



BlueCross BlueShield of Oklahoma

Subject: 2023-2024 Benefit Plan Changes

Dear Group Administrator:

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

Included with this letter is a list of plans with applicable benefit changes.

Your next steps:

- Find the nine-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document
 - **Note: if you don’t see your plan(s) listed, it means there are no changes.**

If you would like to keep your current plan(s) at renewal **with the changes included in this document**, 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

bcbsok.com



2023 Mid-Market Plans

Mid-Market (51-150)

To find your group's 2023 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or Plan ID in the search field and press enter.

Benefit changes impacting the below plans at renewal include:

- In 2023, your Mail Order Multiplier will change from 2.5 to 3. The Mail Order Multiplier is used to calculate the preferred drug plan copay on mail ordered supplies.

Plan ID and name changes for 2023:

Old Plan ID	New Plan ID	Old Plan Name	New Plan Name
MOBAP0072	MOBAP0073	Blue Advantage PPO 0072	Blue Advantage PPO 0073
MOBAP0082	MOBAP0083	Blue Advantage PPO 0082	Blue Advantage PPO 0083
MOBAP0012	MOBAP0013	Blue Advantage PPO 0012	Blue Advantage PPO 0013
MOBAP0022	MOBAP0023	Blue Advantage PPO 0022	Blue Advantage PPO 0023
MOBAP0092	MOBAP0093	Blue Advantage PPO 0092	Blue Advantage PPO 0093
MOBAP0032	MOBAP0033	Blue Advantage PPO 0032	Blue Advantage PPO 0033
MOBAP0102	MOBAP0103	Blue Advantage PPO 0102	Blue Advantage PPO 0103
MOBAP0112	MOBAP0113	Blue Advantage PPO 0112	Blue Advantage PPO 0113
MOBAP0122	MOBAP0123	Blue Advantage PPO 0122	Blue Advantage PPO 0123
MOBAP0132	MOBAP0133	Blue Advantage PPO 0132	Blue Advantage PPO 0133
MOBAP0142	MOBAP0143	Blue Advantage PPO 0142	Blue Advantage PPO 0143
MOBAP0152	MOBAP0153	Blue Advantage PPO 0152	Blue Advantage PPO 0153
MOBAP0050	MOBAP0053	Blue Advantage PPO 0050	Blue Advantage PPO 0053
MOBAP0060	MOBAP0063	Blue Advantage PPO 0060	Blue Advantage PPO 0063
MOBPF0012	MOBPF0013	Blue Preferred PPO 0012	Blue Preferred PPO 0013
MOBPF0022	MOBPF0023	Blue Preferred PPO 0022	Blue Preferred PPO 0023
MOBPF0032	MOBPF0033	Blue Preferred PPO 0032	Blue Preferred PPO 0033
MOBPF0042	MOBPF0043	Blue Preferred PPO 0042	Blue Preferred PPO 0043
MOBPF0232	MOBPF0233	Blue Preferred PPO 0232	Blue Preferred PPO 0233
MOBPF0052	MOBPF0053	Blue Preferred PPO 0052	Blue Preferred PPO 0053
MOBPF0062	MOBPF0063	Blue Preferred PPO 0062	Blue Preferred PPO 0063
MOBPF0072	MOBPF0073	Blue Preferred PPO 0072	Blue Preferred PPO 0073
MOBPF0242	MOBPF0243	Blue Preferred PPO 0242	Blue Preferred PPO 0243

(Continued from prior page)

MOBPF0082	MOBPF0083	Blue Preferred PPO 0082	Blue Preferred PPO 0083
MOBPF0092	MOBPF0093	Blue Preferred PPO 0092	Blue Preferred PPO 0093
MOBPF0102	MOBPF0103	Blue Preferred PPO 0102	Blue Preferred PPO 0103
MOBPF0112	MOBPF0113	Blue Preferred PPO 0112	Blue Preferred PPO 0113
MOBPF0252	MOBPF0253	Blue Preferred PPO 0252	Blue Preferred PPO 0253
MOBPF0132	MOBPF0133	Blue Preferred PPO 0132	Blue Preferred PPO 0133
MOBPF0142	MOBPF0143	Blue Preferred PPO 0142	Blue Preferred PPO 0143
MOBPF0162	MOBPF0163	Blue Preferred PPO 0162	Blue Preferred PPO 0163
MOBPF0172	MOBPF0173	Blue Preferred PPO 0172	Blue Preferred PPO 0173
MOBPF0262	MOBPF0263	Blue Preferred PPO 0262	Blue Preferred PPO 0263
MOBPF0220	MOBPF0223	Blue Preferred PPO 0220	Blue Preferred PPO 0223
MOBPF0272	MOBPF0273	Blue Preferred PPO 0272	Blue Preferred PPO 0273
MOBCH0012	MOBCH0013	Blue Choice PPO 0012	Blue Choice PPO 0013
MOBCH0042	MOBCH0043	Blue Choice PPO 0042	Blue Choice PPO 0043
MOBCH0052	MOBCH0053	Blue Choice PPO 0052	Blue Choice PPO 0053
MOBCH0072	MOBCH0073	Blue Choice PPO 0072	Blue Choice PPO 0073
MOOPT0012	MOOPT0013	Blue Options PPO 0012	Blue Options PPO 0013
MOOPT0022	MOOPT0023	Blue Options PPO 0022	Blue Options PPO 0023
MOOPT0042	MOOPT0043	Blue Options PPO 0042	Blue Options PPO 0043
MOOPT0052	MOOPT0053	Blue Options PPO 0052	Blue Options PPO 0053
MOOPT0062	MOOPT0063	Blue Options PPO 0062	Blue Options PPO 0063
MOOPT0082	MOOPT0083	Blue Options PPO 0082	Blue Options PPO 0083
MOOPT0092	MOOPT0093	Blue Options PPO 0092	Blue Options PPO 0093
MOOPT0102	MOOPT0103	Blue Options PPO 0102	Blue Options PPO 0103
MOOPT0112	MOOPT0113	Blue Options PPO 0112	Blue Options PPO 0113
MOOPT0120	MOOPT0123	Blue Options PPO 0122	Blue Options PPO 0123
MOOPT0132	MOOPT0133	Blue Options PPO 0132	Blue Options PPO 0133
MOOPT0142	MOOPT0143	Blue Options PPO 0142	Blue Options PPO 0142
MOHMO0040	MOHMO0043	BlueLincs HMO 0040	BlueLincs HMO 0043
MOHMO0050	MOHMO0053	BlueLincs HMO 0050	BlueLincs HMO 0053
MOHMO0060	MOHMO0063	BlueLincs HMO 0060	BlueLincs HMO 0063
MOHMO0070	MOHMO0073	BlueLincs HMO 0070	BlueLincs HMO 0073
MOHMO0090	MOHMO0093	BlueLincs HMO 0090	BlueLincs HMO 0093

Benefit changes impacting the below plans at renewal include:

- In 2023, your in-network individual Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$6,400 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network individual Deductible will change to \$6,400 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$12,800 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$6,400 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$12,800 from \$12,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

Plan ID and name changes for 2023:

Old Plan ID	New Plan ID	Old Plan Name	New Plan Name
MOBAP1010	MOBAP1013	Blue Advantage PPO 1010	Blue Advantage PPO 1013
MOBAP1040	MOBAP1043	Blue Advantage PPO 1040	Blue Advantage PPO 1043
MOBPF1010	MOBPF1013	Blue Preferred PPO 1010	Blue Preferred PPO 1013
MOBPF1030	MOBPF1033	Blue Preferred PPO 1030	Blue Preferred PPO 1033

Benefit changes impacting the below plans at renewal include:

- In 2023, your in-network individual Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$6,400 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Deductible will change to \$6,400 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$12,800 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Plan ID and name changes for 2023:

Old Plan ID

New Plan ID

Old Plan Name

New Plan Name

MOBAP1092

MOBAP1093

Blue Advantage PPO 1092

Blue Advantage PPO 1093

MOBAP1112

MOBAP1113

Blue Advantage PPO 1112

Blue Advantage PPO 1113

MOBPF1082

MOBPF1083

Blue Preferred PPO 1082

Blue Preferred PPO 1083

Benefit changes impacting the below plans at renewal include:

- In 2023, your in-network individual Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$6,400 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Plan ID and name changes for 2023:

Old Plan ID

MOOPT1022

New Plan ID

MOOPT1023

Old Plan Name

Blue Options HSA 1022

New Plan Name

Blue Options HSA 1023

Benefit changes impacting the below plans at renewal include:

- In 2023, your in-network individual Deductible will change to \$3,200 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$9,300 from \$9,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Plan ID and name changes for 2023:

Old Plan ID

MOHMO0080

New Plan ID

MOHMO1083

Old Plan Name

BlueLincs HMO 0080

New Plan Name

BlueLincs HMO 1083

Benefit changes impacting the below plans at renewal include:

(The below changes are effective 1/1/2023 through 12/31/23)

- In 2023, your in-network individual Deductible will change to \$3,200 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network family Deductible will change to \$6,400 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$2,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$5,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network individual Deductible will change to \$6,400 from \$5,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network family Deductible will change to \$12,800 from \$10,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$9,600 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.
- In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$19,200 from \$17,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

Plan ID and name changes for 2023:

Old Plan ID

MOHSA1031

New Plan ID

MOHSA1033

Old Plan Name

HSA Blue 1031

New Plan Name

HSA Blue 1033

