



Plan Comparison Chart

(Participating Provider Coverage Shown¹)

Which Plan Fits **You** Best?



| | Simply Blue | | |
|--|---|---------|----------|
| Annual deductible options | \$1,000 | \$2,000 | \$3,000 |
| | \$5,000 | \$7,500 | \$10,000 |
| Health care provider networks and coinsurance amounts <small>Most covered services are paid at the following amounts after you meet your annual deductible.</small> | BlueChoice PPO network: 70% Out-of-network: 50% | | |
| Doctor's office copayment | \$40 copayment | | |
| Hospital inpatient per-occurrence deductible | \$500 per occurrence | | |
| Individual stop-loss limits/ out-of-pocket expense | \$10,000 stop-loss limit during the year for covered services. | | |
| Prescription drug coverage | \$10 Generic, 50% preferred brand, 100% member-pay on non-preferred brand. ⁵ | | |
| Prescription Drug Utilization/Benefit Management Programs | Not Applicable | | |
| Emergency room per-occurrence deductible | \$200 | | |
| Facility outpatient per-occurrence deductible (for surgical procedures) | \$200 | | |
| Preventive care benefit | 100% | | |

| HealthCheck Select | | | HealthCheck Basic | | | HealthCheck HSA ² | | | | |
|---|---------|---------|---|---------|---------|--|---------|---------|----------|--|
| \$200 | \$500 | \$1,000 | \$500 | \$1,000 | \$2,500 | Individual | | | | |
| | | | | | | \$1,500 | \$2,500 | \$3,500 | \$5,000 | |
| \$1,500 | \$2,500 | \$5,000 | \$3,500 | \$5,000 | \$7,500 | Family | | | | |
| | | | | | | \$3,000 | \$5,000 | \$7,000 | \$10,000 | |
| BlueChoice PPO network: 80% BlueTraditional network: 70% Out-of-network: 70% | | | BluePreferred PPO network: 80% BlueChoice PPO network: 70% BlueTraditional network: 60% Out-of-network: 50% | | | BlueChoice PPO network: 80% ³ BlueTraditional network: 60% Out-of-network: 60% | | | | |
| \$15 for most visits to a BlueChoice PPO network, not subject to deductible. | | | \$35 for most visits, not subject to deductible | | | The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance. | | | | |
| None for BlueChoice PPO network admissions. \$300 for BlueTraditional or out-of-network admissions. | | | \$500 per occurrence | | | The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance. | | | | |
| \$1,000 out-of-pocket expense limit during the year for covered services received from BlueChoice PPO network providers. ⁴ | | | \$2,500 out-of-pocket expense limit during the year for covered services. A separate \$10,000 out-of-pocket expense limit applies for prescription drug coverage. | | | Out-of-pocket expense limit depends upon the annual deductible option chosen. See the plan brochure for additional information. | | | | |
| After you meet your annual deductible, benefits are paid at 70% of allowable charges when you use network pharmacies. | | | Begins immediately at 50% of allowable charges when you use a network pharmacy. ⁶ | | | After you meet your annual deductible, benefits are reimbursed at 70% of allowable charges when you use network pharmacies. ³ | | | | |
| <p>Dispensing Limits: Benefits include coverage limits on certain medications. These limits are based on approved guidelines.</p> <p>Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and/or certain criteria must be met.</p> <p>Specialty Pharmacy Program: Specialty medications must be received through the preferred Specialty Pharmacy Provider.</p> <p>Member Pay the Difference: When choosing a brand name drug over an available generic equivalent, you pay the share plus the difference in cost.</p> | | | | | | | | | | |
| None | | | \$100 | | | The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance. | | | | |
| None | | | \$200 | | | The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance. | | | | |
| 100% | | | 100% | | | 100% | | | | |

¹ Benefits reduced when non-participating providers are used. This is not a contract. It is a summary of highlights only. Please refer to the Outline of Coverage for each plan for additional details.
² As a reminder, Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Oklahoma does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.
³ Individual deductibles \$2,500 and \$3,500/family deductibles \$5,000 & \$7,000 are covered at a 80% or 100% coinsurance. Individual deductible \$5,000/family deductible \$10,000 are covered at a 100% coinsurance.

⁴ \$3,000 per calendar year, after deductible, for services received from BlueTraditional or out-of-network providers.
⁵ You are responsible for the entire cost of Non-Preferred Brand Drugs. However, if you use a Participating Pharmacy to fill your Prescription Order, you will be entitled to the negotiated discount applicable to all Blue Cross and Blue Shield of Oklahoma Subscribers. Please be advised that Simply Blue uses Preferred Brand Drugs on the Generics Plus Formulary. The Formulary is available online at bcbsok.com.
⁶ If total charges incurred equal \$20,000 in one year on prescriptions, HealthCheck Basic will reimburse 100% for the rest of the calendar year.
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