



Subject: Important Plan Changes Oklahoma Small Group 2024

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all Blue Cross and Blue Shield of Oklahoma (BCBSOK) small group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSOK plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Oklahoma

Blue Cross and Blue Shield of Oklahoma

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 126; Plan ID G8K6ADT

- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$8,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$16,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$40.
- Your Specialist Office Visit copayment will change to \$55 from \$80.
- Your Virtual Visit copayment will change to \$35 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$40.

Blue Advantage Gold PPO 136; Plan ID G8M2ADT

- Your in-network individual Deductible will change to \$3,250 from \$3,000.
- Your in-network family Deductible will change to \$9,750 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,250 from \$3,000.
- Your in-network family Out-of-Pocket Maximum will change to \$9,750 from \$9,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,500 from \$18,000.
- Your out-of-network individual Deductible will change to \$6,500 from \$6,000.
- Your out-of-network family Deductible will change to \$19,500 from \$18,000.

Blue Advantage Silver PPO 117; Plan ID S8E1ADT

- Your in-network individual Out-of-Pocket Maximum will change to \$9,450 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,900 from \$18,200.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$150/\$250 from \$10/\$20/\$70/\$120/\$150/\$250.

Blue Cross and Blue Shield of Oklahoma

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver PPO 105; Plan ID S731ADT

- Your in-network individual Out-of-Pocket Maximum will change to \$9,450 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,900 from \$18,200.

Blue Advantage Gold PPO 119; Plan ID G8J3ADT

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$9,600 from \$10,000.

Blue Advantage Bronze PPO 106; Plan ID B730ADT

- Your in-network individual Deductible will change to \$7,250 from \$6,900.
- Your in-network family Deductible will change to \$14,500 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,000 from \$27,600.
- Your out-of-network individual Deductible will change to \$14,500 from \$13,800.
- Your out-of-network family Deductible will change to \$29,000 from \$27,600.

Blue Cross and Blue Shield of Oklahoma

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 426; Plan ID G8K6PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$8,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$16,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$40.
- Your Specialist Office Visit copayment will change to \$55 from \$80.
- Your Virtual Visit copayment will change to \$35 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$40.

Blue Preferred Gold PPO 435; Plan ID G8M2PFR

- Your in-network individual Deductible will change to \$3,250 from \$3,000.
- Your in-network family Deductible will change to \$9,750 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,250 from \$3,000.
- Your in-network family Out-of-Pocket Maximum will change to \$9,750 from \$9,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,500 from \$18,000.
- Your out-of-network individual Deductible will change to \$6,500 from \$6,000.
- Your out-of-network family Deductible will change to \$19,500 from \$18,000.

Blue Preferred Silver PPO 417; Plan ID S8E1PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$9,450 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,900 from \$18,200.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$150/\$250 from \$10/\$20/\$70/\$120/\$150/\$250.

Blue Cross and Blue Shield of Oklahoma

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver PPO 406; Plan ID S732PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$9,450 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,900 from \$18,200.

Blue Preferred Gold PPO 418; Plan ID G8J2PFR

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$9,600 from \$10,000.

Blue Preferred Bronze PPO 407; Plan ID B730PFR

- Your in-network individual Deductible will change to \$7,250 from \$6,900.
- Your in-network family Deductible will change to \$14,500 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,000 from \$27,600.
- Your out-of-network individual Deductible will change to \$14,500 from \$13,800.
- Your out-of-network family Deductible will change to \$29,000 from \$27,600.

Blue Choice Gold PPO 203; Plan ID G732CHC

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,000.
- Your out-of-network family Deductible will change to \$19,200 from \$18,000.

Blue Cross and Blue Shield of Oklahoma

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Bronze PPO 207; Plan ID B730CHC

- Your in-network individual Deductible will change to \$7,250 from \$6,900.
- Your in-network family Deductible will change to \$14,500 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,000 from \$27,600.
- Your out-of-network individual Deductible will change to \$14,500 from \$13,800.
- Your out-of-network family Deductible will change to \$29,000 from \$27,600.

Blue Options Silver PPO 310; Plan ID S8E1OPT

- Your in-network individual Deductible will change to \$5,150 from \$4,900.
- Your in-network family Deductible will change to \$10,300 from \$9,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,150 BP / \$6,500 BC from \$4,900 BP / \$6,000 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$10,300 BP / \$13,000 BC from \$9,800 BP / \$12,000 BC.
- Your out-of-network individual Deductible will change to \$10,300 from \$9,800.
- Your out-of-network family Deductible will change to \$20,600 from \$19,600.

Blue Options Bronze PPO 306; Plan ID B710OPT

- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 BP / \$7,500 BC from \$6,900 BP / \$6,900 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 BP / \$15,000 BC from \$13,600 BP / \$13,800 BC.