

Oklahoma Manufacturers Health Plan

Blue Options® Basic Plan

More in-network choices

- BluePreferred® network provider services:
Paid at 80% after deductibles
- BlueChoice® network provider services:
Paid at 70% after deductibles
- BlueTraditional® network provider services:
Paid at 60% after deductibles
- Out-of-network provider services:
Paid at 50% of allowable charges after deductibles. Balance billing may occur on any charges above the BlueChoice allowable.
- Visit www.bcsok.com for the most up-to-date network physicians list, etc.

Annual deductible:

\$2,500 per individual and \$7,500 per family

Member savings on office visits

Office visit copay: \$35, limited to 6 annually
(Copays will be effective after sixth office visit, and balance is subject to deductible and coinsurance. Children under 19 are not subject to the six-visit limit.)

Annual preventive care benefit

\$150 per year per covered adult family member
(includes routine physicals, routine gynecological exams, routine tests, tetanus shots)

Comprehensive prescription drug benefit

50% coinsurance applies at network pharmacies. Prescription drugs are not subject to deductible or out-of-pocket maximum. \$10,000 stop-loss. Plan pays 100% after stop-loss is reached. You pay 50% of the discounted price of the drug at a network. (Pre-certification and step therapy programs apply to some drugs.)

Lifetime maximum

\$2 million

Inpatient deductible

In addition to annual deductible and coinsurance, \$1,250 per occurrence

Outpatient/surgical procedures

In addition to annual deductible and coinsurance, amount per occurrence is \$200

Emergency room deductible

Annual deductible and coinsurance apply. Additional per occurrence deductible of \$100 per emergency room visit is waived if admitted.



**BlueCross BlueShield
of Oklahoma**

*Eligible groups must be based in Oklahoma (primary SIC codes 2000-3999 pursuant to D & B), members of the Central Oklahoma Manufacturers Association and have less than 350 employees.

The group must meet 100 percent participation of eligible employees.

Oklahoma Manufacturers Health Plan Standard Options

BlueOptions[®] with \$20 office visit copay and \$150 annual wellness benefit with deductible options of \$500, \$750 or \$1,000*

BlueChoice[®] with \$20 office visit copay and \$300 annual wellness benefit:

- \$500 deductible / 80% in network on the next \$10,000 of allowable charges / 60% out-of-network on the next \$20,000 of allowable charges

Prescription Drugs:

Generic Drugs: 30% of allowable charge with a minimum copay of \$12 / Preferred Drugs: \$25 copay / Other Drugs: 30% of the allowable charge with a minimum copay of \$25

- \$750 deductible / 80% in network on the next \$10,000 of allowable charges / 60% out-of-network on the next \$20,000 of allowable charges

Prescription Drugs:

Generic Drugs: 30% of allowable charge with a minimum copay of \$12 / Preferred Drugs: \$25 copay / Other Drugs: 30% of the allowable charge with a minimum copay of \$25

- \$1,000 deductible / 80% in network on the next \$10,000 of allowable charges / 60% out-of-network on the next \$20,000 of allowable charges

Prescription Drugs:

Generic Drugs: 30% of allowable charge with a minimum copay of \$12 / Preferred Drugs: \$25 copay / Other Drugs: 30% of the allowable charge with a minimum copay of \$25

- \$1,500 deductible / 80% in network on the next \$10,000 of allowable charges / 60% out-of-network on the next \$20,000 of allowable charges

Prescription Drugs: \$300 deductible per subscriber, per calendar year

Generic Drugs: 30% of allowable charge with a minimum copay of \$12 / Preferred Drugs: \$25 copay / Other Drugs: 30% of the allowable charge with a minimum copay of \$25

**Blue Options[®] office visit copays are limited to six annually (for ages 19 and above). After sixth visit, copays will be effective and balance is subject to deductible and coinsurance.*

This is not a contract. The product description is not intended to be more than a summary of benefits available to you through the program. It does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown, nor does it contain additional benefits that may be available to you. Full information can be found, including medical necessity and pre-existing condition provisions, in the specific product's contract or the member's certificate of benefits booklet.

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