

Oklahoma Manufacturer's Health Plan LLC

Core Plan

Lower premium

Blue Options is priced 15 to 19% less than our \$500 deductible-level BlueChoice[®] PPO.

More in-network choices

- BluePreferred[®] network provider services:
Paid at 80% after deductibles
- BlueChoice network provider services:
Paid at 70% after deductibles
- BlueTraditional[®] network provider services:
Paid at 60% after deductibles
- Out-of-network provider services: Paid at 50% after deductibles

Annual deductible:

\$2,500

Member savings on office visits

Office visit copay: \$35, limited to 6 annually
(children under 19 are not subject to the six visits)

Annual preventive care benefit

\$150 per year per covered adult family member
(includes routine physicals, routine gynecological exams, routine tests, tetanus shots)

Comprehensive prescription drug benefit

Flat 50% of allowable charge at pharmacies with stop loss of \$20,000

Annual stop loss

\$10,000 in network/out-of-network total

Lifetime maximum

\$2 million

Inpatient deductible

In addition to annual deductible, amount per occurrence is \$1,250

Outpatient/surgical procedures

In addition to annual deductible, amount per occurrence is \$200

Emergency room deductible

In addition to annual deductible, amount per occurrence is \$100

Standard Options

BlueOptions with \$20 office visit copay:

- \$500 deductible / 50% prescription drug benefit
- \$750 deductible / 50% prescription drug benefit
- \$1,000 deductible / 50% prescription drug benefit

BlueChoice with \$20 office visit copay:

- \$500 deductible / 80% after / \$10,000 maximum
Prescription Drugs: \$12 generic copay / \$25 name brand copay / 30% after
- \$750 deductible / 80% after / \$10,000 maximum
Prescription Drugs: \$12 generic copay / \$25 name brand copay / 30% after
- \$1,000 deductible / 80% after / \$10,000 maximum
Prescription Drugs: \$12 generic copay / \$25 name brand copay / 30% after
- \$1,500 deductible / 80% after / \$10,000 maximum
Prescription Drugs: \$300 deductible / \$12 generic copay / \$25 name brand copay / 30% after

All office visit copays are inclusive and include a \$150 wellness benefit for BlueOptions; \$300 for BlueChoice.



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 BlueOptions contract or the member's certificate of benefits booklet.

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