

# 2022 Small Group Plans

More Value. More Choice.

## 2022 Small Group Plans

The 2022 Blue Cross and Blue Shield of Oklahoma (BCBSOK) Small Group Portfolio is available from January 1 until December 31, 2022. 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 Small Group portfolio.

#### **New in 2022**

### **Blue Advantage PPO<sup>SM</sup> Service Area Expansion**

Now, our secure network of independent doctors and hospitals and the affordable, flexible benefits of Blue Advantage PPO are available to employer groups in all 77 Oklahoma Counties. Talk with your sales executive today to find out how your groups can save money and extend their benefit options.

#### **Mental Health**

We have a strong commitment to the health of our members, 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 small 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 small 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:

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



## **Their Trusted Benefits and Services Are Here to Stay**

#### **Virtual Visits/Telemedicine**

#### The Doctor Is in – Your Phone or Computer

Convenient, safe access to health care has never been more important. That's why we make care available through our in-network telemedicine providers or through Virtual Visits powered by MDLIVE®. We're making it easy for members to prioritize their health. They can save time and money and get the care they need wherever they are.



#### What's Telemedicine?

Telemedicine is a kind of health care delivery that lets members consult with their own doctors by telephone

or secure video. Their in-network, BCBSOK doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor's office. Doctors can even send an e-prescription to the member's pharmacy of choice.

#### What are Virtual Visits?

Virtual Visits provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member's BCBSOK provider is closed, or when the member is traveling.

## Encourage members to make sure their doctors can provide consultations by phone or secure video.

	Telemedicine	Virtual Visits
Members consult with their regular BCBSOK network doctors	X	
24/7 Access		X
Doctors can send e-prescriptions to local pharmacies	X	X
Consultations are available by phone, secure video or mobile app	X	X
Includes behavioral health consultations	X	X

#### **\$0 Copay for Preventive and Maintenance Drugs is Back in 2022**

Employers can choose from select Health Savings Account (HSA) compatible plans with the \$0 member cost-share for certain preventive and maintenance drugs built right into their pharmacy benefits. This supports members' treatment plans, helps keep medical conditions under control and keeps costs low for everyone.

### **Boost Their Benefits with Ancillary Plans**

We understand that competitive benefits are essential to helping employers attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. 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 now available to groups of 2+

	Blue Cross and Blue Shield of Oklahoma 2022 Small Group Plan Portfolio																		
				Calend Dedu	lar Year ctibles	Medical Out-of-Pock		Coinsurance				Copayments	;			Ph	armacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit <sup>4</sup>	Inpatient <sup>4</sup>	Outpatient Surgery <sup>4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental <sup>1</sup> In/Out
	Blue Advantage Platinum PPO™ 101	P710ADT	NA	\$500/ \$1,000	\$1,500/ \$3,000	\$1,250/ Unlimited	\$3,750/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Platinum PPO™ 116	P8E1ADT	NA	\$750/ \$1,500	\$2,250/ \$4,500	\$2,000/ Unlimited	\$6,000/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Advantage Platinum PPO <sup>SM</sup> 118	P8J6ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500/ Unlimited	\$4,500/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Platinum PPO <sup>SM</sup> 122	P8K1ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$3,000/ Unlimited	\$9,000/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO™ 108	G743ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,500/ Unlimited	\$11,000/ Unlimited	70%/50%	\$50	\$70	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO <sup>SM</sup> 123	G8K2ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,000/ Unlimited	\$15,000/ Unlimited	70%/50%	\$50	\$70	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
ge PPO	Blue Advantage Gold PPO™ 109	G744ADT	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
Blue Advantage	Blue Advantage Gold PPO™ 124	G8K3ADT	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$5,000/ Unlimited	\$15,000/ Unlimited	70%/60%	\$35	\$55	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
lue Ad	Blue Advantage Gold PPO™ 102	G740ADT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,000/ Unlimited	\$12,000/ Unlimited	70%/60%	\$45	\$65	\$50	DC	\$650 & DC	\$300 & DC	\$300 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
<u> </u>	Blue Advantage Gold PPO <sup>SM</sup> 112	G746ADT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$6,000/ Unlimited	\$17,100/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO <sup>SM</sup> 125	G8K4ADT	NA	\$2,500/ \$5,000	\$7,500/ \$15,000	\$5,000/ Unlimited	\$15,000/ Unlimited	80%/60%	\$40	\$65	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO <sup>SM</sup> 110	G745ADT	NA	\$2,700/ \$5,400	\$8,100/ \$16,200	\$4,000/ Unlimited	\$12,000/ Unlimited	60%/60%	\$30	\$50	\$50	DC	\$500 & DC	\$300 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO <sup>SM</sup> 119 <sup>6</sup>	G8J3ADT	<b>\$0</b> <sup>2</sup>	\$2,900/ \$10,000	\$8,700/ \$20,000	\$3,500/ Unlimited	\$10,500/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO <sup>SM</sup> 115	S702ADT	<b>\$0</b> <sup>2</sup>	\$3,000/ \$6,000	\$9,000/ \$18,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Gold PPO™ 126	G8K6ADT	NA	\$3,000/ \$6,000	\$8,700/ \$17,400	\$8,700/ Unlimited	\$17,400/ Unlimited	90%/80%	\$40	\$80	\$50	\$250	\$400 & DC	\$350 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and 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.

### Footnotes

- 1. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO providers.
- 2. These HSA plans have a mandatory employer contribution requirement.
- 3. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.
- 4. A Per Occurrence Deductible applies unless otherwise indicated. Annual Deductible and Coinsurance will apply after the Per Occurrence Deductible.
- 5. Copay applies to first three PCP office visits, then deductible/coinsurance apply to any additional visits for the remainder of the year. Virtual Visits and Telehealth covered at deductible/coinsurance.
- 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

	Blue Cross and Blue Shield of Oklahoma 2022 Small Group Plan Portfolio																		
				Calend Deduc	ar Year ctibles	Medical Out-of-Pock		Coinsurance				Copayments				Pharmacy Benefits			Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit <sup>4</sup>	Inpatient <sup>4</sup>	Outpatient Surgery <sup>4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental <sup>1</sup> In/Out
	Blue Advantage Gold PPO <sup>SM</sup> 132	G8K7ADT	<b>\$0</b> <sup>2</sup>	\$3,250/ \$6,500	\$9,750/ \$19,500	\$4,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO <sup>SM</sup> 131 <sup>3</sup>	S8K5ADT	<b>\$0</b> <sup>2</sup>	\$3,000/ \$6,000	\$9,000/ \$18,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	Yes	70%/50%
	Blue Advantage Silver PPO™ 127	S8L1ADT	NA	\$3,250/ \$6,500	\$9,750/ \$19,500	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$50	\$70	\$50	\$300	\$500 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO™ 117	S8E1ADT	NA	\$3,500/ \$7,000	\$10,500/ \$21,000	\$7,900/ Unlimited	\$15,800/ Unlimited	60%/50%	\$0⁵	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO™ 133	S8K3ADT	<b>\$0</b> <sup>2</sup>	\$3,500/ \$7,000	\$10,500/ \$21,000	\$6,650/ Unlimited	\$13,300/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO™ 104	S730ADT	NA	\$3,900/ \$7,800	\$11,700/ \$23,400	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$35	\$55	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
ge PPO	Blue Advantage Silver PPO™ 120	S8J8ADT	<b>\$0</b> <sup>2</sup>	\$3,900/ \$7,800	\$11,700/ \$23,400	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
Blue Advantage	Blue Advantage Silver PPO <sup>SM</sup> 121 <sup>6</sup>	S8J4ADT	<b>\$0</b> <sup>2</sup>	\$4,000/ \$10,000	\$12,000/ \$20,000	\$6,900/ Unlimited	\$13,800/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
lue Ad	Blue Advantage Silver PPO™ 128	S8K2ADT	NA	\$5,500/ \$11,000	\$11,000/ \$22,000	\$7,350/ Unlimited	\$14,700/ Unlimited	90%/80%	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
Δ.	Blue Advantage Silver PPO <sup>SM</sup> 134	S8K8ADT	<b>\$0</b> <sup>2</sup>	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,000/ \$12,000	\$12,000/ \$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100%/ 100%
	Blue Advantage Silver PPO™ 105	S731ADT	NA	\$6,600/ \$13,200	\$13,200/ \$26,400	\$8,550/ Unlimited	\$17,100/ Unlimited	80%/80%	\$20	\$40	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO <sup>™</sup> 129	S8K9ADT	NA	\$7,100/ \$14,200	\$14,200/ \$28,400	\$7,100/ \$14,200	\$14,200/ \$28,400	100%/100%	\$50	\$80	DC	DC	DC	DC	DC	100%	100%	Yes	100%/ 100%
	Blue Advantage Silver PPO™ 114	S8K1ADT	NA	\$7,750/ \$15,500	\$15,500/ \$31,000	\$8,150/ Unlimited	\$16,300/ Unlimited	60%/50%	\$50	\$85	\$50	DC	\$1000 & DC	\$250 & DC	\$500 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Bronze PPO <sup>SM</sup> 106	B730ADT	<b>\$0</b> <sup>2</sup>	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/ \$13,800	\$13,800/ \$27,600	100%/100%	DC	DC	DC	DC	\$150 & DC	DC	\$75 & DC	100%	100%	Yes	100%/ 100%
	Blue Advantage Bronze PPO <sup>SM</sup> 130	B8K0ADT	NA	\$8,700/ \$17,400	\$17,400/ \$34,800	\$8,700/ \$17,400	\$17,400/ \$34,800	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100%/ 100%

Footnotes

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

- 1. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO providers.
- 2. These HSA plans have a mandatory employer contribution requirement.
- 3. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.
- 4. A Per Occurrence Deductible applies unless otherwise indicated. Annual Deductible and Coinsurance will apply after the Per Occurrence Deductible.
- 5. Copay applies to first three PCP office visits, then deductible/coinsurance apply to any additional visits for the remainder of the year. Virtual Visits and Telehealth covered at deductible/coinsurance.
- 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

	Blue Cross and Blue Shield of Oklahoma 2022 Small Group Plan Portfolio																		
					ar Year ctibles	Medical Out-of-Pock		Coinsurance				Copayments				Ph	armacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution		Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit <sup>4</sup>	Inpatient <sup>4</sup>	Outpatient Surgery <sup>4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental <sup>1</sup> In/Out
	Blue Choice Platinum PPO™ 208	P8J1CHC	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500/ Unlimited	\$4,500/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Choice Gold PPO™ 201	G730CHC	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,000/ Unlimited	\$12,000/ Unlimited	70%/60%	\$45	\$65	\$50	DC	\$650 & DC	\$300 & DC	\$300 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
РРО <sup>SM</sup>	Blue Choice Gold PPO™ 202	G731CHC	NA	\$2,500/ \$5,000	\$7,500/ \$15,000	\$4,000/ Unlimited	\$12,000/ Unlimited	80%/60%	\$40	\$65	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Choice Gold PPO™ 203	G732CHC	\$350-\$390 <sup>2</sup>	\$2,900/ \$5,800	\$8,700/ \$15,600	\$5,600/ Unlimited	\$13,800/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
Blue Choice	Blue Choice Silver PPO™ 204	S730CHC	NA	\$3,900/ \$7,800	\$11,700/ \$23,400	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$35	\$55	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Choice Silver PPO™ 209	S8J9CHC	<b>\$0</b> <sup>2</sup>	\$3,900/ \$7,800	\$11,700/ \$23,400	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Choice Bronze PPO™ 207	в730СНС	<b>\$0</b> <sup>2</sup>	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/ \$13,800	\$13,800/ \$27,600	100%/100%	DC	DC	DC	DC	\$150 & DC	DC	\$75 & DC	100%	100%	Yes	100%/ 100%
	Blue Options Platinum PPO <sup>™</sup> 311	P8J7OPT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500 BP/ \$3,000 BC/ Unlimited	\$4,500 BP/ \$9,000 BC/ Unlimited	70% BP/ 60% BC/50%	\$30	\$55	\$50	DC	\$650 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Gold PPO <sup>sм</sup> 308	G7230PT	NA	\$1,750/ \$3,500	\$5,250/ \$10,500	\$4,000 BP/ \$6,500 BC/ Unlimited	\$12,000 BP/ \$17,100 BC/ Unlimited	70% BP/ 60% BC/50%	\$45	\$70	\$50	DC	\$650 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Gold PPO <sup>sм</sup> 301	G720OPT	NA	\$1,750/ \$3,500	\$5,250/ \$10,500	\$4,500 BP/ \$5,500 BC/ Unlimited	\$10,000 BP/ \$14,500 BC/ Unlimited	70% BP/ 70% BC/50%	\$45	\$65	\$50	DC	\$400 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
tions	Blue Options Gold PPO <sup>sм</sup> 302	G7210PT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,500 BP/ \$6,000 BC/ Unlimited	\$12,000 BP/ \$17,100 BC/ Unlimited	70% BP/ 60% BC/50%	\$25	\$50	\$50	DC	\$650 & DC	\$200 & DC	\$150 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
Blue Opti	Blue Options Silver PPO™ 310	S8E1OPT	\$0 <sup>2</sup>	\$4,500/ \$9,000	\$9,000/ \$18,000	\$4,500 BP/ \$6,000 BC/ Unlimited	\$9,000 BP/ \$12,000 BC/ Unlimited	100% BP/ 80% BC/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Options Silver PPO <sup>™</sup> 304	S7100PT	NA	\$4,600/ \$9,200	\$13,800/ \$27,600	\$8,000 BP/ \$8,550 BC/ Unlimited	\$16,000 BP/ \$17,100 BC/ Unlimited	80% BP/ 70% BC/50%	\$50	\$75	\$50	DC	\$500 & DC	\$300 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Silver PPO <sup>™</sup> 312	S8J0OPT	\$0 <sup>2</sup>	\$4,750/ \$9,500	\$9,500/ \$19,000	\$5,500 BP/ \$6,000 BC/ Unlimited	\$11,000 BP/ \$12,000 BC/ Unlimited	70% BP/ 60% BC/50%	DC	DC	DC	DC	\$150 & DC	DC	\$100 & DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Options Bronze PPO <sup>SM</sup> 306	B7100PT	<b>\$0</b> <sup>2</sup>	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,900 BP/ \$6,900 BC/ Unlimited	\$13,600 BP/ \$13,800 BC/ Unlimited	70% BP/ 60% BC/50%	DC	DC	DC	DC	\$250 & DC	DC	\$100 & DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%

Footnotes

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

- 1. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO providers.
- 2. These HSA plans have a mandatory employer contribution requirement.
- 3. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.
- 4. A Per Occurrence Deductible applies unless otherwise indicated. Annual Deductible and Coinsurance will apply after the Per Occurrence Deductible.
- 5. Copay applies to first three PCP office visits, then deductible/coinsurance apply to any additional visits for the remainder of the year. Virtual Visits and Telehealth covered at deductible/coinsurance.
- 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

	Blue Cross and Blue Shield of Oklahoma 2022 Small Group Plan Portfolio																		
					lar Year ctibles	Medical Out-of-Pock		Coinsurance		Copayments						Pha	armacy Benefits		Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit <sup>4</sup>	Inpatient <sup>4</sup>	Outpatient Surgery <sup>4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental <sup>1</sup> In/Out
	Blue Preferred Platinum PPO™ 401	P710PFR	NA	\$500/ \$1,000	\$1,500/ \$3,000	\$1,250/ Unlimited	\$3,750/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Platinum PPO™ 416	P8E1PFR	NA	\$750/ \$1,500	\$2,250/ \$4,500	\$2,000/ Unlimited	\$6,000/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Preferred Platinum PPO™ 420	P8K4PFR	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500/ Unlimited	\$4,500/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Platinum PPO <sup>SM</sup> 421	P8K1PFR	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$3,000/ Unlimited	\$9,000/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO <sup>SM</sup> 422	G8K2PFR	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,000/ Unlimited	\$15,000/ Unlimited	70%/50%	\$50	\$70	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO <sup>SM</sup> 423	G8K5PFR	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,500/ Unlimited	\$16,500/ Unlimited	70%/50%	\$50	\$70	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO <sup>SM</sup> 410	G733PFR	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO™ 424	G8K3PFR	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$5,000/ Unlimited	\$15,000/ Unlimited	70%/60%	\$35	\$55	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO <sup>SM</sup> 402	G730PFR	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,000/ Unlimited	\$12,000/ Unlimited	70%/60%	\$45	\$65	\$50	DC	\$650 & DC	\$300 & DC	\$300 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
MS O SM	Blue Preferred Gold PPO <sup>SM</sup> 412	G735PFR	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$6,000/ Unlimited	\$17,100/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
red PF	Blue Preferred Gold PPO <sup>SM</sup> 425	G8K4PFR	NA	\$2,500/ \$5,000	\$7,500/ \$15,000	\$5,000/ Unlimited	\$15,000/ Unlimited	80%/60%	\$40	\$65	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
Prefer	Blue Preferred Gold PPO <sup>SM</sup> 403	G731PFR	NA	\$2,700/ \$5,400	\$8,100/ \$16,200	\$4,000/ Unlimited	\$12,000/ Unlimited	60%/60%	\$30	\$50	\$50	DC	\$500 & DC	\$300 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
Blue	Blue Preferred Gold PPO <sup>SM</sup> 418 <sup>6</sup>	G8J2PFR	<b>\$0</b> <sup>2</sup>	\$2,900/ \$10,000	\$8,700/ \$20,000	\$3,500/ Unlimited	\$10,500/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Gold PPO™ 426	G8K6PFR	NA	\$3,000/ \$6,000	\$8,700/ \$17,400	\$8,700/ Unlimited	\$17,400/ Unlimited	90%/80%	\$40	\$80	\$50	\$250	\$400 & DC	\$350 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO <sup>SM</sup> 430 <sup>3</sup>	S8K5PFR	<b>\$0</b> <sup>2</sup>	\$3,000/ \$6,000	\$9,000/ \$18,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	Yes	70%/50%
	Blue Preferred Silver PPO™ 429	S8K0PFR	<b>\$0</b> <sup>2</sup>	\$3,000/ \$6,000	\$9,000/ \$18,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO™ 404	S730PFR	NA	\$3,250/ \$6,500	\$9,750/ \$19,500	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$50	\$70	\$50	\$300	\$500 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO <sup>SM</sup> 431	G8K7PFR	<b>\$0</b> <sup>2</sup>	\$3,250/ \$6,500	\$9,750/ \$19,500	\$4,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO <sup>SM</sup> 414	S709PFR	<b>\$0</b> <sup>2</sup>	\$3,500/ \$7,000	\$10,500/ \$21,000	\$6,650/ Unlimited	\$13,300/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO <sup>SM</sup> 417	S8E1PFR	NA	\$3,500/ \$7,000	\$10,500/ \$21,000	\$7,900/ Unlimited	\$15,800/ Unlimited	60%/50%	<b>\$0</b> <sup>5</sup>	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO™ 405	S731PFR	NA	\$3,900/ \$7,800	\$11,700/ \$23,400	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$35	\$55	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO™ 432	S8L1PFR	\$0 <sup>2</sup>	\$3,900/ \$7,800	\$11,700/ \$23,400	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%

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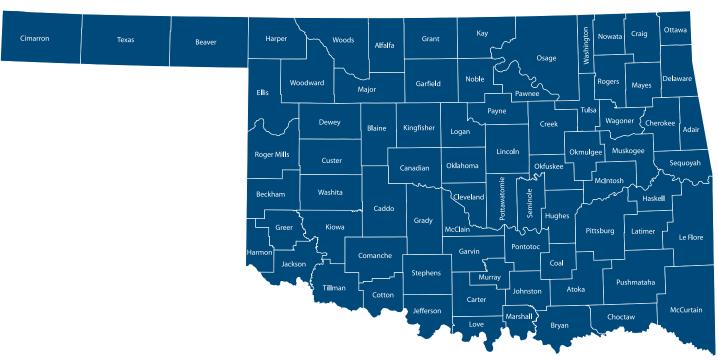
	Blue Cross and Blue Shield of Oklahoma 2022 Small Group Plan Portfolio																		
					lar Year ctibles	Medical Out-of-Pock		Coinsurance				Copayments				Pharmacy Benefits			
Network	Plan Name	Plan ID	Range of HSA Contribution		Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit <sup>4</sup>	Inpatient <sup>4</sup>	Outpatient Surgery <sup>4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental <sup>1</sup> In/Out
	Blue Preferred Silver PPO™ 4196	S8J5PFR	<b>\$0</b> <sup>2</sup>	\$4,000/ \$10,000	\$12,000/ \$20,000	\$6,900/ Unlimited	\$13,800/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO <sup>SM</sup> 415	S701PFR	NA	\$5,500/ \$11,000	\$11,000/ \$22,000	\$7,350/ Unlimited	\$14,700/ Unlimited	90%/80%	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
P O SM	Blue Preferred Silver PPO <sup>SM</sup> 433	S8K8PFR	<b>\$0</b> <sup>2</sup>	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,000/ \$12,000	\$12,000/ \$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100%/ 100%
rred Pl	Blue Preferred Silver PPO <sup>SM</sup> 406	S732PFR	NA	\$6,600/ \$13,200	\$13,200/ \$26,400	\$8,550/ Unlimited	\$17,100/ Unlimited	80%/80%	\$20	\$40	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
Prefe	Blue Preferred Silver PPO <sup>SM</sup> 427	S8K9PFR	NA	\$7,100/ \$14,200	\$14,200/ \$28,400	\$7,100/ \$14,200	\$14,200/ \$28,400	100%/100%	\$50	\$80	DC	DC	DC	DC	DC	100%	100%	Yes	100%/ 100%
Blue	Blue Preferred Silver PPO <sup>SM</sup> 413	S8K1PFR	NA	\$7,750/ \$15,500	\$15,500/ \$31,000	\$8,150/ Unlimited	\$16,300/ Unlimited	60%/50%	\$50	\$85	\$50	DC	\$1000 & DC	\$250 & DC	\$500 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Bronze PPO <sup>SM</sup> 407	B730PFR	<b>\$0</b> <sup>2</sup>	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/ \$13,800	\$13,800/ \$27,600	100%/100%	DC	DC	DC	DC	\$150 & DC	DC	\$75 & DC	100%	100%	Yes	100%/ 100%
	Blue Preferred Bronze PPO <sup>SM</sup> 428	B8K0PFR	NA	\$8,700/ \$17,400	\$17,400/ \$34,800	\$8,700/ \$17,400	\$17,400/ \$34,800	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100%/ 100%

Footnotes

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# 2022 Oklahoma Small Group (1-50) Provider Networks by County



#### **Network Names**

Blue Choice PPO, Blue Preferred PPO, Blue Options and Blue Advantage PPO

## Oklahoma Small Group Network Offerings Comparison

Plan Name	Blue Choice PPO <sup>SM</sup>	Blue Options PPO <sup>SM</sup>	Blue Preferred PPO <sup>SM</sup>	Blue Advantage PPOSM
Network Name	Blue Choice PPO (PPO)	Tier 1 - Blue Preferred PPO (EPP) Tier 2 - Blue Choice PPO (PPO) Tier 3 - OON (OON)	Blue Preferred PPO (EPP)	Blue Advantage PPO (BVP)
Availability	1-50	1-50	1-50	1-50
Coverage	Statewide	Statewide	Statewide	Statewide
Primary Care Physician Required	No	No	No	No
Referral Required	No	No	No	No
OON Coverage	Yes	Yes	Yes	Yes
BlueCard®	Yes	Yes	Yes	Yes
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	No	Yes	MLE Lite

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. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Oklahoma.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSOK. BCBSOK has contracted with First American Administration. The relationship between BCBSOK, FAA, and EyeMed is that of independent company, to provide claims administration.

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.

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 Association. 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.