



Pre-Med
Defender™

Lower Healthcare Costs EMPLOYEES 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 Secondary Program designed to be paired specifically with your 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.

Enrollment begins on October 1st.

Visit Okpremed.com to learn more about Pre-Med Defender or contact:

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OKLAHOMA 2025 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		HealthChoice Basic + Pre-Med Defender Monthly Premium	HealthChoice High Monthly Premium	SUBSTANTIAL MONTHLY SAVINGS
Pre-Med Defender SECONDARY PLAN			\$0 Deductible \$4,000 Benefit ^{^^}				
Employee	\$ 564.72	+	\$ 90.67	=	\$ 655.39	\$ 707.00	= \$ 51.61
Employee & Spouse	\$ 1,227.44	+	\$ 210.19	=	\$ 1,437.63	\$ 1,535.88	= \$ 98.26
Employee, Spouse & Child	\$ 1,518.66	+	\$ 308.43	=	\$ 1,827.09	\$ 1,891.50	= \$ 64.61
Employee, Spouse & Children	\$ 1,720.06	+	\$ 308.43	=	\$ 2,028.49	\$ 2,139.34	= \$ 110.85
Employee & Child	\$ 855.94	+	\$ 174.20	=	\$ 1,030.14	\$ 1,062.62	= \$ 32.48
Employee & Children	\$ 1,057.34	+	\$ 174.20	=	\$ 1,231.54	\$ 1,310.46	= \$ 78.92

MONTHLY PLAN RATES						
HEALTH PLAN	Employee Only	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$ 642.84	\$ 1,526.64	\$ 2,122.52	\$ 2,916.66	\$ 1,238.72	\$ 2,032.86
CommunityCare HMO	\$ 702.72	\$ 1,526.62	\$ 1,913.12	\$ 2,182.50	\$ 1,089.22	\$ 1,358.60
GlobalHealth HMO	\$ 1,035.70	\$ 2,564.48	\$ 3,155.92	\$ 3,530.34	\$ 1,627.14	\$ 2,001.56
HealthChoice High	\$ 707.00	\$ 1,538.88	\$ 1,891.50	\$ 2,139.34	\$ 1,062.62	\$ 1,310.46
HealthChoice Basic	\$ 564.72	\$ 1,227.44	\$ 1,518.66	\$ 1,720.06	\$ 855.94	\$ 1,057.34
HealthChoice High Deductible Health Plan (HDHP)	\$ 492.80	\$ 1,071.48	\$ 1,326.00	\$ 1,501.20	\$ 747.32	\$ 922.52
Pre-Med Defender with HealthChoice Basic	\$ 655.39	\$ 1,437.63	\$ 1,827.09	\$ 2,028.48	\$ 1,030.14	\$ 1,231.54

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.