



BlueOptionsSM

BLUEOptimizeSM*
A BLUE OPTIONS PRODUCT

Annual Deductible	\$500 \$750 \$1,000 \$1,500 \$2,000 \$2,500 \$5,000	\$ 500 \$1,000 \$2,500
Lifetime Max	\$2,000,000	\$2,000,000
Coinsurance	80% BluePreferred network 70% BlueChoice network 60% BlueTraditional network 50% Out-of-network (to Blue Choice allowed amount)	70% BluePreferred network 60% BlueChoice network 50% BlueTraditional network 50% Out-of-network (to BlueChoice allowed amount)
Stop-loss	\$10,000 Does not include deductible or copay amounts.	\$20,000 Does not include deductible or copay amounts.
Office Visit Copay (OVC) Benefits	\$20 Limit six per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit	\$30 OVC includes office visit and lab only. Radiology excluded. Limit six per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit
Outpatient Surgery Deductible	\$200 (in addition to deductible and coinsurance)	\$200 (in addition to deductible and coinsurance)
Inpatient Per Occurrence Deductible	\$250 for \$500 deductible \$500 for \$1,000 deductible \$750 for remaining deductible (in addition to deductible and coinsurance)	\$250 for \$500 deductible \$500 for \$1,000 deductible \$750 for \$2,500 deductible (in addition to deductible and coinsurance)
Emergency Room (ER) Per-occurrence deductible	\$100 (in addition to deductible and coinsurance)	\$100 (in addition to deductible and coinsurance)
Prescription drugs	50/50 Drug Card \$12/\$25/30% Drug Card \$10/\$25/\$50/\$150 Drug Card \$20/\$40/\$60/\$150 Drug Card	50/50 Drug Card \$12/\$25/30% Drug Card \$20/\$40/\$60/\$150 Drug Card
Ambulance	100%	Deductible/Coinsurance
Preventive Care	Office Visit Copay / \$150 max	Office Visit Copay / \$150 max
Durable Medical Equipment	Deductible/Coinsurance \$5,000 annual max	Deductible/Coinsurance \$2,500 max
Prosthetic devices	Deductible/Coinsurance \$10,000 annual max	Deductible/Coinsurance \$3,000 max
Physical Therapy/Chiropractic Visits	Deductible/Coinsurance 25 visit annual max	Deductible/Coinsurance 15 visit annual max
4th Qtr Carryover	No 4th Qtr carryover	No 4th Qtr carryover

The information noted above is current as of the date of publication; however, BCBSOK reserves the right to amend this information at any time without notice. This is only a brief description of some of the plan benefits. For more complete details, including benefits, limitations and exclusions, please refer to your certificate of coverage. This information is not intended nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.