



# 2025 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

## 2025 Small Group Plans

The Blue Cross and Blue Shield of Oklahoma Small Group Portfolio is available from January 1 until December 31, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. Here are the highlights:

### **Complementary Programs Empowering Members** to Take Control of Their Health

Putting the power of wellness in members' hands helps them save money and prevent some types of health conditions, while saving employers money by reducing doctor visits and hospitalizations.

Complementary programs include 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.

Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

### **Wellbeing Management**

This complete wellness solution delivers member-centered wellness tools and care management programs, including:

- Health Advisor: Addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- Behavioral Health: Multidisciplinary teams engage members through Digital Mental Health, utilization management and personal support for adjusting to life events
- Well onTarget®: This member wellness portal offers personalized wellness action plans, digital selfmanagement programs and fitness and nutrition device integration.
- **Fitness Program:** This program offers a flexible gym network to fit members' lifestyles and budgets.
- **Blue Points**<sup>sM</sup>: Members earn and redeem 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 cost-savings when addressing non-emergency needs. Virtual Visits and Telemedicine consultations with members' primary care physicians are conducted by phone, online video or mobile app.

### **\$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.

### **Benefit Boost with Ancillary Plans**

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. We've combined medical coverage with some of the most popular ancillary benefits, including vision, accident and critical illness benefits, to complement new group quotes for medical, dental, life and short-term disability plans.

## Member and Employer Savings with Member Rewards

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with PPO plans and administered by Zelis, Member Rewards includes maintenance medications and helps members:

- Compare costs and quality of providers and maintenance medications
- Save on out-of-pocket costs
- Earn cash rewards

### **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. Gene Therapy Solutions—included as part of your 2025 benefit plan—offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

### **Twin Health Metabolic Health Management**

Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to 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.

### **\$0** Emergency Use Medications

Upon renewal, cost barriers to select acute medication 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 (e.g., epinephrine auto-injector)
- Hypoglycemia (e.g., glucagon injection kit)
- Opioid overdoses (e.g., naloxone injectible/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

## Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the Behavioral Health benefits standard with every small group plan. Enhancements designed to increase member access to specialty behavioral health providers, improve the member experience and offer proactive clinical outreach include:

- Mental Health Hub: Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.
- Risk Identification and Outreach: New, predictive analytics model designed to identify members who may be at-risk, providing clinician outreach with the goal of preventing suicide and self-harm events.
- 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 affecting an employee occur.

	Blue Cross and Blue Shield of Oklahoma 2025 Small Group Plan Portfolio																		
					ar Year ctibles		Medical and Rx Out-of-Pocket Expense			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 Visit⁴	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 <sup>SM</sup> 101	P710ADT	NA	\$600 / \$1,200	\$1,800 / \$3,600	\$1,500 / Unlimited	\$4,500 / Unlimited	80% / 60%	\$35	\$60	\$50	DC	\$400 + DC	\$150 + DC	\$100 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Platinum PPO <sup>SM</sup> 116	P8E1ADT	NA	\$750 / \$1,500	\$2,250 / \$4,500	\$2,250 / Unlimited	\$6,750 / Unlimited	90% / 70%	\$30	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350	No	70% / 50%
	Blue Advantage Gold PPO™ 135	G8M1ADT	NA	\$750 / \$1,500	\$2,250 / \$4,500	\$7,250 / Unlimited	\$14,500 / Unlimited	60% / 60%	\$35	\$55	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Platinum PPO <sup>SM</sup> 118	P8J6ADT	NA	\$1,100 / \$2,200	\$3,300 / \$6,600	\$1,750 / Unlimited	\$5,250 / Unlimited	90% / 70%	\$30	\$55	\$50	DC	\$400 + DC	\$150 + DC	\$100 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
2	Blue Advantage Platinum PPO <sup>SM</sup> 122	P8K1ADT	NA	\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,250 / Unlimited	\$6,750 / Unlimited	90% / 70%	\$25	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350	No	70% / 50%
e PPO <sup>SM</sup>	Blue Advantage Gold PPO™ 108	G743ADT	NA	\$1,100 / \$2,200	\$3,300 / \$6,600	\$6,250 / Unlimited	\$12,500 / Unlimited	70% / 50%	\$50	\$80	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
Advantage	Blue Advantage Gold PPO™ 124	G8K3ADT	NA	\$1,600 / \$3,200	\$4,800 / \$9,600	\$5,750 / Unlimited	\$17,250 / Unlimited	70% / 60%	\$45	\$70	\$50	DC	\$400 + DC	\$200 + DC	\$150 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
Blue Ad	Blue Advantage Gold PPO™ 109	G744ADT	NA	\$1,600 / \$3,200	\$4,800 / \$9,600	\$7,250 / Unlimited	\$14,500 / Unlimited	80% / 60%	\$40	\$65	\$50	DC	\$400 + DC	\$200 + DC	\$150 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Gold PPO™ 102	G740ADT	NA	\$2,100 / \$4,200	\$6,300 / \$12,600	\$5,250 / Unlimited	\$15,750 / Unlimited	70% / 60%	\$50	\$75	\$50	DC	\$750 + DC	\$300 + DC	\$300 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Gold PPO <sup>SM</sup> 112	G746ADT	NA	\$2,100 / \$4,200	\$6,300 / \$12,600	\$6,250 / Unlimited	\$18,400 / Unlimited	80% / 60%	\$35	\$60	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Gold PPO <sup>SM</sup> 126	G8K6ADT	NA	\$2,400 / \$4,800	\$7,200 / \$14,400	\$7,750 / Unlimited	\$15,500 / Unlimited	90% / 80%	\$35	\$55	\$50	\$250	\$250 + DC	\$100 + DC	DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Gold PPO <sup>SM</sup> 110	G745ADT	NA	\$2,800 / \$5,600	\$8,400 / \$16,800	\$4,750 / Unlimited	\$14,250 / Unlimited	60% / 60%	\$35	\$60	\$50	DC	\$600 + DC	\$300 + DC	\$250 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Gold PPO <sup>SM</sup> 136	G8M2ADT	NA	\$3,350 / \$6,700	\$10,050 / \$20,100	\$3,350 / \$6,700	\$10,050 / \$20,100	100% / 100%	\$50	\$100	\$50	\$250	\$500 + DC	\$350 + DC	\$250 + DC	100%	100%	Yes	100% / 100%

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

	Blue Cross and Blue Shield of Oklahoma 2025 Small Group Plan Portfolio																		
					Calendar Year Medical a Deductibles Out-of-Pocke			Coinsurance		Copayments Pharmacy						narmacy 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 Silver PPO <sup>SM</sup> 117	S8E1ADT	NA	\$3,600 / \$7,200	\$10,800 / \$21,600	\$9,200 / Unlimited	\$18,400 / Unlimited	60% / 50%	<b>\$0</b> ⁵	DC	DC	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Silver PPO <sup>SM</sup> 104	S730ADT	NA	\$4,350 / \$8,700	\$13,050 / \$26,100	\$9,200 / Unlimited	\$18,400 / Unlimited	60% / 50%	\$50	\$75	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Silver PPO™ 105	S731ADT	NA	\$6,850 / \$13,700	\$13,700 / \$27,400	\$9,200 / Unlimited	\$18,400 / Unlimited	80% / 80%	\$35	\$60	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Silver PPO <sup>SM</sup> 129	S8K9ADT	NA	\$7,200 / \$14,400	\$14,400 / \$28,800	\$7,200 / \$14,400	\$14,400 / \$28,800	100% / 100%	\$50	\$90	DC	DC	DC	DC	DC	100%	100%	Yes	100% / 100%
РРО <sup>SM</sup>	Blue Advantage Silver PPO <sup>SM</sup> 114	S8K1ADT	NA	\$7,850 / \$15,700	\$15,700 / \$31,400	\$8,400 / Unlimited	\$16,800 / Unlimited	60% / 50%	\$50	\$95	\$50	DC	\$1,000 + DC	\$250 + DC	\$500 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Advantage Bronze PPO <sup>SM</sup> 130	B8K0ADT	NA	\$8,800 / \$17,600	\$17,600 / \$35,200	\$8,800 / \$17,600	\$17,600 / \$35,200	100% / 100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100% / 100%
Advantage	Blue Advantage Gold PPO™ 1196	G8J3ADT	\$0	\$3,300 / \$9,900	\$9,900 / \$20,000	\$3,600 / Unlimited	\$10,800 / 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	Blue Advantage Silver PPO <sup>SM</sup> 115	S702ADT	\$0	\$3,300 / \$6,600	\$9,900 / \$19,800	\$7,100 / Unlimited	\$14,200 / 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	\$3,300 / \$6,600	\$9,900 / \$19,800	\$7,100 / Unlimited	\$14,200 / Unlimited	80% / 60%	\$40	\$80	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> 121 <sup>6</sup>	S8J4ADT	\$0	\$4,100 / \$10,000	\$12,300 / \$20,000	\$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™ 134	S8K8ADT	\$0	\$5,900 / \$11,800	\$11,800 / \$23,600	\$5,900 / \$11,800	\$11,800 / \$23,600	100% / 100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100% / 100%
	Blue Advantage Bronze PPO <sup>SM</sup> 106	B730ADT	\$0	\$7,350 / \$14,700	\$14,700 / \$29,400	\$7,350 / \$14,700	\$14,700 / \$29,400	100% / 100%	DC	DC	DC	DC	\$250 + DC	DC	\$75 + DC	100%	100%	Yes	100% / 100%

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					ar Year ctibles		l and Rx ket Expense	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 Choice Platinum PPO <sup>SM</sup> 208	P8J1CHC	NA	\$1,100 / \$2,200	\$3,300 / \$6,600	\$1,750 / Unlimited	\$5,250 / Unlimited	90% / 70%	\$30	\$55	\$50	DC	\$400 + DC	\$150 + DC	\$100 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Choice Gold PPO™ 201	G730CHC	NA	\$2,100 / \$4,200	\$6,300 / \$12,600	\$5,250 / Unlimited	\$15,750 / Unlimited	70% / 60%	\$50	\$75	\$50	DC	\$750 + DC	\$300 + DC	\$300 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
PPOSM	Blue Choice Gold PPO™ 202	G731CHC	NA	\$2,600 / \$5,200	\$7,800 / \$15,600	\$4,750 / Unlimited	\$14,250 / Unlimited	80% / 60%	\$45	\$75	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
Blue Choice PPO§	Blue Choice Silver PPO™ 204	S730CHC	NA	\$4,350 / \$8,700	\$13,050 / \$26,100	\$9,200 / Unlimited	\$18,400 / Unlimited	60% / 50%	\$50	\$75	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
Blue (	Blue Choice Gold PPO™ 203	G732CHC	\$350 -\$390 <sup>2</sup>	\$3,300 / \$6,600	\$9,900 / \$19,800	\$5,700 / Unlimited	\$14,100 / 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™ 209	S8J9CHC	\$0	\$4,000 / \$8,000	\$12,000 / \$24,000	\$6,100 / Unlimited	\$12,200 / 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	\$0	\$7,350 / \$14,700	\$14,700 / \$29,400	\$7,350 / \$14,700	\$14,700 / \$29,400	100% / 100%	DC	DC	DC	DC	\$250 + DC	DC	\$75 + DC	100%	100%	Yes	100% / 100%
	Blue Options Platinum PPO 311	P8J7OPT	NA	\$1,100 / \$2,200	\$3,300 / \$6,600	\$1,750 BP / \$3,000 BC / Unlimited	\$5,250 BP / \$9,000 BC / Unlimited	70% BP / 60% BC / 50%	\$35	\$65	\$50	DC	\$750 + DC	\$300 + DC	\$250 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Options Gold PPO 301	G7200PT	NA	\$1,850 / \$3,700	\$5,550 / \$11,100	\$5,250 BP / \$6,250 BC / Unlimited	\$10,500 BP / \$15,000 BC / Unlimited	70% BP / 70% BC / 50%	\$50	\$75	\$50	DC	\$500 + DC	\$200 + DC	\$150 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
SM	Blue Options Gold PPO 302	G7210PT	NA	\$2,100 / \$4,200	\$6,300 / \$12,600	\$5,250 BP / \$6,750 BC / Unlimited	\$12,500 BP / \$17,600 BC / Unlimited	70% BP / 60% BC / 50%	\$30	\$60	\$50	DC	\$750 + DC	\$200 + DC	\$150 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
• Options <sup>sw</sup>	Blue Options Silver PPO 304	S7100PT	NA	\$5,100 / \$10,200	\$15,300 / \$30,600	\$8,750 BP / \$8,950 BC / Unlimited	\$17,500 BP / \$17,900 BC / Unlimited	70% BP / 60% BC / 50%	\$50	\$90	\$50	DC	\$600 + DC	\$300 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
Blue	Blue Options Silver PPO 310	S8E1OPT	\$0	\$5,250 / \$10,500	\$10,500 / \$21,000	\$5,250 BP / \$6,600 BC / Unlimited	\$10,500 BP / \$13,200 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 312	S8J0OPT	\$0	\$4,850 / \$9,700	\$9,700 / \$19,400	\$5,600 BP / \$6,100 BC / Unlimited	\$11,200 BP / \$12,200 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%
	Blue Options Bronze PPO 306	B7100PT	\$0	\$6,100 / \$12,200	\$12,200 / \$24,400	\$7,350 BP / \$7,600 BC / Unlimited	\$14,700 BP / \$15,200 BC / Unlimited	70% BP / 60% BC / 50%	DC	DC	DC	DC	\$350 + DC	DC	\$100 + DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70% / 50%

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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 <sup>SM</sup> 401	P710PFR	NA	\$600 / \$1,200	\$1,800 / \$3,600	\$1,500 / Unlimited	\$4,500 / Unlimited	80% / 60%	\$35	\$60	\$50	DC	\$400 + DC	\$150 + DC	\$100 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Platinum PPO <sup>SM</sup> 416	P8E1PFR	NA	\$750 / \$1,500	\$2,250 / \$4,500	\$2,250 / Unlimited	\$6,750 / Unlimited	90% / 70%	\$30	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350	No	70% / 50%
	Blue Preferred Gold PPO <sup>SM</sup> 434	G8M1PFR	NA	\$750 / \$1,500	\$2,250 / \$4,500	\$7,250 / Unlimited	\$14,500 / Unlimited	60% / 60%	\$35	\$55	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Platinum PPO™ 420	P8K4PFR	NA	\$1,100 / \$2,200	\$3,300 / \$6,600	\$1,750 / Unlimited	\$5,250 / Unlimited	90% / 70%	\$30	\$55	\$50	DC	\$400 + DC	\$150 + DC	\$100 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
_	Blue Preferred Platinum PPO <sup>SM</sup> 421	P8K1PFR	NA	\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,250 / Unlimited	\$6,750 / Unlimited	90% / 70%	\$25	\$45	\$50	DC	\$300 + DC	\$150 + DC	\$100 + DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350	No	70% / 50%
N PPO <sup>SIV</sup>	Blue Preferred Gold PPO <sup>SM</sup> 423	G8K5PFR	NA	\$1,100 / \$2,200	\$3,300 / \$6,600	\$6,250 / Unlimited	\$12,500 / Unlimited	70% / 50%	\$50	\$80	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
Blue Preferred PPO	Blue Preferred Gold PPO <sup>SM</sup> 424	G8K3PFR	NA	\$1,600 / \$3,200	\$4,800 / \$9,600	\$5,750 / Unlimited	\$17,250 / Unlimited	70% / 60%	\$45	\$70	\$50	DC	\$400 + DC	\$200 + DC	\$150 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
3lue Pr	Blue Preferred Gold PPO <sup>SM</sup> 410	G733PFR	NA	\$1,600 / \$3,200	\$4,800 / \$9,600	\$7,250 / Unlimited	\$14,500 / Unlimited	80% / 60%	\$40	\$65	\$50	DC	\$400 + DC	\$200 + DC	\$150 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
_	Blue Preferred Gold PPO <sup>SM</sup> 402	G730PFR	NA	\$2,100 / \$4,200	\$6,300 / \$12,600	\$5,250 / Unlimited	\$15,750 / Unlimited	70% / 60%	\$50	\$75	\$50	DC	\$750 + DC	\$300 + DC	\$300 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Gold PPO <sup>SM</sup> 412	G735PFR	NA	\$2,100 / \$4,200	\$6,300 / \$12,600	\$6,250 / Unlimited	\$18,400 / Unlimited	80% / 60%	\$35	\$60	\$50	DC	\$500 + DC	\$250 + DC	\$200 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Gold PPO <sup>SM</sup> 426	G8K6PFR	NA	\$2,400 / \$4,800	\$7,200 / \$14,400	\$7,750 / Unlimited	\$15,500 / Unlimited	90% / 80%	\$35	\$55	\$50	\$250	\$250 + DC	\$100 + DC	DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Gold PPO <sup>SM</sup> 403	G731PFR	NA	\$2,800 / \$5,600	\$8,400 / \$16,800	\$4,750 / Unlimited	\$14,250 / Unlimited	60% / 60%	\$35	\$60	\$50	DC	\$600 + DC	\$300 + DC	\$250 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Gold PPO <sup>SM</sup> 435	G8M2PFR	NA	\$3,350 / \$6,700	\$10,050 / \$20,100	\$3,350 / \$6,700	\$10,050 / \$20,100	100% / 100%	\$50	\$100	\$50	\$250	\$500 + DC	\$350 + DC	\$250 + DC	100%	100%	Yes	100% / 100%

### General Notes:

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. This HSA plans has 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 2025 Small Group Plan Portfolio																		
	Calendar Year Medical and Rx Deductibles Out-of-Pocket Expense							Coinsurance	Copayments						Pharmacy Benefits				
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 Silver PPO <sup>SM</sup> 417	S8E1PFR	NA	\$3,600 / \$7,200	\$10,800 / \$21,600	\$9,200 / Unlimited	\$18,400 / Unlimited	60% / 50%	<b>\$0</b> ⁵	DC	DC	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Silver PPO <sup>SM</sup> 405	S731PFR	NA	\$4,350 / \$8,700	\$13,050 / \$26,100	\$9,200 / Unlimited	\$18,400 / Unlimited	60% / 50%	\$50	\$75	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Silver PPO <sup>SM</sup> 406	S732PFR	NA	\$6,850 / \$13,700	\$13,700 / \$27,400	\$9,200 / Unlimited	\$18,400 / Unlimited	80% / 80%	\$35	\$60	\$50	DC	\$600 + DC	\$250 + DC	\$200 + DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	No	70% / 50%
	Blue Preferred Silver PPO <sup>SM</sup> 427	S8K9PFR	NA	\$7,200 / \$14,400	\$14,400 / \$28,800	\$7,200 / \$14,400	\$14,400 / \$28,800	100% / 100%	\$50	\$90	DC	DC	DC	DC	DC	100%	100%	Yes	100% / 100%
МSO	Blue Preferred Silver PPO <sup>SM</sup> 413	S8K1PFR	NA	\$7,850 / \$15,700	\$15,700 / \$31,400	\$8,400 / Unlimited	\$16,800 / Unlimited	60% / 50%	\$50	\$95	\$50	DC	\$1,000 + DC	\$250 + DC	\$500 + DC	\$5/\$10/\$50/\$100/\$250/\$350	\$15/\$20/\$70/\$120/\$250/\$350	No	70% / 50%
rred PP	Blue Preferred Bronze PPO <sup>SM</sup> 428	B8K0PFR	NA	\$8,800 / \$17,600	\$17,600 / \$35,200	\$8,800 / \$17,600	\$17,600 / \$35,200	100% / 100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100% / 100%
Prefe	Blue Preferred Gold PPO <sup>SM</sup> 418 <sup>6</sup>	G8J2PFR	\$0	\$3,300 / \$9,900	\$9,900 / \$20,000	\$3,600 / Unlimited	\$10,800 / 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	Blue Preferred Silver PPO <sup>SM</sup> 429	S8K0PFR	\$0	\$3,300 / \$6,600	\$9,900 / \$19,800	\$7,100 / Unlimited	\$14,200 / 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	\$3,300 / \$6,600	\$9,900 / \$19,800	\$7,100 / Unlimited	\$14,200 / Unlimited	80% / 60%	\$40	\$80	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> 419 <sup>6</sup>	S8J5PFR	\$0	\$4,100 / \$10,000	\$12,300 / \$20,000	\$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> 433	S8K8PFR	\$0	\$5,900 / \$11,800	\$11,800 / \$23,600	\$5,900 / \$11,800	\$11,800 / \$23,600	100% / 100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	Yes	100% / 100%
	Blue Preferred Bronze PPO <sup>SM</sup> 407	B730PFR	\$0	\$7,350 / \$14,700	\$14,700 / \$29,400	\$7,350 / \$14,700	\$14,700 / \$29,400	100% / 100%	DC	DC	DC	DC	\$250 + 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

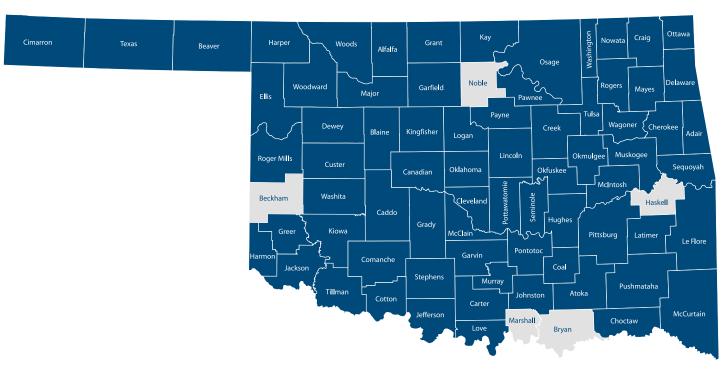
- 1. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO providers.
- 2. This HSA plans has a mandatory employer contribution requirement.
- 3. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after 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.

### **Plan Pairings**

Listed below we have available combinations (same plan basics, different network) that can be selected when making plan offering decisions. See Benefit Plan Agreement for more information.

	Blue Cross and Blue Shield of Oklahoma 2025 Small Group Parity Plans											
	P710ADT		P710PFR									
	P8E1ADT		P8E1PFR									
	G8M1ADT		G8M1PFR									
	P8J6ADT		P8K4PFR		P8J1CHC							
	P8K1ADT		P8K1PFR									
	G743ADT G8K3ADT		G8K5PFR									
			G8K3PFR									
	G744ADT		G733PFR									
	G740ADT		G730PFR		G730CHC							
	G746ADT		G735PFR									
POSM	G8K6ADT	MS O SM	G8K6PFR	мз(								
Blue Advantage PPO⁵™	G745ADT	ed P	G731PFR	Blue Choice PPO <sup>sM</sup>								
anta	G8M2ADT	ferre	G8M2PFR	hoice								
Adv	S8E1ADT	Blue Preferred PPO <sup>SM</sup>	S8E1PFR	ue Cl								
Blue	S730ADT		S731PFR	Ē	S730CHC							
	S731ADT		S732PFR									
	S8K9ADT		S8K9PFR									
	S8K1ADT		S8K1PFR									
	B8K0ADT		B8K0PFR									
	G8J3ADT		G8J2PFR									
	S702ADT		S8K0PFR									
	S8K5ADT		S8K5PFR									
	S8J4ADT		S8J5PFR									
	S8K8ADT		S8K8PFR									
	B730ADT		B730PFR		B730CHC							

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



### **Network Names**

- Blue Choice PPO, Blue Preferred PPO and Blue Advantage PPO
- Blue Choice PPO and Blue Preferred PPO only

## Oklahoma Small Group Network Offerings Comparison

Plan Name	Blue Choice PPO <sup>SM</sup>	Blue Options PPO <sup>SM</sup>	Blue Preferred PPO™	Blue Advantage PPO™
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 <sup>SM</sup>	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	Yes

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.

NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSOK.

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 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 this program and may be subject to 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 on Target 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.

Twin Health is a separate company contracted with BCBSOK to administer diabetes management programs for members with coverage through BCBSOK.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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.

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