BlueCross BlueShield of Oklahoma

Plan Year 2027 Individual & Family Markets Products

Below are links to Summaries of Benefits and Coverage, Outlines of Coverage and Plan Comparison Charts for Blue Cross and Blue Shield of Oklahoma qualified health plans in the individual and family ACA market.

Comparison Charts and Medical Guide	Links to Charts
Combined Plan Comparison Chart	English • Spanish
Gold Plan Comparison Chart	English • Spanish
Silver Plan Comparison Chart	English • Spanish
Bronze Plan Comparison Chart	English • Spanish
Medical Plan Guide	English • Spanish

Key

- Off-exchange plans
- On-exchange "base" plans with no cost-sharing reductions (CSRs)
- On-exchange plans with CSRs:

AI/AN Zero and AI/AN Limited plans are available to eligible American Indians and Alaska Natives. Plans with actuarial values of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

Gold Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Gold PPO℠ - Secure	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Secure	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Secure	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Secure	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Balance	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Balance	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Signature	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Standard	On-exchange "Base" Plan	Summary of Benefits

Blue Advantage Gold PPO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Gold PPO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Gold HMO℠ - Secure	Off-exchange Plan	Summary of Benefits
MyBlue Gold HMO℠ - Secure	On-exchange "Base" Plan	Summary of Benefits
MyBlue Gold HMO℠ - Secure	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Gold HMO℠ - Secure	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Gold HMO℠ - Standard	Off-exchange Plan	Summary of Benefits
MyBlue Gold HMO℠ - Standard	On-exchange "Base" Plan	Summary of Benefits
MyBlue Gold HMO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Gold HMO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits

Silver Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Silver PPO℠ - Champion	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Champion	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Champion	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Champion	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Champion	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Signature	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Balance	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Preferred Silver PPO℠ - Signature	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Standard	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits

Blue Advantage Silver PPO℠ - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Silver PPO℠ - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	Off-exchange Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	On-exchange "Base" Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	On-exchange 73% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	On-exchange 87% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Champion	On-exchange 94% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	Off-exchange Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	On-exchange "Base" Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	Off-exchange Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	On-exchange "Base" Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	On-exchange 73% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	On-exchange 87% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Balance	On-exchange 94% AV CSR Plan	Summary of Benefits
MyBlue Silver HMO℠ - Signature	Off-exchange Plan	Summary of Benefits

Bronze Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Bronze PPO℠ - Support HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Bronze PPO℠ - Support HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Bronze PPO℠ - Support HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Bronze PPO℠ - Support HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Bronze PPO℠ - Signature	Off-exchange Plan	Summary of Benefits
Blue Advantage Bronze PPO℠ - Standard HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Bronze PPO℠ - Standard HSA	On-exchange "Base" Plan	Summary of Benefits

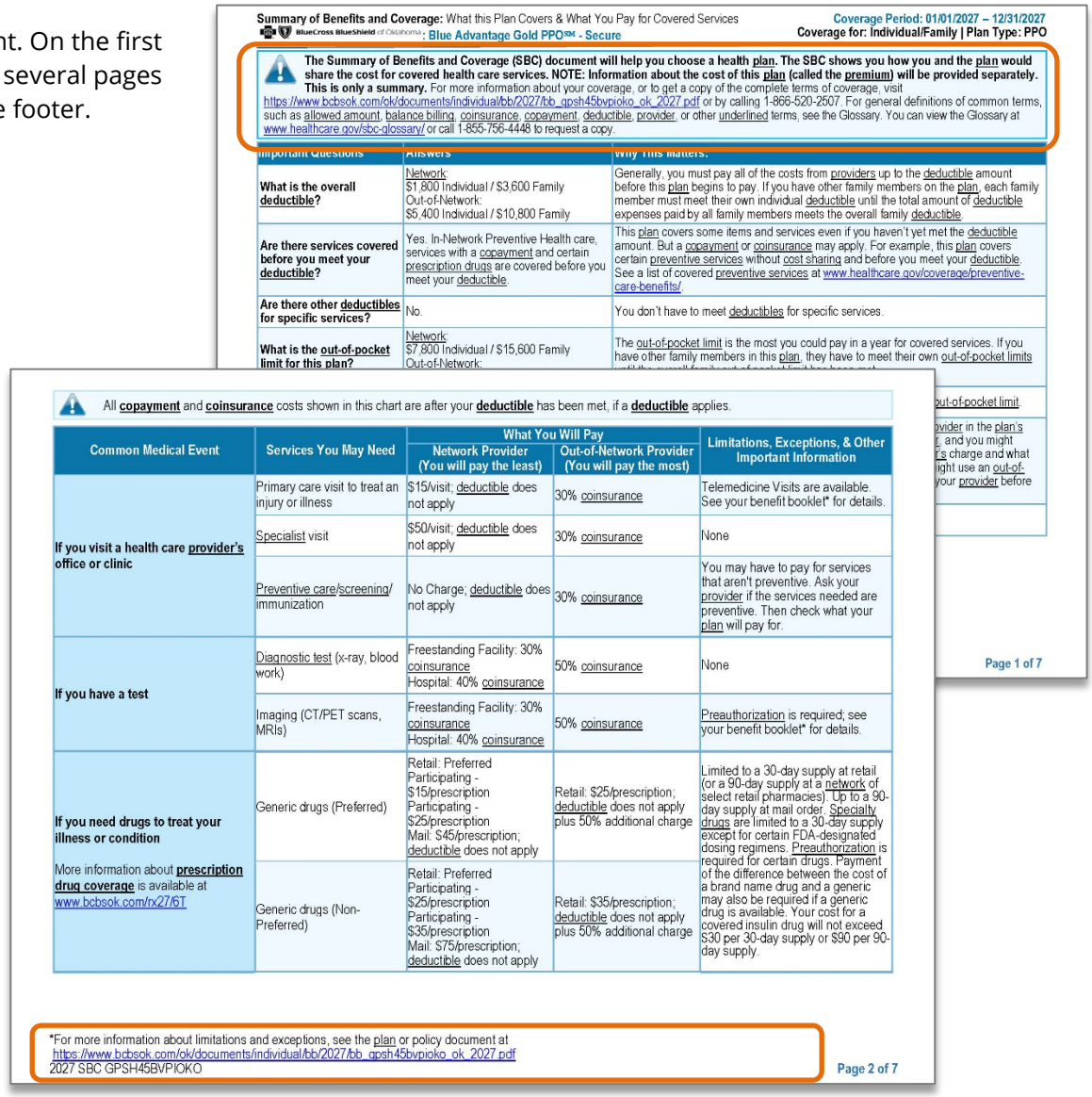
Blue Advantage Bronze PPO℠ - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Bronze PPO℠ - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Signature	Off-exchange Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Standard HSA	Off-exchange Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Standard HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Balance HSA	Off-exchange Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Balance HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Balance HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Balance HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Champion HSA	Off-exchange Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Champion HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Champion HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Bronze HMO℠ - Champion HSA	On-exchange AI/AN Limited Plan	Summary of Benefits

Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Security PPO℠ - HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Security PPO℠ - HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Security HMO℠ - HSA	Off-exchange Plan	Summary of Benefits
MyBlue Security HMO℠ - HSA	On-exchange "Base" Plan	Summary of Benefits

Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.



Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
BlueCross BlueShield of Oklahoma - Blue Advantage Gold PPO℠ - Secure
Coverage Period: 01/01/2027 – 12/31/2027
Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit https://www.bcbsok.com/ok/documents/individual/bb/2027/bb_gpsh45bvpioko_ok_2027.pdf or by calling 1-866-520-2507. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: $1,800 Individual / $3,600 Family Out-of-Network: $5,400 Individual / $10,800 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health care, services with a copayment and certain prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Network: $7,800 Individual / $15,600 Family Out-of-Network:	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits

Page 1 of 7

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay: Network Provider (You will pay the least)	What You Will Pay: Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15/visit; deductible does not apply	30% coinsurance	Telemedicine Visits are available. See your benefit booklet* for details.
	Specialist visit	$50/visit; deductible does not apply	30% coinsurance	None
	Preventive care/screening/ immunization	No Charge; deductible does not apply	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 30% coinsurance Hospital: 40% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 30% coinsurance Hospital: 40% coinsurance	50% coinsurance	Preauthorization is required; see your benefit booklet* for details.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsok.com/rx27/6T	Generic drugs (Preferred)	Retail: Preferred Participating - $15/prescription Participating - $25/prescription Mail: $45/prescription; deductible does not apply	Retail: $25/prescription; deductible does not apply plus 50% additional charge	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs are limited to a 30-day supply except for certain FDA-designated dosing regimens. Preauthorization is required for certain drugs. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Your cost for a covered insulin drug will not exceed $30 per 30-day supply or $90 per 90-day supply.
	Generic drugs (Non-Preferred)	Retail: Preferred Participating - $25/prescription Participating - $35/prescription Mail: $75/prescription; deductible does not apply	Retail: $35/prescription; deductible does not apply plus 50% additional charge	

*For more information about limitations and exceptions, see the plan or policy document at https://www.bcbsok.com/ok/documents/individual/bb/2027/bb_gpsh45bvpioko_ok_2027.pdf
2027 SBC GPSH45BVPIOKO

Page 2 of 7