



MID-MARKET 51-150 EMPLOYEES

2025-26 Mid-Market Group Plans

Blue Cross and Blue Shield of Oklahoma 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

2025-26 Mid-Market Group Plans

The Mid-Market Group Portfolio is available from July 1, 2025, through June 30, 2026. 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 2025-26 Mid-Market Group Portfolio:

Members and Employers Save Big with Member Rewards*

Our Member Rewards program, administered by Zelis, helps members:

- Compare costs and quality of providers.
- Save on out-of-pocket costs.
- Earn Cash Rewards.

When members choose quality, lower-cost, reward-eligible options, they will receive cash rewards and save on their – and their employers’ – health care costs.

*Member Rewards is only included with PPO plans.

Twin Health Metabolic Health Management

Eligible members will now have access to a diabetes reversal program that creates a digital representation of their unique metabolism to help empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes – all offered as a covered benefit and at no cost.

Behavioral Health Enhancements: Mental Health Hub, Increased Access & Crisis Support

We are deeply committed to our members’ overall wellbeing, and mental health is an important part of our approach. 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 2025, we are launching several enhancements aimed at increasing member access to specialty behavioral health providers, improving the member experience and offering proactive clinical outreach:

- **Mental Health Hub:** Digital, one-stop-shop for mental health resources. Includes an optional self-assessment to help members navigate to the recommended solution for their needs and provides increased access to specialty behavioral health providers, including those treating substance use disorders, pediatric mental illness, eating disorders and obsessive-compulsive disorders.
- **Risk Identification & Outreach:** New, predictive analytics model aimed at identifying members who may be at-risk and providing proactive clinician outreach, with the goal of preventing suicide and self-harm attempts.
- **Mental Health Response Course:** Online, self-paced training to help members develop the skills to respond to the signs and symptoms of mental illness and substance use.
- **Workplace Crisis Intervention:** Clinical support should a tragedy occur affecting employees.

Employee Assistance Program

Your BCBSOK plan includes access to an Employee Assistance Program through ComPsych Guidance Resources, which allows members to:

- Get expert assistance to help you deal with life’s challenges
- Access counseling, legal and financial guidance, with most services at no cost

Members’ EAP includes 5 free therapy sessions per issue. Once the member has used these free sessions, they can use their network benefits to keep seeing the same therapist in most cases.

Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health advisor, 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.

Promote Consumerism and Enhance Your and Employees’ Cost-Savings

Consumer Driven Health Plans are benefit plans that help employers contain health care costs by encouraging employees to become better consumers. When you choose one of our preferred vendors to administer your company’s HSA, FSA or HRA, you and your employees will have the value-added benefits of our integrated services:

- **Preferred Pricing:** You get deep discounts on vendor administration fees, and standard member education materials are automatically included in your pricing.
- **Daily Claims and Eligibility Feeds**:** We share secure, daily claims and eligibility feeds for hassle-free membership updates, expense reimbursement and claim substantiation.
- **Integrated Web Services**:** Members have access to balance and transactional details on BAMSM via real-time web feed, and can also access vendor portals via single sign-on.

**Integration features vary by vendor. Talk with your sales or account executive for details.

continued

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Highlights of our 2025-26 Mid-Market Group Portfolio continued:

Blue Advantage PPOSM

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®.

Blue Preferred PPOSM

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.

Ancillary Plans

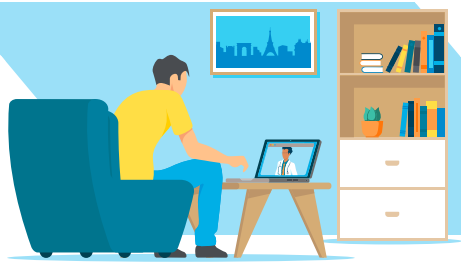
Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees’ physical and financial wellbeing while providing them with peace of mind. When you offer medical coverage with 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 3% 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 representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
 - Life Insurance
- Short- and/or Long-Term Disability
 - Accident and Critical Illness
- Vision
 - Hospital Indemnity

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®, and telemedicine consultations through members’ primary care physicians are conducted by phone, online video or mobile app. **This year, members continue to 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

Prescription Discount Benefit with MedsYourWay®

MedsYourWay, administered by Prime Therapeutics, is a new drug discount savings program that lowers costs for members on eligible medicines. It automatically compares prices from participating drug discount cards to a member's pharmacy benefit plan cost-share amount at select in-network retail pharmacies. The member pays the lower available price. To access MedsYourWay, the member should:

- Fill their prescriptions at a participating in-network retail pharmacy.
- Show their member ID to the pharmacists.
- Pay the lower available price. Members will have all covered purchases count towards their yearly plan deductibles and/or out-of-pocket expenses.

MedsYourWay is currently available for most group plans in Oklahoma with Prime as their pharmacy benefit manager.

Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Beginning in 2025 your benefit plan will include Gene Therapy Solutions. Your employees will have access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

\$0 Emergency Use Medications Available 2025

Starting January 1, 2025, upon renewal, cost barriers to select acute medications typically used for emergency use or life-saving situations will be removed, which will help improve clinical outcomes, increase member satisfaction and overall benefit experience. Members will have access to the \$0 cost share when using any in-network pharmacy for the following drug categories:

- Severe Allergic reactions (Epinephrine auto-injector ect.)
- Hypoglycemia (Glucagon injection kit, ect.)
- Opioid overdoses (Naloxone injectable/nasal spray, ect.)
- Nitrates (Nitroglycerin sublingual)

2025-26 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 ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Advantage PPO	Blue Advantage PPO 0075	MOBAP0075	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$4,500	\$4,500/\$13,500	80%/60%	\$30	\$0	\$55	\$400	\$50	DC	\$150/\$250	\$100/\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0085	MOBAP0085	Embedded	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	\$750	DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350
	Blue Advantage PPO 0155	MOBAP0155	Embedded	\$1,100/\$3,300	\$2,200/\$6,600	\$7,400/\$14,800	\$14,800/\$29,600	80%/50%	\$35	\$0	\$60	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0015	MOBAP0015	Embedded	\$1,350/\$2,700	\$4,050/\$8,100	\$3,000/\$9,000	\$9,000/\$27,000	70%/60%	\$40	\$0	\$70	\$500	\$50	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0025	MOBAP0025	Embedded	\$1,600/\$3,200	\$4,800/\$9,600	\$5,250/\$15,750	\$10,500/\$31,500	80%/60%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0175	MOBAP0175	Embedded	\$2,100/\$4,200	\$6,300/\$12,600	\$4,250/\$12,750	\$12,750/\$38,250	50%/50%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0095	MOBAP0095	Embedded	\$2,100/\$4,200	\$6,300/\$12,600	\$5,250/\$15,750	\$10,500/\$31,500	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	\$750	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0035	MOBAP0035	Embedded	\$2,600/\$5,200	\$7,800/\$15,600	\$6,250/\$18,750	\$12,500/\$37,500	80%/60%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0105	MOBAP0105	Embedded	\$3,100/\$6,200	\$9,300/\$18,600	\$7,250/\$21,750	\$14,500/\$43,500	70%/60%	\$25	\$0	\$50	\$500	\$50	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0055	MOBAP0055	Embedded	\$3,600/\$7,200	\$10,000/\$15,000	\$6,250/\$18,750	\$12,500/\$37,500	70%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0185	MOBAP0185	Embedded	\$3,600/\$7,200	\$10,000/\$15,000	\$6,250/\$18,750	\$12,500/\$37,500	70%/60%	\$40	\$0	\$70	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0115	MOBAP0115	Embedded	\$4,100/\$8,200	\$12,300/\$24,600	\$7,250/\$21,750	\$14,500/\$43,500	70%/60%	\$35	\$0	\$60	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0135	MOBAP0135	Embedded	\$5,100/\$10,200	\$10,200/\$30,600	\$6,250/\$18,750	\$12,500/\$37,500	80%/60%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0125	MOBAP0125	Embedded	\$5,100/\$10,200	\$10,200/\$22,500	\$7,250/\$21,750	\$14,500/\$43,500	50%/50%	\$35	\$0	\$60	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0165	MOBAP0165	Embedded	\$5,600/\$11,200	\$11,200/\$22,400	\$9,200/\$27,600	\$18,400/\$55,200	80%/60%	\$40	\$0	\$70	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0145	MOBAP0145	Embedded	\$6,100/\$12,200	\$12,200/\$24,400	\$7,250/\$21,750	\$14,500/\$43,500	50%/50%	\$35	\$0	\$60	\$400	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Advantage PPO 0063	MOBAP0063	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	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

General Notes:

Insure Oklahoma eligible plans are highlighted in yellow.

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:

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

2025-26 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 ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Advantage PPO	Blue Advantage PPO 0194	MOBAP0194	Embedded	\$7,500/\$15,000	\$15,000/\$28,000	\$7,500/\$22,500	\$15,000/\$45,000	100%/70%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 1015 ⁵	MOBAP1015	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Advantage PPO 1045 ^{5,6}	MOBAP1045	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Advantage PPO 1095 ⁵	MOBAP1095	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$5,250/\$15,750	\$10,500/\$31,500	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 1075 ^{5,7}	MOBAP1075	Embedded	\$3,600/\$7,200	\$7,200/\$14,400	\$7,150/\$21,450	\$14,300/\$42,900	80%/60%	\$35	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Advantage PPO 1085 ⁵	MOBAP1085	Embedded	\$4,100/\$8,200	\$8,200/\$16,400	\$7,150/\$21,450	\$14,300/\$42,900	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 1105 ⁵	MOBAP1105	Embedded	\$4,100/\$8,200	\$8,200/\$16,400	\$7,300/\$21,900	\$14,600/\$43,800	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 1025 ⁵	MOBAP1025	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$5,100/\$15,300	\$10,200/\$30,600	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Advantage PPO 1055 ^{5,6}	MOBAP1055	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$5,100/\$15,300	\$10,200/\$30,600	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Advantage PPO 1125 ^{5,6}	MOBAP1125	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$7,750/\$23,250	\$15,500/\$46,500	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 1035 ⁵	MOBAP1035	Embedded	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Advantage PPO 1065 ^{5,6}	MOBAP1065	Embedded	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%

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Blue Preferred PPO	Blue Preferred PPO 0013	MOBPF0013	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 0045	MOBPF0045	Embedded	\$1,000/\$2,000	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0035	MOBPF0035	Embedded	\$1,100/\$2,200	\$3,300/\$6,600	\$4,250/\$12,750	\$10,200/\$30,600	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0025	MOBPF0025	Embedded	\$1,100/\$2,200	\$3,300/\$6,600	\$5,250/\$15,750	\$10,500/\$31,500	80%/70%	\$35	\$0	\$60	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0275	MOBPF0275	Embedded	\$1,100/\$3,300	\$2,200/\$6,600	\$7,400/\$14,800	\$14,800/\$29,600	80%/50%	\$35	\$0	\$60	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0235	MOBPF0235	Embedded	\$1,600/\$3,200	\$3,200/\$6,400	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350
	Blue Preferred PPO 0065	MOBPF0065	Embedded	\$1,600/\$3,200	\$4,800/\$9,600	\$4,750/\$14,250	\$10,200/\$30,600	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0055	MOBPF0055	Embedded	\$1,600/\$3,200	\$4,800/\$9,600	\$5,250/\$15,750	\$10,500/\$31,500	80%/60%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0075	MOBPF0075	Embedded	\$1,600/\$3,200	\$4,800/\$9,600	\$6,250/\$18,750	\$13,000/\$39,000	50%/50%	\$35	\$0	\$60	\$400	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0245	MOBPF0245	Embedded	\$2,100/\$4,200	\$4,200/\$8,400	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350
	Blue Preferred PPO 0295	MOBPF0295	Embedded	\$2,100/\$4,200	\$6,300/\$12,600	\$4,250/\$12,750	\$12,750/\$38,250	50%/50%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0085	MOBPF0085	Embedded	\$2,100/\$4,200	\$6,300/\$12,600	\$5,250/\$15,750	\$10,500/\$31,500	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0105	MOBPF0105	Embedded	\$2,600/\$5,200	\$7,800/\$12,000	\$5,750/\$17,250	\$11,500/\$34,500	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350
	Blue Preferred PPO 0095	MOBPF0095	Embedded	\$2,600/\$5,200	\$7,800/\$15,600	\$6,250/\$18,750	\$12,500/\$37,500	80%/60%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0115	MOBPF0115	Embedded	\$2,600/\$5,200	\$7,800/\$15,000	\$6,250/\$18,750	\$13,000/\$39,000	50%/50%	\$35	\$0	\$60	\$400	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0135	MOBPF0135	Embedded	\$3,100/\$6,200	\$9,300/\$18,600	\$7,250/\$21,750	\$14,500/\$43,500	70%/60%	\$35	\$0	\$60	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0145	MOBPF0145	Embedded	\$4,100/\$8,200	\$12,300/\$24,600	\$7,250/\$21,750	\$14,500/\$43,500	70%/60%	\$35	\$0	\$60	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0165	MOBPF0165	Embedded	\$5,100/\$10,200	\$10,200/\$30,600	\$6,250/\$18,750	\$12,500/\$37,500	80%/60%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0175	MOBPF0175	Embedded	\$5,100/\$10,200	\$10,200/\$30,600	\$5,850/\$17,550	\$11,700/\$35,100	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0285	MOBPF0285	Embedded	\$5,600/\$11,200	\$11,200/\$22,400	\$9,200/\$27,600	\$18,400/\$55,200	80%/60%	\$40	\$0	\$70	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0225	MOBPF0225	Embedded	\$6,100/\$12,200	\$12,200/\$24,400	\$7,250/\$21,750	\$14,500/\$43,500	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 0265	MOBPF0265	Embedded	\$6,100/\$12,200	\$12,200/\$24,400	\$7,250/\$21,750	\$14,500/\$43,500	50%/50%	\$35	\$0	\$60	\$400	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1015 ⁵	MOBPF1015	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%

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

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

2025-26 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 ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Preferred PPO	Blue Preferred PPO 1035 ^{5,6}	MOBPF1035	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$3,500/\$7,000	\$7,000/\$14,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred PPO 1085 ^{5,6,8}	MOBPF1085	Embedded	\$3,500/\$7,000	\$7,000/\$14,000	\$7,300/\$21,900	\$14,600/\$43,800	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1055 ^{5,7}	MOBPF1055	Embedded	\$3,600/\$7,200	\$7,200/\$14,400	\$7,150/\$21,450	\$14,300/\$42,900	80%/60%	\$35	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1065 ⁵	MOBPF1065	Embedded	\$4,100/\$8,200	\$8,200/\$16,400	\$7,150/\$21,450	\$14,300/\$42,900	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1075 ⁵	MOBPF1075	Embedded	\$4,100/\$8,200	\$8,200/\$16,400	\$7,300/\$21,900	\$14,600/\$43,800	50%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1025 ⁵	MOBPF1025	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$5,100/\$15,300	\$10,200/\$30,600	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred PPO 1045 ^{5,6}	MOBPF1045	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$5,100/\$15,300	\$10,200/\$30,600	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred PPO 1105 ^{5,6}	MOBPF1105	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$7,750/\$23,250	\$15,500/\$46,500	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1095 ^{5,6}	MOBPF1095	Embedded	\$7,150/\$14,300	\$14,300/\$28,600	\$7,150/\$14,300	\$14,300/\$28,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
Blue Options PPO SM	Blue Options PPO 0015	MOOPT0015	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$2,750/\$3,750/\$8,250	\$8,250/\$10,200/\$24,750	80%/70%/50%	\$35	\$35	\$40	\$200	\$50	DC	\$250	\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0055	MOOPT0055	Embedded	\$1,100/\$2,200	\$3,300/\$6,600	\$3,000/\$4,250/\$9,000	\$9,000/\$10,200/\$27,000	80%/70%/50%	\$35	\$35	\$40	\$200	\$50	DC	\$500	\$200	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350
	Blue Options PPO 0045	MOOPT0045	Embedded	\$1,100/\$2,200	\$3,300/\$6,600	\$4,250/\$5,250/\$12,750	\$10,000/\$10,500/\$30,000	80%/70%/50%	\$35	\$35	\$40	\$200	\$50	DC	\$500	\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0065	MOOPT0065	Embedded	\$1,600/\$3,200	\$4,800/\$9,600	\$4,750/\$5,550/\$14,250	\$10,000/\$11,100/\$30,000	80%/70%/50%	\$25	\$25	\$30	\$200	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0085	MOOPT0085	Embedded	\$2,100/\$4,200	\$6,300/\$12,600	\$3,000/\$4,250/\$9,000	\$7,000/\$9,000/\$21,000	90%/80%/60%	\$40	\$40	\$45	\$200	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0095	MOOPT0095	Embedded	\$2,100/\$4,200	\$6,300/\$12,600	\$5,250/\$5,550/\$15,750	\$10,500/\$11,100/\$31,500	80%/70%/50%	\$40	\$40	\$45	\$200	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0105	MOOPT0105	Embedded	\$2,600/\$5,200	\$7,800/\$15,600	\$5,450/\$5,650/\$16,350	\$10,900/\$11,300/\$32,700	80%/70%/50%	\$40	\$40	\$45	\$200	\$50	DC	\$750	\$200	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350
	Blue Options PPO 0115	MOOPT0115	Embedded	\$2,600/\$5,200	\$7,800/\$15,600	\$6,250/\$6,750/\$18,750	\$12,500/\$13,500/\$37,500	60%/60%/50%	\$35/\$55	\$35	\$50/\$70	\$400	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0125	MOOPT0125	Embedded	\$3,100/\$6,200	\$9,300/\$18,600	\$7,250/\$7,400/\$21,750	\$14,500/\$14,800/\$43,500	70%/60%/50%	\$35/\$55	\$35	\$50/\$70	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0135	MOOPT0135	Embedded	\$4,100/\$8,200	\$12,300/\$24,600	\$7,250/\$7,400/\$21,750	\$14,500/\$14,800/\$43,500	70%/60%/50%	\$35/\$55	\$35	\$50/\$70	\$400	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Options PPO 0145	MOOPT0145	Embedded	\$5,100/\$10,200	\$10,200/\$20,400	\$5,450/\$5,650/\$16,350	\$10,900/\$11,300/\$32,700	80%/70%/50%	\$40	\$40	\$45	\$200	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350

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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.
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 5. This is an HSA-compatible plan.
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 8. The HSA RX Copay applies after the deductible is satisfied.

2025-26 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 ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Options HSA SM	Blue Options HSA 1025 ⁵	MOOPT1025	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$5,250 / \$5,950 / \$15,750	\$10,500 / \$11,900 / \$31,500	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 1035 ⁵	MOOPT1035	Embedded	\$4,100 / \$8,200	\$8,200 / \$16,400	\$6,750 / \$7,250 / \$20,250	\$13,500 / \$14,500 / \$40,500	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 1015 ⁵	MOOPT1015	Embedded	\$5,100 / \$10,200	\$10,200 / \$20,400	\$5,100 / \$5,950 / \$15,300	\$10,200 / \$11,900 / \$30,600	100% / 80% / 70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Options HSA 1045 ⁵	MOOPT1045	Embedded	\$6,100 / \$12,200	\$12,200 / \$24,400	\$6,750 / \$7,250 / \$20,250	\$13,500 / \$14,500 / \$40,500	90% / 80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
Blue Choice PPO SM	Blue Choice PPO 0015	MOBCH0015	Embedded	\$500/ \$1,000	\$1,500/ \$3,000	\$3,750/ \$11,250	\$10,200/ \$30,600	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Choice PPO 0045	MOBCH0045	Embedded	\$1,000/ \$2,000	\$3,000/ \$6,000	\$3,000/ \$9,000	\$9,000/ \$27,000	80%/60%	\$25	\$0	\$30	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Choice PPO 0055	MOBCH0055	Embedded	\$1,600/ \$4,800	\$4,800/ \$10,000	\$5,250/ \$15,750	\$10,500/ \$31,500	80%/60%	\$25	\$0	\$50	\$300	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Choice PPO 0075	MOBCH0075	Embedded	\$2,600/ \$5,200	\$7,800/ \$10,400	\$5,250/ \$15,750	\$10,500/ \$31,500	80%/60%	\$25	\$0	\$50	\$300	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
HSA Blue SM	HSA Blue 1035 ⁵	MOHSA1035	Embedded	\$3,500/ \$7,000	\$7,000/ \$14,000	\$3,500/ \$10,500	\$7,000/ \$21,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	HSA Blue 1045 ^{5,7}	MOHSA1045	Embedded	\$3,600/ \$7,200	\$7,200/ \$14,400	\$7,150/ \$21,450	\$14,300/ \$42,900	80%/60%	\$35	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	HSA Blue 1015 ⁵	MOHSA1015	Embedded	\$5,100/ \$10,200	\$10,200/ \$20,400	\$5,100/ \$15,300	\$10,200/ \$30,600	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
BlueLincs HMO SM	BlueLincs HMO 0043	MOHMO0043	Embedded	\$500/ NA	\$1,500/ NA	\$1,250/ NA	\$3,750/ NA	80%/NA	\$25	NA	\$45	\$300 ³	\$50	DC	\$250 ⁴ /NA	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueLincs HMO 0093	MOHMO0093	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

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Network Offerings Comparison

Plan Name	Blue Advantage PPO	Blue Preferred PPO	Blue Options	Blue Choice PPO
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)
Network Type	Narrow (Smart)	Broad PPO	Tiered	Broad PPO
Availability	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured
Coverage	Statewide	Statewide	Statewide	Statewide
PCP Selection Required	No	No	No	No
Referral Required	No	No	No	No
OON Coverage	Yes	Yes	Yes	Yes
BlueCard	Yes	Yes	Yes	Yes
Away From Home Care® (AFHC)	N/A	N/A	N/A	N/A
Blue Access for Members SM	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	Yes

Vision Insurance

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 utilization¹ and more members using their benefit.²

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, Glasses.com, TargetOptical.com, Lenscrafters.com, Ray-Ban.com** and **Oakley.com**.

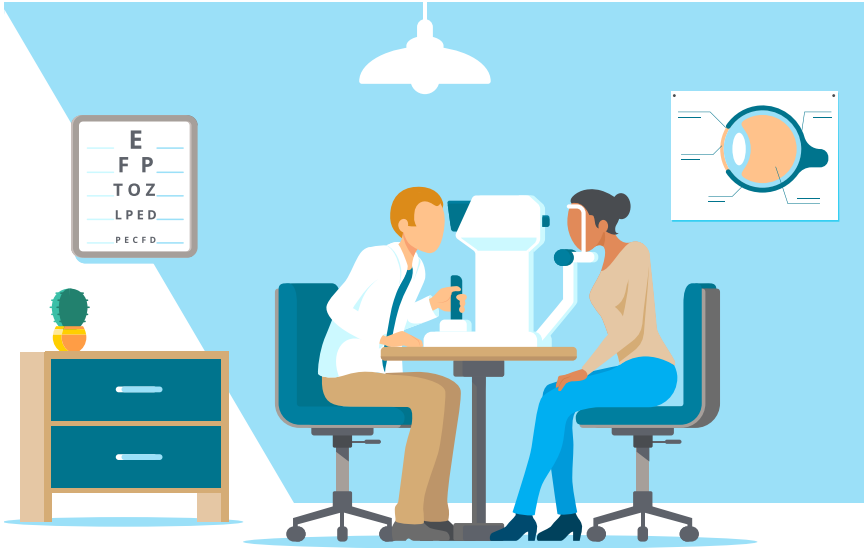
# of in-network provider access points (estimated) ⁴	165,507
# of in-network provider locations	26,558
# of in-network independent provider locations ⁵	19,225
# of in-network retail provider locations ⁵	7,330
In-network, online options that allow benefits to be applied	Yes
Benefits	
Freedom to choose nearly any ophthalmic frame, lens or contact lens ⁶	Yes
Discount on additional pairs of glasses	40%
Discounts on hearing exams, aids and services	Yes
Member Experience	
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 ⁷	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 December 2023. Competitive network figures from Netminder, rounded to the nearest 100.
5. Retail chains must have at least 20 locations.
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 14 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.

Vision Plan Portfolio

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

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



	DONHR30		DONHR31		DONHR32		DONHR33		DONHR34		DONHR35		DONLR36		DONHM38		DONHM40		DONLM41		DONHM42		DONHR50		DONLM51		DONHM57		DONLR58		DONHR61		DONLR62	
	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	IN	OON	IN	OON		
Deductible (3x Family)	\$25		\$25		\$50		\$50		\$50	\$75	\$0		\$50		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50		\$50		\$50	
Annual Maximum	\$5,000		\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$2,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000		\$2,000		\$1,500	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$2,000		\$1,500		\$1,000		\$2,000		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000		\$1,000		\$1,000	
Diagnostic and Preventive ²	100%		100%		100%		100%		100%	80%	100%		100%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% ⁴		100%		100%	
Misc. Preventive Services	100% ²		100% ²		100% ²		100% ²		100% ²	80% ²	100% ²		80%		100% ²		100% ²	80% ²	70%	50%	100% ²		100% ²		80%		100% ²		80%		100% ²		80%	
Basic Restorative	80%		80%		80%		80%		80%	60%	90%	80%	80%		80%		80%	60%	70%	50%	80% ³		80%		80%		100%		80%		80%		80%	
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	80%		80%		80%		80%		80%	60%	90%	80%	80%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%		80%		80%	
Endodontics	80%		80%		80%		80%		80%	60%	90%	80%	50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%		80%		50%	
Oral Surgery	80%		80%		80%		80%		80%	60%	90%	80%	50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%		80%		50%	
Surgical Periodontics	80%		80%		80%		80%		80%	60%	90%	80%	50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%		80%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		60%	50%	50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%		50%		50%	
Implants	50%		50%		50%		50%		50%		60%	50%	N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A		N/A		N/A	
Orthodontics ²	50%		50%		50%		50%		50%		50%		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%		50%		50%	
OON Reimbursement	90th R&C		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		90th R&C		90th R&C	

Voluntary Plans

	DONHR43		DONHM44		DONHR45		DONHM46		DONLR47		DONLR48		DONLM49		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	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$25	\$75	\$50		\$50		\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$2,000		\$750		\$1,500		\$1,500		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		\$2,000		N/A		N/A		\$1,000		N/A		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%	80%	100%		100%		100%		100%		100%		100%		100%		100%		100%		100%		100% ⁴	
Misc. Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		80%		80%		80%		100% ²		80%		80%		80%	50%	100% ²		80%	
Basic Restorative	80%		80%	60%	90%	80%	80% ³		80%		80%		80%		80%		80%		80%		80%	50%	100%		80%	
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Endodontics	80%		80%	60%	90%	80%	N/A		50%		50%		50%		80%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	90%	80%	N/A		50%		50%		50%		80%		50%		50%		50%		100%		50%	
Surgical Periodontics	80%		80%	60%	90%	80%	N/A		50%		50%		50%		80%		50%		50%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%	40%	60%	50%	N/A		50%		50%		50%		50%		50%		50%		50%		60%		50%	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics ²	50%		N/A		50%		N/A		N/A		50%		N/A		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		90th R&C		MAC		90th R&C		90th R&C		MAC		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. Preventive services will not count toward maximum annual benefit.

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