



Oklahoma Chamber Blue 2011



Annual Deductible	\$500 individual/\$1,500 family \$1,000 individual/\$3,000 family \$2,000 individual/\$6,000 family
Coinsurance	80% BluePreferred® network 70% BlueChoice® network 60% BlueTraditional® network 50% Out-of-network (to BlueChoice allowed amount)
Out-of-pocket Limits*	\$2,000 per family member, plus deductible, for BluePreferred providers \$3,000 per family member, plus deductible, for BlueChoice providers \$4,000 per family member, plus deductible, for BlueTraditional providers \$5,000 per family member, plus deductible, for out-of-network providers and charges above BlueChoice network allowable
Lifetime Maximum	Unlimited
Office Visits	\$20 for \$500/\$1,500 deductible \$20 for \$1,000/\$3,000 deductible \$35 for \$2,000/\$6,000 deductible OVC includes office visit, lab and radiology. Limit 6 per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit per adult.
Prescription Drugs	50/50 Drug Card
Routine Child Care	Paid at 100 percent in-network for members under age 19
Preventive Care	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
Immunizations	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).
Inpatient Care	\$250 for \$500/\$1,500 deductible \$500 for \$1,000/\$3,000 deductible \$750 for \$2,000/\$6,000 deductible (in addition to deductible and coinsurance)
Outpatient Care	\$200 (in addition to deductible and coinsurance)

*Some items will not be applied to the out-of-pocket expense limit including office visit copayments, deductibles including per-occurrence deductible on inpatient, outpatient, ER or mental health/substance abuse covered charges, reductions in benefits due to non-compliance with utilization management program requirements and mental health and chemical dependency treatment services (groups 50 and fever).

BlueLincs HMO Value Option

(not available in all areas)

Annual Deductible	\$500 individual/\$1,500 family \$1,000 individual/\$3,000 family (If the copayment is based on a percentage, deductible applies before the copayment. If the copayment is a dollar amount, deductible applies after the copayment.)
Coinsurance	No coinsurance, but copayment applies for some services
Out-of-pocket Limits*	\$2,000 maximum per individual per year (does not include copayments for prescription drugs, certain inpatient mental health services, self-referral services, or alcohol and drug abuse services)
Lifetime Maximum	Unlimited
Office Visits	\$20 copayment for Primary Care Physician (PCP) visits
Prescription Drugs	\$300 deductible per member Generic: 30% of allowable charge with a minimum \$12 copayment Preferred: \$25 copayment Other Drug: 30% of allowable charge with a minimum \$25 copayment
Routine Child Care	Paid at 100 percent in-network for members under age 19
Preventive Care	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
Immunizations	Includes MMR, pneumonia, Hib, DPT, tetanus and polio vaccines Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance)
Inpatient Care	20% copayments for surgeon, anesthesiologist and hospital services
Outpatient Care	20% copayment for diagnostic, radiology, laboratory, surgeon and anesthesiologist services

The information noted in the benefit charts is current as of the date of publication for non-grandfathered reform plans; 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.