you choose.

4 Click NEXT

After reviewing the rates, click the **NEXT** button at the bottom of the page.

2027 MONTHLY RATES

Employee Only	\$131.00
Employee + Spouse	\$278.00
Employee + Child(ren)	\$212.00
Employee + Family	\$380.00

2027 MONTHLY RATES

Employee Only	\$85.00
Employee + Spouse	\$134.00
Employee + Child(ren)	\$142.00
Employee + Family	\$186.00

NEXT

5 Open the employer drop-down

On the “Please select your Employer below” page, click the **-- Select --** menu to see the list of participating employers.

Please select your Employer below.

Please Note: If you do not see your Employer in the drop down, or are changing employers, please contact us at 866-972-2368, Option 1.

-- Select --

Go

Don't see your employer? See **Step 6B** below. Changing employers? Call **866-972-2368, Option 1**.

6 Select your employer and click Go

Pick your school district, agency, or **Retiree / State of Oklahoma Self Bill** from the list, then click **Go**. You'll be taken to your employer's enrollment page.

Bixby Public Schools

Go

6B What if my employer isn't listed — or I want to pay by card or bank draft?

You can still enroll. Choose the option that fits you, click **Go**, and continue with Step 7.

New group not yet set up for payroll deduction: select **Other**. You'll enter your employer's name in Step 9. **Want to pay by ACH (bank draft) or credit card:** select **State of Oklahoma Self Bill**.

Other

State of Oklahoma Self Bill

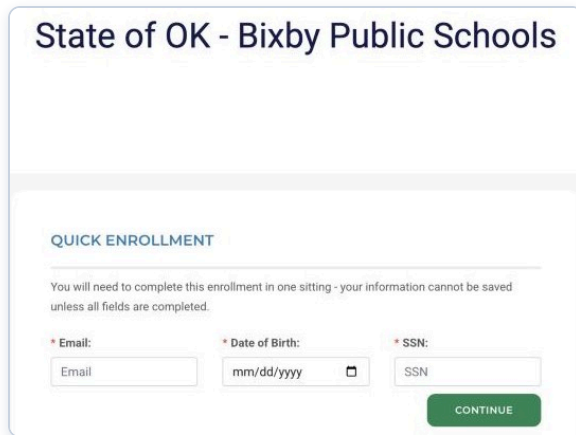


About Self Bill: Choose Self Bill **only** if you want to pay your premium directly by ACH or credit card. Your premium will **not** be a payroll deduction — you'll add your payment information during enrollment and pay your Pre-Med Defender premium each month as a monthly auto-draft.

7

Confirm your employer on the Quick Enrollment page

Check that your employer's name appears at the top of the page (for example, "State of OK – Bixby Public Schools"). If it's wrong, go back and choose again.

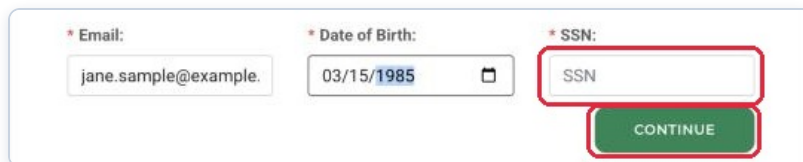


The screenshot shows a web page titled "State of OK - Bixby Public Schools". Below the title is a section labeled "QUICK ENROLLMENT". A message states: "You will need to complete this enrollment in one sitting - your information cannot be saved unless all fields are completed." There are three input fields: "Email" with a placeholder "Email", "Date of Birth" with a placeholder "mm/dd/yyyy" and a calendar icon, and "SSN" with a placeholder "SSN". A green "CONTINUE" button is at the bottom right.

8

Enter your email, date of birth, and SSN — then click Continue

All three fields are required. Type your date of birth as **MM/DD/YYYY** (or use the calendar icon), enter your Social Security Number, and click **CONTINUE**.



The screenshot shows the same "QUICK ENROLLMENT" form with sample data entered: "jane.sample@example." in the Email field, "03/15/1985" in the Date of Birth field, and an empty SSN field. The "CONTINUE" button is highlighted with a red box.

Use an email you check regularly — your enrollment confirmation will be sent there.

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Complete your Personal Information

After you click **CONTINUE**, the rest of the enrollment form opens below. Enter your **first and last name**, **gender**, **mobile phone**, and **confirm your email**. Middle name, suffix, marital status, and Employee ID are optional.

* Email: * Date of Birth: * SSN:

CONTINUE

PERSONAL INFORMATION

* First Name: Middle Name: * Last Name:

Suffix: * Gender: Marital Status:

* Mobile Phone: * Confirm Email:

Employee ID:

* Employer Name:

Selected “Other” in Step 6B? You’ll see one more required field, **Employer Name** (outlined above), just below Employee ID. Type the full name of your school, agency, or employer so your enrollment can be matched to the right group. If you chose a listed employer, this field won’t appear.

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Enter your home address

Under **Personal Address**, fill in your street address, city, state, and ZIP code. All four fields are required.

PERSONAL INFORMATION

* First Name: Middle Name: * Last Name:

Suffix: * Gender: Marital Status:

* Mobile Phone: * Confirm Email:

Employee ID:

PERSONAL ADDRESS

* Address: * City: * State:

* Zip Code:

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Add your family members (if covering dependents)

Covering a spouse or children? Click **ADD FAMILY MEMBER** for each person and enter their first and last name, gender, **relation** (spouse, child, etc.), and date of birth. Click the trash can icon to remove someone you added by mistake. Skip this step if you're enrolling yourself only.

DEPENDENT INFORMATION

Dependent - 1

* First Name:

John

Middle Name:

Middle Name

* Last Name:

Sample

Suffix:

Suffix

* Gender:

Male

* Relation:

Spouse

* Date of Birth:

04/05/1985

ADD FAMILY MEMBER

When your information is complete, click **SAVE DETAILS & SELECT YOUR PLAN(S)**.

ADD FAMILY MEMBER

SAVE DETAILS & SELECT YOUR PLAN(S)

12

Choose your coverage tier and select your plan

In **Plan Selection**, use the **Please Select Tier of Coverage** menu to choose who is covered (for example, Myself and Spouse). Your monthly contribution for each plan appears in the table. Click **SELECT PLAN** next to the option that matches your HealthChoice plan:

- **BASIC+PMD** — if you're enrolled in HealthChoice Basic
- **HDHP+PMD** — if you're enrolled in HealthChoice HDHP

Your choice and total monthly contribution will appear in the **Summary** below the table.

PLAN SELECTION

Medical

* Please Select Tier of Coverage:

Myself and Spouse

Name	Contributions	Benefit Details	Selection
BASIC+PMD	\$278.00	-	SELECT PLAN
HDHP+PMD	\$134.00	-	SELECT PLAN
WAIVE COVERAGE			

SUMMARY

Plan	Enrolled	Employee Contribution
		Total Employee Contribution: \$0.00



If you go back and change your personal or dependent information, click **UPDATE DETAILS & SELECT YOUR PLAN(S)** to refresh your plan options.

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Review, sign, and submit

Scroll to **Election of Coverage** and read the authorization statements. Then:

1. Check the box to acknowledge and agree to the authorization.
2. Type your full name in the signature field — this serves as your electronic signature.
3. Click **SUBMIT**.

I understand that I am only electing the PreMed Defender medical program. Changes to your major medical program must be made separately. You must enroll in HealthChoice Basic to participate in the PreMed Defender Supplemental Insurance

I authorize the sales organization to charge me for the above total. I further affirm that the name and personal information provided on this form are true and correct. I further declare that I understand and accept the sales organization's terms and conditions.

I agree to receive text messages from Equipoint Partners. Message & data rates may apply. Not a condition of purchase.

☐ By checking the box, I acknowledge that I understand and agree to the authorization.

Please check the disclaimer.

* Type your name here:

Your name entered in this field will be considered as your electronic signature.

Type your name here is required.

SUBMIT



Pre-Med Defender is enrolled separately from your HealthChoice medical plan. Make any HealthChoice changes through your regular benefits enrollment.

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Watch for your confirmation email

After you submit, a **confirmation email** is sent to you and to your HR department with a link to your completed **Payroll Authorization Form**. Keep it for your records.

Questions about enrolling?

Pre-Med Defender Customer Service
877-548-2491 · support@mypremeddefender.com
Mon–Thu 7:30am–7pm, Fri 7:30am–6pm CST

OKPreMed

(918) 212-4823
info@okpremed.com · okpremed.com

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