



BlueCross BlueShield of Oklahoma

Subject: Important Benefit Plan Changes Upon Renewal

Dear Group Administrator:

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

Included with this letter is a list of all Blue Cross and Blue Shield of Oklahoma (BCBSOK) midmarket group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSOK plans.

Your next steps:

- Find the nine-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Oklahoma

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

For HMO plans only, currently a referral is required for all outpatient behavioral health services. Beginning July 1st, 2025, a referral is no longer required for in network outpatient behavioral health services.

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0073; MOBAP0073

- Your Plan ID will change to MOBAP0075 from MOBAP0073 and your plan name will change to "Blue Advantage PPO 0075"
- Your in-network individual Out-of-Pocket Maximum will change to \$1,500 from \$1,250
- Your in-network family Out-of-Pocket Maximum will change to \$4,500 from \$3,750
- Your out-of-network individual Out-of-Pocket Maximum will change to \$4,500 from \$3,750
- Your out-of-network family Out-of-Pocket Maximum will change to \$13,500 from \$11,250
- Your Primary Care Provider office visit copayment will change to \$30 from \$25
- Your Specialist Office Visit copayment will change to \$55 from \$45
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Advantage PPO 0083; MOBAP0083

- Your Plan ID will change to MOBAP0085 from MOBAP0083 and your plan name will change to "Blue Advantage PPO 0085"
- Your out-of-network individual Deductible will change to \$2,000 from \$1,500
- Your out-of-network family Deductible will change to \$6,000 from \$4,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0153; MOBAP0153

- Your Plan ID will change to MOBAP0155 from MOBAP0153 and your plan name will change to "Blue Advantage PPO 0155"
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your in-network family Deductible will change to \$2,200 from \$2,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,400 from \$7,150
- Your in-network family Out-of-Pocket Maximum will change to \$14,800 from \$14,300
- Your out-of-network individual Deductible will change to \$3,300 from \$3,000
- Your out-of-network family Deductible will change to \$6,600 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,800 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,600 from \$20,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0013; MOBAP0013

- Your Plan ID will change to MOBAP0015 from MOBAP0013 and your plan name will change to "Blue Advantage PPO 0015"
- Your in-network individual Deductible will change to \$1,350 from \$1,250
- Your in-network family Deductible will change to \$4,050 from \$3,750
- Your out-of-network individual Deductible will change to \$2,700 from \$2,500
- Your out-of-network family Deductible will change to \$8,100 from \$7,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0023; MOBAP0023

- Your Plan ID will change to MOBAP0025 from MOBAP0023 and your plan name will change to "Blue Advantage PPO 0025"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$4,800 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network individual Deductible will change to \$3,200 from \$2,500
- Your out-of-network family Deductible will change to \$9,600 from \$7,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0174; MOBAP0174

- Your Plan ID will change to MOBAP0175 from MOBAP0174 and your plan name will change to "Blue Advantage PPO 0175"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$6,300 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 from \$4,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,750 from \$12,000
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000
- Your out-of-network family Deductible will change to \$12,600 from \$12,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,750 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$38,250 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

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2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0093; MOBAP0093

- Your Plan ID will change to MOBAP0095 from MOBAP0093 and your plan name will change to "Blue Advantage PPO 0095"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$6,300 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,200
- Your out-of-network individual Deductible will change to \$4,200 from \$3,500
- Your out-of-network family Deductible will change to \$12,600 from \$10,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0033; MOBAP0033

- Your Plan ID will change to MOBAP0035 from MOBAP0033 and your plan name will change to "Blue Advantage PPO 0035"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network individual Deductible will change to \$5,200 from \$4,000
- Your out-of-network family Deductible will change to \$15,600 from \$12,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

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2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0103; MOBAP0103

- Your Plan ID will change to MOBAP0105 from MOBAP0103 and your plan name will change to "Blue Advantage PPO 0105"
- Your in-network individual Deductible will change to \$3,100 from \$3,000
- Your in-network family Deductible will change to \$9,300 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$6,200 from \$6,000
- Your out-of-network family Deductible will change to \$18,600 from \$18,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0053; MOBAP0053

- Your Plan ID will change to MOBAP0055 from MOBAP0053 and your plan name will change to "Blue Advantage PPO 0055"
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

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2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0184; MOBAP0184

- Your Plan ID will change to MOBAP0185 from MOBAP0184 and your plan name will change to "Blue Advantage PPO 0185"
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0113; MOBAP0113

- Your Plan ID will change to MOBAP0115 from MOBAP0113 and your plan name will change to "Blue Advantage PPO 0115"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$12,300 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000
- Your out-of-network family Deductible will change to \$24,600 from \$24,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0133; MOBAP0133

- Your Plan ID will change to MOBAP0135 from MOBAP0133 and your plan name will change to "Blue Advantage PPO 0135"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$30,600 from \$22,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0123; MOBAP0123

- Your Plan ID will change to MOBAP0125 from MOBAP0123 and your plan name will change to "Blue Advantage PPO 0125"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 0163; MOBAP0163

- Your Plan ID will change to MOBAP0165 from MOBAP0163 and your plan name will change to "Blue Advantage PPO 0165"
- Your in-network individual Deductible will change to \$5,600 from \$5,500
- Your in-network family Deductible will change to \$11,200 from \$11,000
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200
- Your out-of-network individual Deductible will change to \$11,200 from \$11,000
- Your out-of-network family Deductible will change to \$22,400 from \$22,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,600 from \$27,300
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$54,600
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Advantage PPO 0143; MOBAP0143

- Your Plan ID will change to MOBAP0145 from MOBAP0143 and your plan name will change to "Blue Advantage PPO 0145"
- Your in-network individual Deductible will change to \$6,100 from \$6,000
- Your in-network family Deductible will change to \$12,200 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$12,200 from \$12,000
- Your out-of-network family Deductible will change to \$24,400 from \$24,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 1013; MOBAP1013

- Your Plan ID will change to MOBAP1015 from MOBAP1013 and your plan name will change to "Blue Advantage PPO 1015"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$14,000 from \$12,800

Blue Advantage PPO 1043; MOBAP1043

- Your Plan ID will change to MOBAP1045 from MOBAP1043 and your plan name will change to "Blue Advantage PPO 1045"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$14,000 from \$12,800

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2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 1093; MOBAP1093

- Your Plan ID will change to MOBAP1095 from MOBAP1093 and your plan name will change to "Blue Advantage PPO 1095"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000

Blue Advantage PPO 1071; MOBAP1071

- Your Plan ID will change to MOBAP1075 from MOBAP1071 and your plan name will change to "Blue Advantage PPO 1075"
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your in-network family Deductible will change to \$7,200 from \$7,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$6,900
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$13,800
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000
- Your out-of-network family Deductible will change to \$14,400 from \$14,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,450 from \$20,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,900 from \$41,400
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 1081; MOBAP1081

- Your Plan ID will change to MOBAP1085 from MOBAP1081 and your plan name will change to "Blue Advantage PPO 1085"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$8,200 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$6,900
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$13,800
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000
- Your out-of-network family Deductible will change to \$16,400 from \$16,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,450 from \$20,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,900 from \$41,400

Blue Advantage PPO 1102; MOBAP1102

- Your Plan ID will change to MOBAP1105 from MOBAP1102 and your plan name will change to "Blue Advantage PPO 1105"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$8,200 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,050
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,100
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000
- Your out-of-network family Deductible will change to \$16,400 from \$16,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,900 from \$21,150
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,800 from \$42,300

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 1020; MOBAP1020

- Your Plan ID will change to MOBAP1025 from MOBAP1020 and your plan name will change to "Blue Advantage PPO 1025"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,100 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,200 from \$10,000
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$20,400 from \$15,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,300 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,600 from \$30,000

Blue Advantage PPO 1050; MOBAP1050

- Your Plan ID will change to MOBAP1055 from MOBAP1050 and your plan name will change to "Blue Advantage PPO 1055"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,100 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,200 from \$10,000
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$20,400 from \$15,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,300 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,600 from \$30,000

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 1123; MOBAP1123

- Your Plan ID will change to MOBAP1125 from MOBAP1123 and your plan name will change to "Blue Advantage PPO 1125"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,750 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,500 from \$15,000
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000
- Your out-of-network family Deductible will change to \$20,400 from \$20,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$23,250 from \$22,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$46,500 from \$45,000

Blue Advantage PPO 1030; MOBAP1030

- Your Plan ID will change to MOBAP1035 from MOBAP1030 and your plan name will change to "Blue Advantage PPO 1035"
- Your in-network individual Deductible will change to \$6,600 from \$6,500
- Your in-network family Deductible will change to \$13,200 from \$13,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,600 from \$6,500
- Your in-network family Out-of-Pocket Maximum will change to \$13,200 from \$13,000
- Your out-of-network individual Deductible will change to \$13,200 from \$13,000
- Your out-of-network family Deductible will change to \$26,400 from \$26,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,200 from \$13,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$26,400 from \$26,000

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Advantage PPO 1060; MOBAP1060

- Your Plan ID will change to MOBAP1065 from MOBAP1060 and your plan name will change to "Blue Advantage PPO 1065"
- Your in-network individual Deductible will change to \$6,600 from \$6,500
- Your in-network family Deductible will change to \$13,200 from \$13,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,600 from \$6,500
- Your in-network family Out-of-Pocket Maximum will change to \$13,200 from \$13,000
- Your out-of-network individual Deductible will change to \$13,200 from \$13,000
- Your out-of-network family Deductible will change to \$26,400 from \$26,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,200 from \$13,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$26,400 from \$26,000

Blue Preferred PPO 0043; MOBPF0043

- Your Plan ID will change to MOBPF0045 from MOBPF0043 and your plan name will change to "Blue Preferred PPO 0045"
- Your out-of-network individual Deductible will change to \$2,000 from \$1,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0033; MOBPF0033

- Your Plan ID will change to MOBPF0035 from MOBPF0033 and your plan name will change to "Blue Preferred PPO 0035"
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your in-network family Deductible will change to \$3,300 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 from \$4,000
- Your out-of-network individual Deductible will change to \$2,200 from \$1,500
- Your out-of-network family Deductible will change to \$6,600 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,750 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0023; MOBPF0023

- Your Plan ID will change to MOBPF0025 from MOBPF0023 and your plan name will change to "Blue Preferred PPO 0025"
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your in-network family Deductible will change to \$3,300 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network individual Deductible will change to \$2,200 from \$1,500
- Your out-of-network family Deductible will change to \$6,600 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0273; MOBPF0273

- Your Plan ID will change to MOBPF0275 from MOBPF0273 and your plan name will change to "Blue Preferred PPO 0275"
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your in-network family Deductible will change to \$2,200 from \$2,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,400 from \$7,150
- Your in-network family Out-of-Pocket Maximum will change to \$14,800 from \$14,300
- Your out-of-network individual Deductible will change to \$3,300 from \$3,000
- Your out-of-network family Deductible will change to \$6,600 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,800 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,600 from \$20,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0233; MOBPF0233

- Your Plan ID will change to MOBPF0235 from MOBPF0233 and your plan name will change to "Blue Preferred PPO 0235"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$3,200 from \$3,000
- Your out-of-network individual Deductible will change to \$3,200 from \$2,000
- Your out-of-network family Deductible will change to \$6,400 from \$4,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0063; MOBPF0063

- Your Plan ID will change to MOBPF0065 from MOBPF0063 and your plan name will change to "Blue Preferred PPO 0065"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$4,800 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$4,750 from \$4,500
- Your out-of-network individual Deductible will change to \$3,200 from \$2,500
- Your out-of-network family Deductible will change to \$9,600 from \$7,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,250 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0053; MOBPF0053

- Your Plan ID will change to MOBPF0055 from MOBPF0053 and your plan name will change to "Blue Preferred PPO 0055"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$4,800 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network individual Deductible will change to \$3,200 from \$2,500
- Your out-of-network family Deductible will change to \$9,600 from \$7,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0073; MOBPF0073

- Your Plan ID will change to MOBPF0075 from MOBPF0073 and your plan name will change to "Blue Preferred PPO 0075"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$4,800 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000
- Your out-of-network family Deductible will change to \$9,600 from \$9,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0243; MOBPF0243

- Your Plan ID will change to MOBPF0245 from MOBPF0243 and your plan name will change to "Blue Preferred PPO 0245"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$4,200 from \$3,000
- Your out-of-network individual Deductible will change to \$4,200 from \$2,500
- Your out-of-network family Deductible will change to \$8,400 from \$4,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0294; MOBPF0294

- Your Plan ID will change to MOBPF0295 from MOBPF0294 and your plan name will change to "Blue Preferred PPO 0295"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$6,300 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 from \$4,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,750 from \$12,000
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000
- Your out-of-network family Deductible will change to \$12,600 from \$12,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,750 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$38,250 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0083; MOBPF0083

- Your Plan ID will change to MOBPF0085 from MOBPF0083 and your plan name will change to "Blue Preferred PPO 0085"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$6,300 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,200
- Your out-of-network individual Deductible will change to \$4,200 from \$3,500
- Your out-of-network family Deductible will change to \$12,600 from \$10,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0103; MOBPF0103

- Your Plan ID will change to MOBPF0105 from MOBPF0103 and your plan name will change to "Blue Preferred PPO 0105"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,750 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$11,500 from \$10,200
- Your out-of-network individual Deductible will change to \$5,200 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,250 from \$16,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$34,500 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Preferred PPO 0093; MOBPF0093

- Your Plan ID will change to MOBPF0095 from MOBPF0093 and your plan name will change to "Blue Preferred PPO 0095"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network individual Deductible will change to \$5,200 from \$4,000
- Your out-of-network family Deductible will change to \$15,600 from \$12,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0113; MOBPF0113

- Your Plan ID will change to MOBPF0115 from MOBPF0113 and your plan name will change to "Blue Preferred PPO 0115"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your out-of-network individual Deductible will change to \$5,200 from \$5,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0133; MOBPF0133

- Your Plan ID will change to MOBPF0135 from MOBPF0133 and your plan name will change to "Blue Preferred PPO 0135"
- Your in-network individual Deductible will change to \$3,100 from \$3,000
- Your in-network family Deductible will change to \$9,300 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$6,200 from \$6,000
- Your out-of-network family Deductible will change to \$18,600 from \$18,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0143; MOBPF0143

- Your Plan ID will change to MOBPF0145 from MOBPF0143 and your plan name will change to "Blue Preferred PPO 0145"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$12,300 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000
- Your out-of-network family Deductible will change to \$24,600 from \$24,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0163; MOBPF0163

- Your Plan ID will change to MOBPF0165 from MOBPF0163 and your plan name will change to "Blue Preferred PPO 0165"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$30,600 from \$22,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0173; MOBPF0173

- Your Plan ID will change to MOBPF0175 from MOBPF0173 and your plan name will change to "Blue Preferred PPO 0175"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,850 from \$5,600
- Your in-network family Out-of-Pocket Maximum will change to \$11,700 from \$10,200
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$30,600 from \$22,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,550 from \$16,800
- Your out-of-network family Out-of-Pocket Maximum will change to \$35,100 from \$30,600
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0283; MOBPF0283

- Your Plan ID will change to MOBPF0285 from MOBPF0283 and your plan name will change to "Blue Preferred PPO 0285"
- Your in-network individual Deductible will change to \$5,600 from \$5,500
- Your in-network family Deductible will change to \$11,200 from \$11,000
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200
- Your out-of-network individual Deductible will change to \$11,200 from \$11,000
- Your out-of-network family Deductible will change to \$22,400 from \$22,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,600 from \$27,300
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$54,600
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 0223; MOBPF0223

- Your Plan ID will change to MOBPF0225 from MOBPF0223 and your plan name will change to "Blue Preferred PPO 0225"
- Your in-network individual Deductible will change to \$6,100 from \$6,000
- Your in-network family Deductible will change to \$12,200 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$12,200 from \$12,000
- Your out-of-network family Deductible will change to \$24,400 from \$24,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Preferred PPO 0263; MOBPF0263

- Your Plan ID will change to MOBPF0265 from MOBPF0263 and your plan name will change to "Blue Preferred PPO 0265"
- Your in-network individual Deductible will change to \$6,100 from \$6,000
- Your in-network family Deductible will change to \$12,200 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000
- Your out-of-network individual Deductible will change to \$12,200 from \$12,000
- Your out-of-network family Deductible will change to \$24,400 from \$24,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 1013; MOBPF1013

- Your Plan ID will change to MOBPF1015 from MOBPF1013 and your plan name will change to "Blue Preferred PPO 1015"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$14,000 from \$12,800

Blue Preferred PPO 1033; MOBPF1033

- Your Plan ID will change to MOBPF1035 from MOBPF1033 and your plan name will change to "Blue Preferred PPO 1035"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$14,000 from \$12,800

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 1083; MOBPF1083

- Your Plan ID will change to MOBPF1085 from MOBPF1083 and your plan name will change to "Blue Preferred PPO 1085"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,050
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,100
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,900 from \$21,150
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,800 from \$42,300

Blue Preferred PPO 1051; MOBPF1051

- Your Plan ID will change to MOBPF1055 from MOBPF1051 and your plan name will change to "Blue Preferred PPO 1055"
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your in-network family Deductible will change to \$7,200 from \$7,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$6,900
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$13,800
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000
- Your out-of-network family Deductible will change to \$14,400 from \$14,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,450 from \$20,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,900 from \$41,400
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 1061; MOBPF1061

- Your Plan ID will change to MOBPF1065 from MOBPF1061 and your plan name will change to "Blue Preferred PPO 1065"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$8,200 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$6,900
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$13,800
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000
- Your out-of-network family Deductible will change to \$16,400 from \$16,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,450 from \$20,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,900 from \$41,400

Blue Preferred PPO 1072; MOBPF1072

- Your Plan ID will change to MOBPF1075 from MOBPF1072 and your plan name will change to "Blue Preferred PPO 1075"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$8,200 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,050
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,100
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000
- Your out-of-network family Deductible will change to \$16,400 from \$16,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,900 from \$21,150
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,800 from \$42,300

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 1020; MOBPF1020

- Your Plan ID will change to MOBPF1025 from MOBPF1020 and your plan name will change to "Blue Preferred PPO 1025"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,100 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,200 from \$10,000
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$20,400 from \$15,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,300 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,600 from \$30,000

Blue Preferred PPO 1040; MOBPF1040

- Your Plan ID will change to MOBPF1045 from MOBPF1040 and your plan name will change to "Blue Preferred PPO 1045"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,100 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,200 from \$10,000
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$20,400 from \$15,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,300 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,600 from \$30,000

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Preferred PPO 1103; MOBPF1103

- Your Plan ID will change to MOBPF1105 from MOBPF1103 and your plan name will change to "Blue Preferred PPO 1105"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,750 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,500 from \$15,000
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000
- Your out-of-network family Deductible will change to \$20,400 from \$20,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$23,250 from \$22,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$46,500 from \$45,000

Blue Preferred PPO 1092; MOBPF1092

- Your Plan ID will change to MOBPF1095 from MOBPF1092 and your plan name will change to "Blue Preferred PPO 1095"
- Your in-network individual Deductible will change to \$7,150 from \$7,050
- Your in-network family Deductible will change to \$14,300 from \$14,100
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$7,050
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$14,100
- Your out-of-network individual Deductible will change to \$14,300 from \$14,100
- Your out-of-network family Deductible will change to \$28,600 from \$28,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,300 from \$14,100
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,600 from \$28,200

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options PPO 0013; MOOPT0013

- Your Plan ID will change to MOOPT0015 from MOOPT0013 and your plan name will change to "Blue Options PPO 0015"
- Your in-network individual Out-of-Pocket Maximum will change to \$2,750 BP / \$3,750 BC from \$2,500 BP / \$3,500 BC
- Your in-network family Out-of-Pocket Maximum will change to \$8,250 BP from \$7,500 BP
- Your out-of-network individual Deductible will change to \$1,000 from \$500
- Your out-of-network family Deductible will change to \$3,000 from \$1,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,250 from \$7,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$24,750 from \$22,500
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$40 from \$30
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Options PPO 0053; MOOPT0053

- Your Plan ID will change to MOOPT0055 from MOOPT0053 and your plan name will change to "Blue Options PPO 0055"
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your in-network family Deductible will change to \$3,300 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 BC from \$4,000 BC
- Your out-of-network individual Deductible will change to \$2,200 from \$1,000
- Your out-of-network family Deductible will change to \$6,600 from \$3,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$40 from \$30
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options PPO 0043; MOOPT0043

- Your Plan ID will change to MOOPT0045 from MOOPT0043 and your plan name will change to "Blue Options PPO 0045"
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your in-network family Deductible will change to \$3,300 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 BP / \$5,250 BC from \$4,000 BP / \$5,000 BC
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 BC from \$10,200 BC
- Your out-of-network individual Deductible will change to \$2,200 from \$1,000
- Your out-of-network family Deductible will change to \$6,600 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,750 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$40 from \$30
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Options PPO 0063; MOOPT0063

- Your Plan ID will change to MOOPT0065 from MOOPT0063 and your plan name will change to "Blue Options PPO 0065"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$4,800 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$4,750 BP / \$5,550 BC from \$4,500 BP / \$5,300 BC
- Your in-network family Out-of-Pocket Maximum will change to \$11,100 BC from \$10,200 BC
- Your out-of-network individual Deductible will change to \$3,200 from \$1,500
- Your out-of-network family Deductible will change to \$9,600 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,250 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Virtual Visit copayment will change to \$25 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options PPO 0083; MOOPT0083

- Your Plan ID will change to MOOPT0085 from MOOPT0083 and your plan name will change to "Blue Options PPO 0085"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$6,300 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 BC from \$4,000 BC
- Your out-of-network individual Deductible will change to \$4,200 from \$2,000
- Your out-of-network family Deductible will change to \$12,600 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$45 from \$35
- Your Virtual Visit copayment will change to \$40 from \$35
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Options PPO 0093; MOOPT0093

- Your Plan ID will change to MOOPT0095 from MOOPT0093 and your plan name will change to "Blue Options PPO 0095"
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your in-network family Deductible will change to \$6,300 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 BP / \$5,550 BC from \$5,000 BP / \$5,300 BC
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 BP / \$11,100 BC from \$10,000 BP / \$10,200 BC
- Your out-of-network individual Deductible will change to \$4,200 from \$2,000
- Your out-of-network family Deductible will change to \$12,600 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$45 from \$35
- Your Virtual Visit copayment will change to \$40 from \$35
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options PPO 0103; MOOPT0103

- Your Plan ID will change to MOOPT0105 from MOOPT0103 and your plan name will change to "Blue Options PPO 0105"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,450 BP / \$5,650 BC from \$5,200 BP / \$5,400 BC
- Your in-network family Out-of-Pocket Maximum will change to \$10,900 BP / \$11,300 BC from \$10,000 BP / \$10,200 BC
- Your out-of-network individual Deductible will change to \$5,200 from \$2,500
- Your out-of-network family Deductible will change to \$15,600 from \$7,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$16,350 from \$15,600
- Your out-of-network family Out-of-Pocket Maximum will change to \$32,700 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$45 from \$35
- Your Virtual Visit copayment will change to \$40 from \$35
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Options PPO 0113; MOOPT0113

- Your Plan ID will change to MOOPT0115 from MOOPT0113 and your plan name will change to "Blue Options PPO 0115"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 BP / \$6,750 BC from \$6,000 BP / \$6,500 BC
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 BP / \$13,500 BC from \$12,000 BP / \$13,000 BC
- Your out-of-network individual Deductible will change to \$5,200 from \$2,500
- Your out-of-network family Deductible will change to \$15,600 from \$7,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,750 from \$18,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$37,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 BP / \$55 BC from \$30 BP / \$50 BC
- Your Specialist Office Visit copayment will change to \$50 BP / \$70 BC from \$40 BP / \$60 BC
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 BP / \$55 BC from \$30 BP / \$50 BC
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options PPO 0123; MOOPT0123

- Your Plan ID will change to MOOPT0125 from MOOPT0123 and your plan name will change to "Blue Options PPO 0125"
- Your in-network individual Deductible will change to \$3,100 from \$3,000
- Your in-network family Deductible will change to \$9,300 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 BP / \$7,400 BC from \$7,000 BP / \$7,150 BC
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 BP / \$14,800 BC from \$12,000 BP / \$14,300 BC
- Your out-of-network individual Deductible will change to \$6,200 from \$3,000
- Your out-of-network family Deductible will change to \$18,600 from \$9,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$36,000
- Your Primary Care Provider office visit copayment will change to \$35 BP / \$55 BC from \$30 BP / \$50 BC
- Your Specialist Office Visit copayment will change to \$50 BP / \$70 BC from \$40 BC / \$60 BC
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 BP / \$55 BC from \$30 BP / \$50 BC
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Options PPO 0133; MOOPT0133

- Your Plan ID will change to MOOPT0135 from MOOPT0133 and your plan name will change to "Blue Options PPO 0135"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$12,300 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 BP / \$7,400 BC from \$7,000 BP / \$7,150 BC
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 BP / \$14,800 BC from \$14,000 BP / \$14,300 BC
- Your out-of-network individual Deductible will change to \$8,200 from \$4,000
- Your out-of-network family Deductible will change to \$24,600 from \$12,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,000
- Your Primary Care Provider office visit copayment will change to \$35 BP / \$55 BC from \$30 BP / \$50 BC
- Your Specialist Office Visit copayment will change to \$50 BP / \$70 BC from \$40 BP \$60 BC
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 BP / \$55 BC from \$30 BP / \$50 BC
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options PPO 0143; MOOPT0143

- Your Plan ID will change to MOOPT0145 from MOOPT0143 and your plan name will change to "Blue Options PPO 0145"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,450 BP / \$5,650 BC from \$5,200 BP / \$5,400 BC
- Your in-network family Out-of-Pocket Maximum will change to \$10,900 BP / \$11,300 BC from \$10,000 BP / \$10,200 BC
- Your out-of-network individual Deductible will change to \$10,200 from \$5,000
- Your out-of-network family Deductible will change to \$20,400 from \$10,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$16,350 from \$15,600
- Your out-of-network family Out-of-Pocket Maximum will change to \$32,700 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$45 from \$35
- Your Virtual Visit copayment will change to \$40 from \$35
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Options HSA 1023; MOOPT1023

- Your Plan ID will change to MOOPT1025 from MOOPT1023 and your plan name will change to "Blue Options HSA 1025"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 BP / \$5,950 BC from \$5,000 BP / \$5,700 BC
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 BP / \$11,900 BC from \$10,000 BP / \$11,400 BC
- Your out-of-network individual Deductible will change to \$7,000 from \$5,000
- Your out-of-network family Deductible will change to \$14,000 from \$10,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options HSA 1032; MOOPT1032

- Your Plan ID will change to MOOPT1035 from MOOPT1032 and your plan name will change to "Blue Options HSA 1035"
- Your in-network individual Deductible will change to \$4,100 from \$4,000
- Your in-network family Deductible will change to \$8,200 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 BP / \$7,250 BC from \$6,500 BP / \$7000 BC
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 BP / \$14,500 BC from \$13,000 BP / \$14,000 BC
- Your out-of-network individual Deductible will change to \$8,200 from \$6,500
- Your out-of-network family Deductible will change to \$16,400 from \$13,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,250 from \$19,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$40,500 from \$39,000

Blue Options HSA 1012; MOOPT1012

- Your Plan ID will change to MOOPT1015 from MOOPT1012 and your plan name will change to "Blue Options HSA 1015"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,100 BP / \$5,950 BC from \$5,000 BP / \$5,700 BC
- Your in-network family Out-of-Pocket Maximum will change to \$10,200 BP / \$11,900 BC from \$10,000 BP / \$11,400 BC
- Your out-of-network individual Deductible will change to \$10,200 from \$7,500
- Your out-of-network family Deductible will change to \$20,400 from \$15,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,300 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,600 from \$30,000

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options HSA 1042; MOOPT1042

- Your Plan ID will change to MOOPT1045 from MOOPT1042 and your plan name will change to "Blue Options HSA 1045"
- Your in-network individual Deductible will change to \$6,100 from \$6,000
- Your in-network family Deductible will change to \$12,200 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 BP / \$7,250 BC from \$6,500 BP / \$7,000 BC
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 BP / \$14,500 BC from \$13,000 BP / \$14,000 BC
- Your out-of-network individual Deductible will change to \$12,200 from \$9,000
- Your out-of-network family Deductible will change to \$24,400 from \$18,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,250 from \$19,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$40,500 from \$39,000

Blue Choice PPO 0013; MOBCH0013

- Your Plan ID will change to MOBCH0015 from MOBCH0013 and your plan name will change to "Blue Choice PPO 0015"
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,500
- Your out-of-network individual Deductible will change to \$1,000 from \$500
- Your out-of-network family Deductible will change to \$3,000 from \$1,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,250 from \$10,500
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice PPO 0043; MOBCH0043

- Your Plan ID will change to MOBCH0045 from MOBCH0043 and your plan name will change to "Blue Choice PPO 0045"
- Your out-of-network individual Deductible will change to \$2,000 from \$1,000
- Your out-of-network family Deductible will change to \$6,000 from \$3,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$30 from \$20
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$200 from \$100
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250

Blue Choice PPO 0053; MOBCH0053

- Your Plan ID will change to MOBCH0055 from MOBCH0053 and your plan name will change to "Blue Choice PPO 0055"
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your in-network family Deductible will change to \$4,800 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network individual Deductible will change to \$4,800 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice PPO 0073; MOBCH0073

- Your Plan ID will change to MOBCH0075 from MOBCH0073 and your plan name will change to "Blue Choice PPO 0075"
- Your in-network individual Deductible will change to \$2,600 from \$2,500
- Your in-network family Deductible will change to \$7,800 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network individual Deductible will change to \$5,200 from \$5,000
- Your out-of-network family Deductible will change to \$10,400 from \$10,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Primary Care Provider office visit copayment will change to \$25 from \$20
- Your Specialist Office Visit copayment will change to \$50 from \$40
- Your Mental Health / Substance Usage copayment will change to \$25 from \$20
- Your Emergency Room Services per occurrence fee will change to \$300 from \$200
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250

HSA Blue 1033; MOHSA1033

- Your Plan ID will change to MOHSA1035 from MOHSA1033 and your plan name will change to "HSA Blue 1035"
- Your in-network individual Deductible will change to \$3,500 from \$3,200
- Your in-network family Deductible will change to \$7,000 from \$6,400
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200
- Your in-network family Out-of-Pocket Maximum will change to \$7,000 from \$6,400
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400
- Your out-of-network family Deductible will change to \$14,000 from \$12,800
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$9,600
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,000 from \$19,200

Blue Cross and Blue Shield of Oklahoma

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

HSA Blue 1042; MOHSA1042

- Your Plan ID will change to MOHSA1045 from MOHSA1042 and your plan name will change to "HSA Blue 1045"
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your in-network family Deductible will change to \$7,200 from \$7,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$6,900
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$13,800
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000
- Your out-of-network family Deductible will change to \$14,400 from \$14,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,450 from \$20,700
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,900 from \$41,400
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Virtual Visit copayment will change to \$35 from \$30
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

HSA Blue 1010; MOHSA1010

- Your Plan ID will change to MOHSA1015 from MOHSA1010 and your plan name will change to "HSA Blue 1015"
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,100 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,200 from \$10,000
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000
- Your out-of-network family Deductible will change to \$20,400 from \$20,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,300 from \$15,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$30,600 from \$30,000