



BlueCross BlueShield of Oklahoma



SMALL GROUP 1-50 EMPLOYEES

## 2023 Small Group Plans

**More Value. More Choice.**

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



# 2023 Small Group Plans

The 2023 Blue Cross and Blue Shield of Oklahoma (BCBSOK) Small Group Portfolio is available from January 1 until December 31, 2023. All our plans offer features and benefits designed with members’ health and wellbeing in mind. **Here are the highlights of our 2023 Small Group portfolio.**

## New in 2023

### Members and Employers Save Big with Member Rewards

Our Member Rewards program, administered by Sapphire Digital, uses Provider Finder® to help members:

- Compare health care costs and quality
- Estimate out-of-pocket costs
- Make treatment decisions with their doctors

When members choose low-cost, reward-eligible options for procedures and services, they earn cash rewards and save on their – and their employers’ – health care costs.

### Now It’s Even Easier to Boost Benefits With Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. That’s why we’ve combined our medical coverage with some of the most popular ancillary benefits. And now you can use eSales Tools to add **vision, accident and critical illness benefits** to complement your 2023 new group quotes for medical, dental, life and short-term disability plans. So, go ahead. Boost your groups’ benefits with ancillary options.

## Complimentary Programs Help Members Take Control of Their Health

We’re empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members’ hands can also help employers lower costs by reducing doctor visits and hospitalizations. Here are a few of the advantages your clients have – just for being BCBSOK members:

### Blue365®

#### Because Health is a Big Deal®

With Blue365, employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. All they need to do is sign up to have weekly featured deals emailed to them by retailers like EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

### Digital Mental Health

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 small group plan. Members can use Blue Access for Members<sup>SM</sup> to easily engage in private, online programs to help keep their mental health on track through:

- An online assessment to help them pinpoint helpful programs.
- Quick, easy online lessons that let them access proven therapy-based techniques.
- Expert coaches to guide and inspire them to reach their goals.
- Peace of mind – personal results, programs and messages are always private.

### Wellbeing Management

Wellbeing Management is a complete wellness solution for a healthier workforce, delivering member-centered wellness tools and care management programs including:

- **Health Advisor** – A care team addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- **Behavioral Health** – Multi-disciplinary teams engage members through Digital Mental Health, utilization management and personal support for members adjusting to life events.
- **Well onTarget® Member Wellness Portal** – Personalized wellness action plans, digital self-management programs and fitness and nutrition device integration jump start each employee’s journey toward wellbeing.
- **The Fitness Program** – Supports fitness for life by offering a flexible gym network to fit members’ lifestyles and budgets.
- **Blue Points<sup>SM</sup> Program** – Members can earn and redeem Blue Points for participating in wellness activities.

## Virtual Visits and Telemedicine

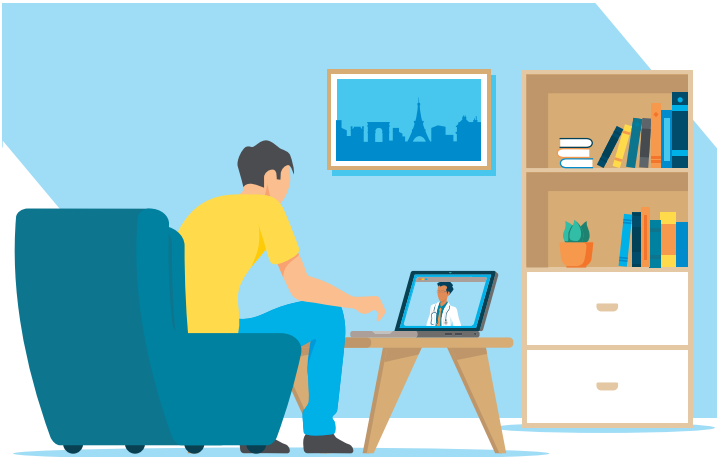
Providing access to virtual care is more important than ever as members seek convenience and potential cost-savings when addressing their non-emergency needs. Virtual Visits, and Telemedicine consultations through members’ primary care physicians are conducted by phone, online video or mobile app.

### 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, powered by MDLIVE® and provided by Blue Cross and Blue Shield of Oklahoma, 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.**

## \$0 Copay for Preventive Drugs

Employers can choose from select Health Savings Account (HSA) compatible plans that include certain categories of prescription drugs often used for preventive purposes. The drugs are covered at a \$0 member cost share before needing to meet the plan deductible. This supports members’ treatment plans, helps keep medical conditions under control and keeps costs low for everyone.

Blue Cross and Blue Shield of Oklahoma 2023 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		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 PPO	Blue Advantage Platinum PPO <sup>SM</sup> 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 <sup>SM</sup> 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 Gold PPO <sup>SM</sup> 135	G8M1ADT	NA	\$750/ \$1,500	\$2,250/ \$4,500	\$7,000/ Unlimited	\$14,000/ Unlimited	60%/60%	\$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 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	\$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 Gold PPO <sup>SM</sup> 123	G8K2ADT	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	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO <sup>SM</sup> 108	G743ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$6,000/ Unlimited	\$12,000/ 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> 124	G8K3ADT	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$5,500/ Unlimited	\$16,500/ Unlimited	70%/60%	\$40	\$60	\$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 Gold PPO <sup>SM</sup> 109	G744ADT	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$7,000/ Unlimited	\$14,000/ Unlimited	80%/60%	\$35	\$55	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Gold PPO <sup>SM</sup> 102	G740ADT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$5,000/ Unlimited	\$15,000/ 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%
	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> 126	G8K6ADT	NA	\$2,500/ \$5,000	\$7,500/ \$15,000	\$8,000/ Unlimited	\$16,000/ Unlimited	90%/80%	\$40	\$80	\$50	\$250	\$500 & DC	\$350 & 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> 110	G745ADT	NA	\$2,700/ \$5,400	\$8,100/ \$16,200	\$4,500/ Unlimited	\$13,500/ 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> 136	G8M2ADT	NA	\$3,000/ \$6,000	\$9,000/ \$18,000	\$3,000/ \$6,000	\$9,000/ \$18,000	100%/100%	\$50	\$90	\$50	\$250	\$400 & DC	\$350 & DC	\$250 & DC	100%	100%	Yes	100%/100%
	Blue Advantage Silver PPO <sup>SM</sup> 117	S8E1ADT	NA	\$3,500/ \$7,000	\$10,500/ \$21,000	\$9,100/ Unlimited	\$18,200/ Unlimited	60%/50%	\$0 <sup>5</sup>	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%

General Notes:

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.

The member's cost-share for a 90-day supply of prescription medications filled at extended network supply retail pharmacies and/or mail order/home delivery pharmacies will equal the cost of three 30-day supplies.

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.

Gray plans are Insure Oklahoma eligible.

Blue Cross and Blue Shield of Oklahoma 2023 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		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 PPO	Blue Advantage Silver PPO <sup>SM</sup> 104	S730ADT	NA	\$4,250/\$8,500	\$12,750/\$25,500	\$9,100/Unlimited	\$18,200/Unlimited	60%/50%	\$45	\$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 Silver PPO <sup>SM</sup> 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%
	Blue Advantage Silver PPO <sup>SM</sup> 105	S731ADT	NA	\$6,750/\$13,500	\$13,500/\$27,000	\$9,100/Unlimited	\$18,200/Unlimited	80%/80%	\$30	\$50	\$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>SM</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 <sup>SM</sup> 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> 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%
	Blue Advantage Gold PPO <sup>SM</sup> 119 <sup>6</sup>	G8J3ADT	\$0 <sup>2</sup>	\$3,000/\$10,000	\$9,000/\$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	\$0 <sup>2</sup>	\$3,250/\$6,500	\$9,750/\$19,500	\$7,000/Unlimited	\$14,000/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	\$0 <sup>2</sup>	\$3,250/\$6,500	\$9,750/\$19,500	\$7,000/Unlimited	\$14,000/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 <sup>SM</sup> 120	S8J8ADT	\$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%
	Blue Advantage Silver PPO <sup>SM</sup> 121 <sup>6</sup>	S8J4ADT	\$0 <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 Advantage Silver PPO <sup>SM</sup> 134	S8K8ADT	\$0 <sup>2</sup>	\$5,800/\$11,600	\$11,600/\$23,200	\$5,800/\$11,600	\$11,600/\$23,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100%/100%
	Blue Advantage Bronze PPO <sup>SM</sup> 106	B730ADT	\$0 <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%

General Notes:

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.

The member's cost-share for a 90-day supply of prescription medications filled at extended network supply retail pharmacies and/or mail order/home delivery pharmacies will equal the cost of three 30-day supplies.

- 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.

Gray plans are Insure Oklahoma eligible.

Blue Cross and Blue Shield of Oklahoma 2023 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		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 Choice PPO <sup>SM</sup>	Blue Choice Platinum PPO <sup>SM</sup> 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 <sup>SM</sup> 201	G730CHC	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000/Unlimited	\$15,000/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%
	Blue Choice Gold PPO <sup>SM</sup> 202	G731CHC	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$4,500/Unlimited	\$13,500/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 Silver PPO <sup>SM</sup> 204	S730CHC	NA	4,250/\$8,500	\$12,750/\$25,500	\$9,100/Unlimited	\$18,200/Unlimited	60%/50%	\$45	\$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 <sup>SM</sup> 203	G732CHC	\$350-\$390 <sup>2</sup>	\$3,000/\$6,000	\$9,000/\$18,000	\$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 Silver PPO <sup>SM</sup> 209	S8J9CHC	\$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%
	Blue Choice Bronze PPO <sup>SM</sup> 207	B730CHC	\$0 <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 <sup>SM</sup>	Blue Options Platinum PPO <sup>SM</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>SM</sup> 301	G720OPT	NA	\$1,750/\$3,500	\$5,250/\$10,500	\$5,000 BP/\$6,000 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%
	Blue Options Gold PPO <sup>SM</sup> 302	G721OPT	NA	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000 BP/\$6,500 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 Options Silver PPO <sup>SM</sup> 304	S710OPT	NA	\$5,000/\$10,000	\$15,000/\$30,000	\$8,500 BP/\$8,700 BC/Unlimited	\$17,000 BP/\$17,400 BC/Unlimited	70% BP/60% BC/50%	\$50	\$80	\$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>SM</sup> 310	S8E1OPT	\$0 <sup>2</sup>	\$4,900/\$9,800	\$9,800/\$19,600	\$4,900 BP/\$6,000 BC/Unlimited	\$9,800 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>SM</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	B710OPT	\$0 <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%

General Notes:  
 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.  
 The member's cost-share for a 90-day supply of prescription medications filled at extended network supply retail pharmacies and/or mail order/home delivery pharmacies will equal the cost of three 30-day supplies.

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.

Gray plans are Insure Oklahoma eligible.



Blue Cross and Blue Shield of Oklahoma 2023 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		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 Preferred PPO <sup>SM</sup>	Blue Preferred Platinum PPO <sup>SM</sup> 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 <sup>SM</sup> 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 Gold PPO <sup>SM</sup> 434	G8M1PFR	NA	\$750/ \$1,500	\$2,250/ \$4,500	\$7,000/ Unlimited	\$14,000/ Unlimited	60%/60%	\$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 Platinum PPO <sup>SM</sup> 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	\$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 Gold PPO <sup>SM</sup> 422	G8K2PFR	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	\$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	\$6,000/ Unlimited	\$12,000/ 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 Preferred Gold PPO <sup>SM</sup> 424	G8K3PFR	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$5,500/ Unlimited	\$16,500/ Unlimited	70%/60%	\$40	\$60	\$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> 410	G733PFR	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$7,000/ Unlimited	\$14,000/ Unlimited	80%/60%	\$35	\$55	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$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	\$5,000/ Unlimited	\$15,000/ 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%
	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%
	Blue Preferred Gold PPO <sup>SM</sup> 426	G8K6PFR	NA	\$2,500/ \$5,000	\$7,500/ \$15,000	\$8,000/ Unlimited	\$16,000/ Unlimited	90%/80%	\$40	\$80	\$50	\$250	\$500 & DC	\$350 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO <sup>SM</sup> 403	G731PFR	NA	\$2,700/ \$5,400	\$8,100/ \$16,200	\$4,500/ Unlimited	\$13,500/ 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 Preferred Gold PPO <sup>SM</sup> 435	G8M2PFR	NA	\$3,000/ \$6,000	\$9,000/ \$18,000	\$3,000/ \$6,000	\$9,000/ \$18,000	100%/100%	\$50	\$90	\$50	\$250	\$400 & DC	\$350 & DC	\$250 & DC	100%	100%	Yes	100%/100%
	Blue Preferred Silver PPO <sup>SM</sup> 417	S8E1PFR	NA	\$3,500/ \$7,000	\$10,500/ \$21,000	\$9,100/ Unlimited	\$18,200/ Unlimited	60%/50%	\$0 <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 <sup>SM</sup> 405	S731PFR	NA	\$4,250/ \$8,500	\$12,750/ \$25,500	\$9,100/ Unlimited	\$18,200/ Unlimited	60%/50%	\$45	\$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 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%
	Blue Preferred Silver PPO <sup>SM</sup> 406	S732PFR	NA	\$6,750/ \$13,500	\$13,500/ \$27,000	\$9,100/ Unlimited	\$18,200/ Unlimited	80%/80%	\$30	\$50	\$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 <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 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> 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%
	Blue Preferred Gold PPO <sup>SM</sup> 418 <sup>6</sup>	G8J2PFR	\$0 <sup>2</sup>	\$3,000/ \$10,000	\$9,000/ \$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%

General Notes:  
 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.  
 The member's cost-share for a 90-day supply of prescription medications filled at extended network supply retail pharmacies and/or mail order/home delivery pharmacies will equal the cost of three 30-day supplies.

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.

Gray plans are Insure Oklahoma eligible.

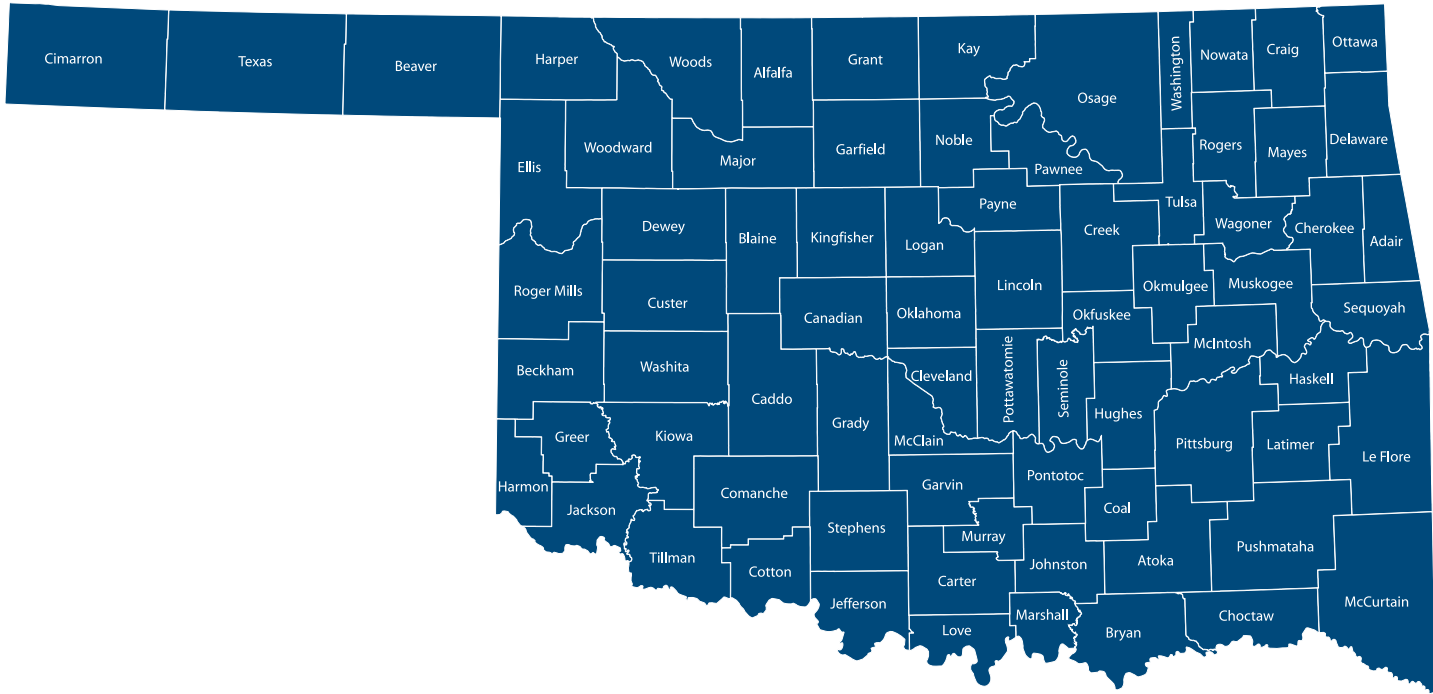
Blue Cross and Blue Shield of Oklahoma 2023 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits			Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (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 Preferred PPO <sup>SM</sup>	Blue Preferred Silver PPO <sup>SM</sup> 429	S8K0PFR	\$0 <sup>2</sup>	\$3,250/\$6,500	\$9,750/\$19,500	\$7,000/Unlimited	\$14,000/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> 430 <sup>3</sup>	S8K5PFR	\$0 <sup>2</sup>	\$3,250/\$6,500	\$9,750/\$19,500	\$7,000/Unlimited	\$14,000/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 <sup>SM</sup> 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%
	Blue Preferred Silver PPO <sup>SM</sup> 419 <sup>6</sup>	S8J5PFR	\$0 <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> 433	S8K8PFR	\$0 <sup>2</sup>	\$5,800/\$11,600	\$11,600/\$23,200	\$5,800/\$11,600	\$11,600/\$23,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100%/100%
	Blue Preferred Bronze PPO <sup>SM</sup> 407	B730PFR	\$0 <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%

General Notes:  
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.  
The member's cost-share for a 90-day supply of prescription medications filled at extended network supply retail pharmacies and/or mail order/home delivery pharmacies will equal the cost of three 30-day supplies.

- 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.

Gray plans are Insure Oklahoma eligible.

# 2023 Oklahoma Small Group (1-50) Provider Networks by County



**Network Names**

- Blue Choice PPO, Blue Preferred PPO 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 PPO <sup>SM</sup>
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	Yes	Yes	Yes

Sapphire Digital is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma (BCBSOK) to administer the Member Rewards program for members with coverage through BCBSOK. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSOK does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program. BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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.

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSOK reserves the right to stop or change this program at any time without notice.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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