



BlueCross BlueShield of Oklahoma



MID-MARKET 51-150 EMPLOYEES

## 2022 Mid-Market Group Plans

**Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers health care plans with the choice, flexibility and affordable options that growing companies want.**

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# 2022 Mid-Market Group Plans

The 2022 Blue Cross and Blue Shield of Oklahoma Mid-Market Group Portfolio is available from July 1, 2022, through June 30, 2023. All our plans offer features and benefits designed with members' health and wellbeing in mind. We're making access to care even easier with more digital options for medical visits and wellness programs.

## Here are the highlights of our 2022 Mid-Market Group portfolio:

### Blue Advantage PPO<sup>SM</sup>

Blue Advantage PPO offers our most affordable plans with flexible benefits and a secure, statewide network of trusted doctors and hospitals that can be quoted for statewide in all 77 Oklahoma counties (but with a narrower network). It gives members the freedom to self-direct their care without having to select a primary care physician or obtain a referral for specialist care. It also provides coverage outside of Oklahoma through BlueCard<sup>®</sup>.

### Blue Preferred PPO<sup>SM</sup>

Blue Preferred PPO is BCBSOK's largest network offering with health insurance plans designed to give members access to a statewide network of contracting physicians and hospitals in Oklahoma at an affordable cost without compromising benefits, quality and services.

### Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health doctor, addresses the mental, physical and emotional aspects of health issues for the most costly and complex member cases. Members can interact with their health advisor through email, secure messaging, phone and/or text.

Automated touch points triggered by missed appointments, tests and prescription refills help engage members. Personalized reminders emphasize the importance of annual visits, preventive screenings and immunizations, while educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.

### Digital Mental Health

Mental health is an important part of our approach to our commitment to our members. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every group plan.

Beginning in 2022, Digital Mental Health by Learn to Live will also be included at no extra cost with each new or renewing group plan. Members can use Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) to easily access private, online programs to help keep their mental health on track through:

- An online assessment supports and helps members pinpoint helpful programs.
- Quick, easy online lessons give members access to proven therapy-based techniques.
- Expert coaches guide and inspire members to reach their goals.
- Personal results, programs and messages are always private.

### Expansion of Strategic Business Partners

#### Livongo<sup>®</sup>

A personalized diabetes management program that helps members understand their blood sugar, develop healthy habits and improve glycemic control.

#### Wondr Health<sup>™</sup>

A digital weight-management program that teaches members science-based skills that help members lose weight, sleep better, manage stress and more.

### Well onTarget<sup>®</sup>

Well onTarget is a complete wellness solution that includes innovative tools that support members' lifelong journey of healthy living. Well onTarget is designed to:

- Enhance employee engagement
- Reduce costs
- Promote good health

Well onTarget offers cost-effective and low-risk solutions to help employers increase productivity, encourage employee engagement and enhance a culture of wellness in the workplace.

### Ancillary Plans

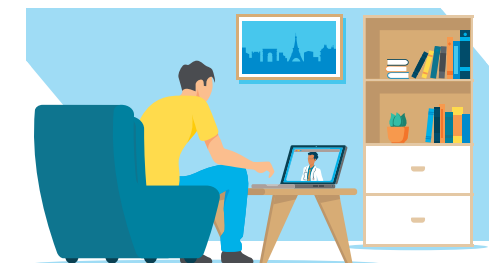
Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. When you offer medical coverage with other ancillary benefits such as dental, life, disability, critical illness, accident and vision insurance, you're protecting your employees' physical and financial well-being while providing them with greater peace of mind.

Employers can save up to 4% on Fully Insured Medical Plans by packaging medical with our qualifying ancillary options listed below. The medical savings is ongoing when qualifying ancillary coverage is renewed annually! Talk with your BCBSOK representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare Dental<sup>SM</sup>
- Life Insurance
- Short- and/or Long-Term Disability
- Accident and Critical Illness
- Vision

### Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing their non-emergency needs. Virtual Visits, powered by MDLIVE<sup>®</sup>, and Telemedicine consultations through members' primary care physicians are conducted by phone, online video or mobile app. **This year, members continue have a \$0 copay for Virtual Visits on eligible plans.**



	Virtual Visits	Telemedicine
Consultation with member's own primary care physician		X
24/7 access, 365 days a year	X	
E-prescriptions sent to local pharmacies	X	X
Consultations available by phone, online video or mobile app	X	X
Behavioral health consultations available	X	X



BCBSOK 2022 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits		
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits <sup>1</sup>	Specialist Office Visits	ER Visit Per Occurrence Deductible <sup>2</sup>	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible <sup>2</sup> (In/Out)	Outpatient Per Occurrence Deductible <sup>2</sup> (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Advantage PPO	Blue Advantage PPO 0072	MOBAP0072	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$25	\$0	\$45	\$300	\$50	DC	\$150/\$250	\$100/\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Advantage PPO 0082	MOBAP0082	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	\$750	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Advantage PPO 0152	MOBAP0152	Embedded	\$1,000/\$3,000	\$2,000/\$6,000	\$7,150/\$10,000	\$14,300/\$20,000	80%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0012	MOBAP0012	Embedded	\$1,250/\$2,500	\$3,750/\$7,500	\$3,000/\$9,000	\$9,000/\$27,000	70%/60%	\$35	\$0	\$60	\$400	\$50	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0022	MOBAP0022	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0040	MOBAP0040	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0092	MOBAP0092	Embedded	\$2,000/\$3,500	\$6,000/\$10,500	\$5,000/\$15,000	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	\$750	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0032	MOBAP0032	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0102	MOBAP0102	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$20	\$0	\$40	\$400	\$50	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0050	MOBAP0050	Embedded	\$3,500/\$7,000	\$10,000/\$15,000	\$6,000/\$18,000	\$12,000/\$36,000	70%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0112	MOBAP0112	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0122	MOBAP0122	Embedded	\$5,000/\$10,000	\$10,000/\$22,500	\$7,000/\$21,000	\$14,000/\$42,000	50%/50%	\$30	\$0	\$50	\$200	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0132	MOBAP0132	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0142	MOBAP0142	Embedded	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0060	MOBAP0060	Embedded	\$7,500/\$15,000	\$15,000/\$28,000	\$7,500/\$22,500	\$15,000/\$45,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 1010 <sup>5</sup>	MOBAP1010	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
Blue Advantage PPO 1040 <sup>5,6</sup>	MOBAP1040	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	

General Notes:  
**Gray boxes are Insure OK eligible plans.**  
 NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network  
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.  
 Coinsurance applies after the medical deductible is met.  
 When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug. They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find all in-network pharmacies at myprime.com. Please note that changes may be made to these pharmacies in the future.  
 All plans include prescription drug benefits. The benefit plan is based on the BCBSOK Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.  
**This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.**

Footnotes:  
 1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.  
 2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.  
 3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.  
 4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.  
 5. This is an HSA-compatible plan.  
 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.  
 7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.  
 8. The HSA RX Copay applies after the deductible is satisfied.

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Blue Advantage PPO	Blue Advantage PPO 1092 <sup>5</sup>	MOBAP1092	Embedded	\$3,000/ \$6,000	\$6,000/ \$12,000	\$5,000/ \$15,000	\$10,000/ \$30,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Advantage PPO 1112 <sup>5,6,8</sup>	MOBAP1112	Embedded	\$3,000/ \$6,000	\$6,000/ \$12,000	\$7,050/ \$21,150	\$14,100/ \$42,300	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	
	Blue Advantage PPO 1071 <sup>5,7</sup>	MOBAP1071	Embedded	\$3,500/ \$7,000	\$7,000/ \$14,000	\$6,900/ \$20,700	\$13,800/ \$41,400	80%/60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	
	Blue Advantage PPO 1081 <sup>5</sup>	MOBAP1081	Embedded	\$4,000/ \$8,000	\$8,000/ \$16,000	\$6,900/ \$20,700	\$13,800/ \$41,400	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Advantage PPO 1102 <sup>5</sup>	MOBAP1102	Embedded	\$4,000/ \$8,000	\$8,000/ \$16,000	\$7,050/ \$21,150	\$14,100/ \$42,300	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Advantage PPO 1020 <sup>5</sup>	MOBAP1020	Embedded	\$5,000/ \$7,500	\$10,000/ \$15,000	\$5,000/ \$15,000	\$10,000/ \$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 1050 <sup>5,6</sup>	MOBAP1050	Embedded	\$5,000/ \$7,500	\$10,000/ \$15,000	\$5,000/ \$15,000	\$10,000/ \$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 1030 <sup>5</sup>	MOBAP1030	Embedded	\$6,500/ \$13,000	\$13,000/ \$26,000	\$6,500/ \$13,000	\$13,000/ \$26,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 1060 <sup>5,6</sup>	MOBAP1060	Embedded	\$6,500/ \$13,000	\$13,000/ \$26,000	\$6,500/ \$13,000	\$13,000/ \$26,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
Blue Preferred PPO <sup>SM</sup>	Blue Preferred PPO 0012	MOBPF0012	Embedded	\$500/ \$800	\$1,500/ \$2,400	\$2,500/ \$7,500	\$7,500/ \$22,500	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0022	MOBPF0022	Embedded	\$1,000/ \$1,500	\$3,000/ \$4,500	\$5,000/ \$15,000	\$10,000/ \$30,000	80%/70%	\$30	\$0	\$50	\$200	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0032	MOBPF0032	Embedded	\$1,000/ \$1,500	\$3,000/ \$4,500	\$4,000/ \$12,000	\$10,200/ \$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0042	MOBPF0042	Embedded	\$1,000/ \$1,500	\$3,000/ \$4,500	\$3,000/ \$9,000	\$9,000/ \$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0272	MOBPF0272	Embedded	\$1,000/ \$3,000	\$2,000/ \$6,000	\$7,150/ \$10,000	\$14,300/ \$20,000	80%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0232	MOBPF0232	Embedded	\$1,500/ \$2,000	\$3,000/ \$4,500	\$3,000/ \$9,000	\$9,000/ \$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0052	MOBPF0052	Embedded	\$1,500/ \$2,500	\$4,500/ \$7,500	\$5,000/ \$15,000	\$10,000/ \$30,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0062	MOBPF0062	Embedded	\$1,500/ \$2,500	\$4,500/ \$7,500	\$4,500/ \$13,500	\$10,200/ \$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0072	MOBPF0072	Embedded	\$1,500/ \$3,000	\$4,500/ \$9,000	\$6,000/ \$18,000	\$13,000/ \$39,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0242	MOBPF0242	Embedded	\$2,000/ \$2,500	\$3,000/ \$4,500	\$3,000/ \$9,000	\$9,000/ \$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
Blue Preferred PPO 0082	MOBPF0082	Embedded	\$2,000/ \$3,500	\$6,000/ \$10,500	\$5,000/ \$15,000	\$10,200/ \$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250		

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Blue Preferred PPO <sup>SM</sup>	Blue Preferred PPO 0092	MOBPF0092	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0102	MOBPF0102	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$5,500/\$16,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0112	MOBPF0112	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$6,000/\$18,000	\$13,000/\$39,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0252	MOBPF0252	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,000/\$18,000	\$12,000/\$36,000	50%/50%	\$20	\$0	\$40	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0132	MOBPF0132	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0210	MOBPF0210	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0142	MOBPF0142	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0162	MOBPF0162	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0172	MOBPF0172	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$5,600/\$16,800	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0220	MOBPF0220	Embedded	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0262	MOBPF0262	Embedded	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 1010 <sup>5</sup>	MOBPF1010	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 1030 <sup>5,6</sup>	MOBPF1030	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 1082 <sup>5,6,8</sup>	MOBPF1082	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$7,050/\$21,150	\$14,100/\$42,300	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1051 <sup>5,7</sup>	MOBPF1051	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$6,900/\$20,700	\$13,800/\$41,400	80%/60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1061 <sup>5</sup>	MOBPF1061	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	\$6,900/\$20,700	\$13,800/\$41,400	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1072 <sup>5</sup>	MOBPF1072	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	\$7,050/\$21,150	\$14,100/\$42,300	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1020 <sup>5</sup>	MOBPF1020	Embedded	\$5,000/\$7,500	\$10,000/\$15,000	\$5,000/\$15,000	\$10,000/\$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 1040 <sup>5,6</sup>	MOBPF1040	Embedded	\$5,000/\$7,500	\$10,000/\$15,000	\$5,000/\$15,000	\$10,000/\$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 1092 <sup>5,6</sup>	MOBPF1092	Embedded	\$7,050/\$14,100	\$14,100/\$28,200	\$7,050/\$14,100	\$14,100/\$28,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
Blue Options PPO <sup>SM</sup>	Blue Options PPO 0012	MOOPT0012	Embedded	\$500	\$1,500	\$2,500/\$3,500/\$7,500	\$7,500/\$10,200/\$22,500	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$250	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Options PPO 0022	MOOPT0022	Embedded	\$500	\$1,500	\$3,500/\$4,500/\$10,500	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0042	MOOPT0042	Embedded	\$1,000	\$3,000	\$4,000/\$5,000/\$12,000	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$500	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

General Notes:  
**Gray boxes are Insure OK eligible plans.**  
 NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network  
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.  
 Coinsurance applies after the medical deductible is met.  
 When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug. They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find all in-network pharmacies at myprime.com. Please note that changes may be made to these pharmacies in the future.  
 All plans include prescription drug benefits. The benefit plan is based on the BCBSOK Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.  
**This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.**

Footnotes:  
 1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.  
 2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.  
 3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.  
 4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.  
 5. This is an HSA-compatible plan.  
 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.  
 7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.  
 8. The HSA RX Copay applies after the deductible is satisfied.

BCBSOK 2022 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits		
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits <sup>1</sup>	Specialist Office Visits	ER Visit Per Occurrence Deductible <sup>2</sup>	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible <sup>2</sup> (In/Out)	Outpatient Per Occurrence Deductible <sup>2</sup> (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Options PPO <sup>SM</sup>	Blue Options PPO 0052	MOOPT0052	Embedded	\$1,000	\$3,000	\$3,000/\$4,000/\$9,000	\$9,000/\$10,200/\$27,000	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$500	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Options PPO 0062	MOOPT0062	Embedded	\$1,500	\$4,500	\$4,500/\$5,300/\$13,500	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$20	\$20	\$20	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0082	MOOPT0082	Embedded	\$2,000	\$6,000	\$3,000/\$4,000/\$9,000	\$7,000/\$9,000/\$21,000	90%/80%/60%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0092	MOOPT0092	Embedded	\$2,000	\$6,000	\$5,000/\$5,300/\$15,000	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0102	MOOPT0102	Embedded	\$2,500	\$7,500	\$5,200/\$5,400/\$15,600	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Options PPO 0112	MOOPT0112	Embedded	\$2,500	\$7,500	\$6,000/\$6,500/\$18,000	\$12,000/\$13,000/\$36,000	60%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0122	MOOPT0122	Embedded	\$3,000	\$9,000	\$7,000/\$7,150/\$21,000	\$12,000/\$14,300/\$36,000	70%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0132	MOOPT0132	Embedded	\$4,000	\$12,000	\$7,000/\$7,150/\$21,000	\$14,000/\$14,300/\$42,000	70%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Options PPO 0142	MOOPT0142	Embedded	\$5,000	\$10,000	\$5,200/\$5,400/\$15,600	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Options HSA <sup>SM</sup>	Blue Options HSA 1022 <sup>5</sup>	MOOPT1022	Embedded	\$3,000/\$5,000	\$6,000/\$10,000	\$5,000/\$5,700/\$15,000	\$10,000/\$11,400/\$30,000	90%/80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Options HSA 1032 <sup>5</sup>	MOOPT1032	Embedded	\$4,000/\$6,500	\$8,000/\$13,000	\$6,500/\$7,000/\$19,500	\$13,000/\$14,000/\$39,000	90%/80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Options HSA 1012 <sup>5</sup>	MOOPT1012	Embedded	\$5,000/\$7,500	\$10,000/\$15,000	\$5,000/\$5,700/\$15,000	\$10,000/\$11,400/\$30,000	100%/80%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Options HSA 1042 <sup>5</sup>	MOOPT1042	Embedded	\$6,000/\$9,000	\$12,000/\$18,000	\$6,500/\$7,000/\$19,500	\$13,000/\$14,000/\$39,000	90%/80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
Blue Choice PPO <sup>SM</sup>	Blue Choice PPO 0012	MOBCH0012	Embedded	\$500/\$500	\$1,500/\$1,500	\$3,500/\$10,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice PPO 0042	MOBCH0042	Embedded	\$1,000/\$1,000	\$3,000/\$3,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice PPO 0052	MOBCH0052	Embedded	\$1,500/\$4,500	\$4,500/\$10,000	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$20	\$0	\$40	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Choice PPO 0072	MOBCH0072	Embedded	\$2,500/\$5,000	\$7,500/\$10,000	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$20	\$0	\$40	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
HSA Blue <sup>SM</sup>	HSA Blue 1031 <sup>5</sup>	MOHSA1031	Embedded	\$2,900/\$5,000	\$5,800/\$10,000	\$2,900/\$8,700	\$5,800/\$17,400	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	HSA Blue 1042 <sup>5,7</sup>	MOHSA1042	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$6,900/\$20,700	\$13,800/\$41,400	80%/60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	
	HSA Blue 1020 <sup>5</sup>	MOHSA1020	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	HSA Blue 1010 <sup>5</sup>	MOHSA1010	Embedded	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$15,000	\$10,000/\$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC

General Notes:

Gray boxes are Insure OK eligible plans.

NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

Coinsurance applies after the medical deductible is met.

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**This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.**

Footnotes:

1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.

2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.

3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.

4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.

5. This is an HSA-compatible plan.

6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.

8. The HSA RX Copay applies after the deductible is satisfied.



BCBSOK 2022 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits <sup>1</sup>	Specialist Office Visits	ER Visit Per Occurrence Deductible <sup>2</sup>	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible <sup>2</sup> (In/Out)	Outpatient Per Occurrence Deductible <sup>2</sup> (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
BlueLincs HMO <sup>SM</sup>	BlueLincs HMO 0040	MOHMO0040	Embedded	\$500/NA	\$1,500/NA	\$1,250/NA	\$3,750/NA	80%/NA	\$25	NA	\$45	\$300 <sup>3</sup>	\$50	DC	\$250 <sup>4</sup>	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueLincs HMO 0050	MOHMO0050	Embedded	\$750/NA	\$2,250/NA	\$3,000/NA	\$6,000/NA	80%/NA	\$25	NA	\$45	\$300 <sup>3</sup>	\$50	DC	\$250 <sup>4</sup>	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueLincs HMO 0060	MOHMO0060	Embedded	\$1,000/NA	\$3,000/NA	\$6,000/NA	\$12,000/NA	80%/NA	\$25	NA	\$50	\$500 <sup>3</sup>	\$50	DC	\$250 <sup>4</sup>	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueLincs HMO 0070	MOHMO0070	Embedded	\$2,000/NA	\$6,000/NA	\$3,000/NA	\$9,000/NA	70%/NA	\$30	NA	\$50	\$500 <sup>3</sup>	\$50	DC	\$250 <sup>4</sup>	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueLincs HMO 0090	MOHMO0090	Embedded	\$6,000/NA	\$12,000/NA	\$7,900/NA	\$15,800/NA	80%/NA	DC	NA	DC	DC	DC	DC	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueLincs HMO 0080 <sup>5</sup>	MOHMO0080	Embedded	\$3,000/NA	\$9,000/NA	\$6,500/NA	\$13,000/NA	80%/NA	DC	NA	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%

General Notes:

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Footnotes:

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2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.

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5. This is an HSA-compatible plan.

6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.

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# Network Offerings Comparison

Plan Name	Blue Advantage PPO	Blue Preferred PPO	Blue Options	Blue Choice PPO	BlueLincs HMO
Network Name	Blue Advantage PPO (BVP)	Blue Preferred PPO (EPP)	Tier 1 – Blue Preferred PPO (EPP) Tier 2 – Blue Choice PPO (PPO) Tier 3 – OON (OON)	Blue Choice PPO (PPO)	BlueLincs HMO <sup>SM</sup> (HMO)
Network Type	Narrow (Smart)	Narrow (Smart)	Tiered	Broad PPO	Broad HMO
Availability	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured
Coverage	Statewide	Statewide	Statewide	Statewide	Statewide
PCP Selection Required	No	No	No	No	Yes
Referral Required	No	No	No	No	No
OON Coverage	Yes	Yes	Yes	Yes	No
BlueCard <sup>®</sup>	Yes	Yes	Yes	Yes	Emergency and Accident Only
Away From Home Care <sup>®</sup> (AFHC)	N/A	N/A	N/A	N/A	Yes
Blue Access for Members <sup>SM</sup>	Yes	Yes	Yes	Yes	Yes
Provider Finder <sup>®</sup>	Yes	Yes	Yes	Yes	Yes
Member Liability Estimator	MLE Lite	Yes	Yes	Yes	Yes



# BlueCare Dental<sup>SM</sup>

## Plan Options for Mid-Market<sup>1</sup>

### Contributory Plans

	DONHR31		DONHR32		DONHR33		DONHR34		DONLR36		DONLR37		DONHM38		DONHM40		DONLM41		DONHM42		DONHR50		DONLM51		DONHM57		DONLR58	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75	\$50		\$75		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50	
Annual Maximum	\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$1,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$1,500		\$1,000		N/A		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000	
Diagnostic and Preventive <sup>2</sup>	100%		100%		100%		100%	80%	100%		90%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% <sup>4</sup>	
Misc. Preventive Services	100% <sup>2</sup>		100% <sup>2</sup>		100% <sup>2</sup>		100% <sup>2</sup>	80% <sup>2</sup>	80%		70%		100% <sup>2</sup>		100% <sup>2</sup>	80% <sup>2</sup>	70%	50%	100% <sup>2</sup>		100% <sup>2</sup>		80%		100% <sup>2</sup>		80%	
Basic Restorative	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	80% <sup>3</sup>		80%		80%		100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%	
Endodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Oral Surgery	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Surgical Periodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%	
Implants	50%		50%		50%		50%		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A	
Orthodontics <sup>2</sup>	50%		50%		50%		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%	
OON Reimbursement	90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		MAC		90th R&C		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. Preventive services will not count toward maximum annual benefit.

### Voluntary Plans

	DONHR43		DONHM44		DONHM46		DONHR52		DONHR53		DONLR54		DONLM55		DONLM56		DONHM59		DONLR60	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$750		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive <sup>2</sup>	100%		100%	80%	100%		100%		100%		100%		100%		100%		100%		100% <sup>5</sup>	
Misc. Preventive Services	100% <sup>2</sup>		100% <sup>2</sup>	80% <sup>2</sup>	100% <sup>2</sup>		100% <sup>2</sup>		100% <sup>2</sup>		80%		80%		80%	50%	100% <sup>2</sup>		80%	
Basic Restorative	80%		80%	60%	80% <sup>3</sup>		80%		80%		80%		80%		80%	50%	100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%	60%	N/A		80%		80%		80%		80%		80%	50%	100%		80%	
Endodontics	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Surgical Periodontics	80% <sup>4</sup>		80% <sup>4</sup>	60% <sup>4</sup>	N/A		80% <sup>4</sup>		80% <sup>4</sup>		50% <sup>4</sup>		50% <sup>4</sup>		50% <sup>4</sup>		100% <sup>4</sup>		50% <sup>4</sup>	
Major Restorative and Prosthodontics	50% <sup>4</sup>		50% <sup>4</sup>	40% <sup>4</sup>	N/A		50% <sup>4</sup>		50% <sup>4</sup>		50% <sup>4</sup>		50% <sup>4</sup>		50% <sup>4</sup>		60% <sup>4</sup>		50% <sup>4</sup>	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics <sup>2</sup>	50%		N/A		N/A		50%		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		MAC		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. 12-month waiting period applies.

5. Preventive services will not count toward maximum annual benefit.

For information on rates, contact your BCBSOK Account Representative.

# Vision Insurance from Blue Cross and Blue Shield of Oklahoma

## Access to Care Starts with the Right Network

Vision benefits from Blue Cross and Blue Shield of Oklahoma provide the right mix of independent and retail providers – including popular national chains and regional favorites, as well as online options. With the Select network, members have access to care and services that offer more flexibility, choice and savings.

In fact, because our vision benefits network uses EyeMed’s Select network, you can look forward to more employees enrolling, 98% in-network provider utilization<sup>1</sup> and more members using their benefit.<sup>2</sup>

Additional benefits include:

- Ability to use contact lens and frame allowance in the same benefit period and still receive discount on spectacle lenses
- Online, in-network options at [ContactsDirect.com](https://www.contactsdirect.com) and [Glasses.com](https://www.glasses.com)

# of in-network provider access points (estimated) <sup>4</sup>	96,700
# of in-network provider locations	24,400
# of in-network independent provider locations <sup>5</sup>	18,100
# of in-network retail provider locations <sup>5</sup>	6,300
In-network, online options that allow benefits to be applied	Yes
<b>Benefits</b>	
Freedom to choose nearly any ophthalmic frame, lens or contact lens <sup>6</sup>	Yes
Discount on additional pairs of glasses	40%
Discounts on hearing exams, aids and services	Yes
<b>Member Experience</b>	
Ability to locate an in-network provider by multiple criteria, such as ZIP code, provider specialty office hours, services and/or frame brands	Yes
Mobile app for members with ID card, provider locator, benefit overview and driving directions	Yes
100 hours or more of live customer services, 7 days a week	Yes
Certified Center of Excellence call center <sup>7</sup>	Yes

1. Dearborn Life Insurance Company book of business data, 2019.

2. EyeMed analysis of new business that transferred over from a prior benefits company, 2013-2014. EyeMed is an independent company that administers the vision benefits for Blue Cross and Blue Shield of Oklahoma.

3. Network data is based on the EyeMed Vision Care Select network.

4. All network data as of Spring 2018. Competitive network figures from Netminder, rounded to the nearest 100.

5. Retail chains must have at least 20 locations. Competitive numbers calculated twice annually, reflects November 2017 data.

6. May not be available on all plans. Confirm if your plan provides this option.

7. EyeMed awarded Benchmark portal Center of Excellence certification for nine consecutive years. Benchmark Portal evaluates call centers from businesses across the country in multiple industries.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

EyeMed Vision Care, LLC and First American Administrators (FAA), are independent companies that have contracted with Blue Cross and Blue Shield of Oklahoma to provide network and claims administration for members with coverage through BCBSOK.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these plans, please contact your BCBSOK Account Representative.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSOK to provide pharmacy benefit management and related other services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A “preferred” or “participating” pharmacy has a contract with BCBSOK or BCBSOK’s pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Oklahoma. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Livingo and Wondr Health are independent companies that have contracted with Blue Cross and Blue Shield of Oklahoma to provide chronic disease prevention and management solutions for members with coverage through BCBSOK.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical & ancillary package pricing is available for fully insured mid-market medical groups with more than 51 eligible employees.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

## Vision Plan Portfolio

	Frequency Eye/Lenses/ Frame	Exam Copay	Lens Copay	Allowance Frame & Contact	Funded Fit & Follow-up	Funded Standard Progressive Lenses	Funded Scratch Coating	Funded Kids Polycarb
Plan 1	12/12/24	\$10	\$25	\$100	No	No	No	No
Plan 2	12/12/24	\$10	\$10	\$130	No	No	Yes	Yes
Plan 3	12/12/24	\$10	\$10	\$130	Yes	No	Yes	Yes
Plan 4	12/12/12	\$10	\$10	\$130	No	No	Yes	Yes
Plan 5	12/12/24	\$10	\$10	\$150	No	No	Yes	Yes
Plan 6	12/12/12	\$10	\$10	\$150	No	No	Yes	Yes
Plan 7	12/12/12	\$10	\$10	\$150	No	No	Yes	Yes
Plan 8	12/12/24	\$10	\$25	\$130	No	No	Yes	Yes
Plan 9	12/12/24	\$10	\$25	\$150	No	No	Yes	Yes
Plan 10	12/12/12	\$10	\$25	\$150	No	No	Yes	Yes

Contact your BCBSOK Account Representative or BCBSOK ancillary sales executive for a proposal and complete details. Available for both contributory and non-contributory plans.

