



# More Savings. Same flexibility and service.

With BlueOptimize, you'll benefit from the same Blue Cross and Blue Shield of Oklahoma network of doctors and hospitals, but at a price that optimizes your budget and provides you with more savings. For more information, call 800-281-0446.



## Like the flexibility of our popular BlueOptions<sup>®</sup> plan, but need more savings?

BlueOptimize offers similar benefits and the same network of doctors and hospitals as BlueOptions, but with a few key differences:

<b>Annual Deductible Options</b>	\$1,000 and \$2,500
<b>Inpatient per-occurrence deductible (in addition to standard deductible and coinsurance)</b>	<ul style="list-style-type: none"> <li>• \$500 for \$1,000 deductible plan</li> <li>• \$750 for \$2,500 deductible plan</li> </ul>
<b>Coinsurance</b>	<ul style="list-style-type: none"> <li>• 70% BluePreferred<sup>®</sup> network</li> <li>• 60% BlueChoice<sup>®</sup> network</li> <li>• 50% BlueTraditional<sup>®</sup> network</li> <li>• 50% Out-of-network of BlueChoice allowed amount</li> </ul>
<b>Office Visit/Copay Benefits</b>	<ul style="list-style-type: none"> <li>• \$30 office visit/copay</li> <li>• Covers office visit and lab only; radiology applies to deductible and coinsurance</li> <li>• Office visit copay benefit for children: unlimited visits</li> <li>• Office visit copay benefit for adults: limit six annually per adult; deductible and coinsurance apply after sixth visit</li> </ul>
<b>Annual Stop loss</b>	\$20,000 (does not include deductible or copay amounts)
<b>Ambulance</b>	Deductible/Coinsurance
<b>Physical and Occupational Therapy Visits</b>	Deductible/Coinsurance; 15 visit combined annual max

This is not a contract. The product description is not intended to be more than a summary of benefits available to you through the program. It does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown, nor does it contain additional benefits that may be available to you. Full information can be found, including medical necessity and pre-existing condition provisions, in the product contract or the member's certificate of benefits booklet.



# BlueOptimize Rx

Employers can choose one of the following pharmacy options:

## 1. 50/50 drug card

- Members pay 50% of the network pharmacy's discounted charge with no annual deduction or maximum.
- If members spend more than \$5,000 out-of-pocket in one year on prescription drugs at network pharmacies, benefits will be paid at 100% of allowable charges for the remainder of the calendar year.
- Out-of-network services are paid at 50% of the network pharmacy charge.

## 2. \$12/\$25/30% drug card

- Members pay 30% of allowable charges (with a minimum copay of \$12) for generic drugs, \$25 for preferred brand drugs, and 30% of allowable charges (with a minimum copay of \$25) for non-preferred brand drugs.
- Out-of-network benefits are reduced to 80% of the allowable charge\*, less the applicable copayment.

## 3. \$20/\$40/\$60/\$150 drug card

- Members pay \$20 for generic drugs, \$40 for preferred brand drugs, \$60 for non-preferred brand/preferred specialty drugs and \$150 for non-preferred specialty drugs.

- Out-of-network benefits are reduced to 80% of the allowable charge\*, less the applicable copayment.
- When ordering a 90-day supply by mail, members only pay 2.5 copayments for a 90-day supply of maintenance drugs. For example, if the monthly copayment is \$20, the member will only be charged \$50 instead of \$60 for the 90-day supply.

## 4. \$4/\$35/\$75/\$150 drug card

- Members pay \$4 for generic drugs, \$35 for preferred brand drugs, \$75 for non-preferred brand/preferred specialty drugs and \$150 for non-preferred specialty drugs.
- Out-of-network benefits are reduced to 80% of the allowable charge\*, less the applicable copayment.
- When ordering a 90-day supply by mail, members only pay 2.5 copayments for a 90-day supply of maintenance drugs. For example, if the monthly copayment is \$35, the member will only be charged \$87.50 instead of \$105, for the 90-day supply.
- Generics Plus Formulary applies.



\*The out-of-network allowance is the amount determined by the Plan as the maximum provider charge eligible for benefits. The subscriber will be responsible for the full amount of out-of-network provider charges that exceed the out-of-network allowance.