BlueCross BlueShield of Oklahoma

2016

Health Insurance Marketplace in Oklahoma
Plan Comparison Chart
Participating Provider Coverage Shown[1]

All Blue Cross and Blue Shield of Oklahoma (BCBSOK) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits or visit bcbsok.com for more specific information.

Multi-State Plans	Blue Cross Blue Shield Premier 101℠, a Multi-State Plan		Blue Cross Blue Shield Solution 102℠, a Multi-State Plan		Blue Cross Blue Shield Basic 103℠, a Multi-State Plan	
	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays
Individual Deductible[2]	$0	$1,750	$0	$3,750	$0	$6,250
Coinsurance	80%	20%	80%	20%	70%	30%
Out-of-Pocket Maximum (includes deductible)[2]	$3,300		$6,500		$6,850	
Office Visit (PCP / Specialist)	First three PCP visits $0, then pays 80% / specialist 80%	First three PCP visits $0; then pays 20% / specialist 20%	First two PCP visits $0, then pays 80% / specialist 80%	First two PCP visits $0; then pays 20% / specialist 20%	First PCP visit $0, then pays 70% / specialist 70%	First PCP visit $0, then pays 30% / specialist 30%
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	80%[3]	$750 per occurrence deductible[3]	80%[3]	$750 per occurrence deductible[3]	70%[3]	$1000 per occurrence deductible[3]
Urgent Care	80%[3]	20%[3]	80%[3]	20%[3]	80%[3]	20%[3]
Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)	80%[3]	$300 / $200 per occurrence deductible[3]	80%[3]	$400 / $300 per occurrence deductible[3]	70%[8]	$750 / $400 per occurrence deductible[8]
Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient)	80%[3] / office visit paid at 100%	$300 / $200 per occurrence deductible[3]; $0 office visit copay	80%[3] / office visit paid at 100%	$400 / $300 per occurrence deductible[3]; $0 office visit copay	70%[3] / office visit paid at 100%[8]	$750 / $400 per occurrence deductible[3]; $0 office visit copay[8]
Network	Blue Preferred PPO℠		Blue Preferred PPO℠		Blue Preferred PPO℠	
HSA Eligible[4]	No		No		No	
Outpatient Prescription Drugs - Preferred Pharmacy[5] [6]	100% / 100% / 100% / 100% / 70%	$0 / $10 / $50 / $100 / 30%	100% / 100% / 100% / 100% / 70%	$0 / $10 / $50 / $100 / 30%	80% / 80% / 70% / 60% / 50%	20% / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy[5] [6]	100% / 100% / 100% / 100% / 70%	$5 / $15 / $60 / $110 / 30%	100% / 100% / 100% / 100% / 70%	$5 / $15 / $60 / $110 / 30%	75% / 75% / 60% / 50% / 50%	25% / 25% / 40% / 50% / 50%
Prescription Drug Utilization Benefit Management Programs[7]	**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider. **Member Pay the Difference:** When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost. **Prior Authorization/Step Therapy Requirements:** Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK, and you may first need to try more clinically appropriate or cost-effective drugs. **Mail-Order Program:** You may receive a 90-day supply for prescription drugs through the mail order program or at select retail pharmacies depending on your prescription drug benefit.					

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.
2. The standard deductible and out-of-pocket maximum for this plan is shown. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.
3 Annual deductible and, if applicable, coinsurance still apply.
4 As a reminder, a Health Savings Account (HSA) has 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 adviser regarding tax consequences of specific health insurance plans or products.
Notice: Certain individuals who receive cost-sharing reductions under their benefit plan that have the effect of reducing the deductible below the federal government's minimum deductible may not be eligible to contribute to an HSA. Please consult your tax adviser for further information.
5 Prescription benefit coverage starts after annual medical deductible has been met.
6 Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty
7 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.
8 Copay or deductible applies for certain services. See booklet for additional details.

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