



## Oklahoma Manufacturers Health Plan

Choose from three options – BlueOptions®, BlueChoice® or BlueOptimizeSM.

### BlueOptions

**Annual deductible**

Choice of \$500, \$750, \$1,000 or \$2,500 for individual

**Office visit copay**

\$20 or \$35 (depending on deductible plan)

*Visits for children under 19 are not subject to deductible and coinsurance. Adults are subject to deductible and coinsurance after the sixth visit.*

**Annual preventive care benefit**

Includes mammograms, Well Woman exams, prostate exams, bone density tests, colonoscopy services, child exams, and child immunizations.

**Prescription drug benefit**

See drug options on chart below.

**Inpatient deductible**

Includes an inpatient per occurrence deductible in addition to the annual deductible and coinsurance.

**Outpatient/surgical procedures**

In addition to annual deductible and coinsurance, amount per occurrence is \$200 with Blue Options plans.

**Emergency room deductible**

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

Deductible	Office Visit Copay	Amount paid for tiered network services	Prescription Drug Options
\$500	\$20	<p><b>Blue Preferred®</b> network provider services are paid at 80% after deductible.</p> <p><b>BlueChoice</b> network provider services are paid at 70% after deductible.</p> <p><b>BlueTraditional®</b> network provider services are paid at 60% after deductible.</p> <p><b>Out-of-network</b> provider services are paid at 50% of allowed amount after deductible.</p>	<p>Choice of one the following four options:</p> <p><b>50/50 Drug Card</b></p> <ul style="list-style-type: none"> <li>○ 50% coinsurance applies at network pharmacies</li> <li>○ Not subject to deductible</li> <li>○ Additional \$10,000 stop-loss – paid at 100% after stop-loss is reached</li> </ul> <p><b>\$12/\$25/30% Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: 30% of allowable charge with a minimum copay of \$12</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: 30% of allowable charge with minimum copay of \$25</li> </ul> <p><b>\$10/\$25/\$50/\$150 Specialty Tier Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: \$10 copay</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: \$50 copay</li> <li>○ Specialty tier brand: \$150 copay</li> </ul> <p><b>\$20/\$40/\$60/\$150 Specialty Tier Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: \$20 copay</li> <li>○ Preferred brand: \$40 copay</li> <li>○ Non-preferred brand: \$60 copay</li> <li>○ Specialty tier brand: \$150 copay</li> </ul>
\$750			
\$1,000			
\$2,500	\$35		

**Annual deductible**

Choice of \$500, \$750, \$1,000 and \$1,500 for individual

**Office visit copay**

\$20 or \$30 copay

**Prescription drug benefit**

See drug options on chart below.

**Annual preventive care benefit**

Includes mammograms, Well Woman exams, prostate exams, bone density tests, colonoscopy services, child exams, and child immunizations.

**Emergency room deductible**

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

Deductible	Office Visit Copay	Amount paid for In-Network Services	Amount paid for Out-of-Network Services	Prescription Drug Options
\$500	\$20 or \$30	80% on the next \$10,000 of allowable charges	60% on the next \$20,000 of allowable charges	<p>Choose one of the following three options:</p> <p><b>\$12/\$25/30% Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: 30% of allowable charge with a minimum copay of \$12</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: 30% of allowable charge with a minimum copay of \$25</li> </ul> <p><b>\$10/\$25/\$50/\$150 Specialty Tier Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: \$10 copay</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: \$50 copay</li> <li>○ Specialty tier brand: \$150 copay</li> </ul> <p><b>\$20/\$40/\$60/\$150 Specialty Tier Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: \$20 copay</li> <li>○ Preferred brand: \$40 copay</li> <li>○ Non-preferred brand: \$60 copay</li> <li>○ Specialty tier brand: \$150 copay</li> </ul>
\$750*	\$20			
\$1,000	\$20 or \$30			
\$1,500	\$20	80% on the next \$10,000 of allowable charges	60% on the next \$20,000 of allowable charges	<p>Choose one of the following two options:</p> <p><b>\$12/\$25/30% Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: 30% of allowable charge with a minimum copay of \$12</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: 30% of allowable charge with a minimum copay of \$25</li> </ul> <p><b>\$10/\$25/\$50/\$150 Specialty Tier Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: \$10 copay</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: \$50 copay</li> <li>○ Specialty tier brand: \$150 copay</li> </ul>

\* The \$750 deductible is not available with the \$20/\$40/\$60/\$150 specialty tier drug card.

**Annual deductible**

Choice of \$500, \$1,000 and \$2,500

**Office visit copay**

\$30 copay. Covers office visit and lab only; radiology applies to deductible and coinsurance. Unlimited visits for children. Limit six annually per adult; deductible and coinsurance apply after sixth visit.

**Prescription drug benefit**

See drug options on chart below.

**Annual Stop Loss**

\$20,000 (does not include deductible or copay amounts)

**Emergency room deductible**

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

Deductible	Office Visit Copay	Amount paid for In-Network Services	Prescription Drug Options
\$500	\$30	<p><b>Blue Preferred®</b> network provider services are paid at 70% after deductible.</p> <p><b>BlueChoice</b> network provider services are paid at 60% after deductible.</p> <p><b>BlueTraditional®</b> network provider services are paid at 50% after deductible.</p> <p><b>Out-of-network</b> provider services are paid at 50% of allowed amount after deductible.</p>	<p>Choose one of the following three options:</p> <p><b>50/50 Drug Card</b></p> <ul style="list-style-type: none"> <li>○ 50% coinsurance applies at network pharmacies</li> <li>○ No annual deductible or maximum</li> <li>○ \$5,000 stop-loss – paid at 100% after stop-loss is reached.</li> <li>○ Out-of-network services are paid at 50%</li> </ul> <p><b>\$12/\$25/30% Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: 30% of allowable charge with a minimum copay of \$12</li> <li>○ Preferred brand: \$25 copay</li> <li>○ Non-preferred brand: 30% of allowable charge with a minimum copay of \$25</li> </ul> <p><b>\$20/\$40/\$60/\$150 Specialty Tier Drug Card</b></p> <ul style="list-style-type: none"> <li>○ Generic: \$20 copay</li> <li>○ Preferred brand: \$40 copay</li> <li>○ Non-preferred brand: \$60 copay</li> <li>○ Specialty tier brand: \$150 copay</li> <li>○ Out-of-network benefits are reduced to 80% of the allowable charge, less the applicable copayment.</li> <li>○ Three-month supply by mail costs a 2.5 copayment.</li> </ul>
\$1,000	\$30		
\$2,500	\$30		

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.

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.