



BlueCross BlueShield of Oklahoma

**Mini Budget.
Mega Options.**



BlueOptionsSM

MARKET SEGMENT 101+

BlueOptions: A low-cost PPO for employer groups

Sometimes you just need more options

BlueOptions is a unique PPO plan that offers the widest choice of network doctors and hospitals, yet is priced significantly lower than other standard PPO plans. Plus, BlueOptions is designed to encourage your employees to make consumer-driven decisions about their health care.

Here's how it works

Employers and their employees pay a low premium for in-network coverage through a select PPO network. Employees can then choose to use providers in our other PPO networks, but they will pay a higher coinsurance amount for these services.

Instead of the entire group paying higher premiums to access our other PPO networks, only the employees who use these networks will pay to use them.

BlueOptions at a glance

- Lower premium
- More in-network choices
- Seven annual deductible options
- Member savings on office visits
- Preventive care benefit
- Prescription drug card options
- Inpatient deductible
- \$100 emergency room deductible
- \$200 facility outpatient surgery deductible

Member savings on office visits

Office visit copayments options between \$20 and \$35. Most lab and X-ray services are covered in full when performed in conjunction with a covered office visit (other than MRI, CT, Pet Scans, and other excluded services).

Seven annual deductible options	Inpatient deductible	Facility outpatient surgery deductible	Emergency room deductible	Office visit copayment
\$500	\$250	\$200/occurrence	\$100/occurrence	\$20/visit*
\$750	\$375			
\$1,000	\$500			
\$1,500	\$750			
\$2,000	\$750			\$35/visit
\$2,500	\$750			
\$5,000	\$750			

BlueOptions is designed to offer more provider choices at a lower monthly premium.

Inpatient, Outpatient and Emergency room deductibles are in addition to the plan deductible and coinsurance.

* \$30 office visit copay is available for \$500 and \$1,000 deductibles.

Limitless provider options

- Blue Preferred PPOSM network doctors have agreed to use Blue Preferred PPO network hospitals whenever possible to ensure the greatest benefits. It is the member's responsibility to verify that their doctor is aware of their Blue Preferred PPO network preference.
- In a Blue Cross and Blue Shield network, the pre-certification process is done on the member's behalf. However, when visiting an out-of-network provider, it's the member's responsibility to make sure the doctor gets pre-certification from Blue Cross and Blue Shield of Oklahoma.
- Network providers have agreed to consult with Blue Cross and Blue Shield's medical staff to determine the most appropriate setting for treatment. This is one of the cost containment features of BlueOptions that helps keep costs down.
- During emergency care and hospitalization, members should move forward with treatment right away. However, they must notify Blue Cross and Blue Shield of Oklahoma of the hospitalization within two working days.
- If a member uses an out-of-network provider, the member will need to file their own claims in most cases.

Network Provider	Services Paid*
Blue Preferred PPO SM	80%
Blue Choice PPO SM	70%
Blue Traditional SM	60%
Out-of-network	50%

*Percentage of the allowable charges after the deductible is met.

Annual preventive care benefit

BlueOptions members receive preventive care services that have a rating of "A" or "B" in the current recommendations of the U.S. Preventive Services Task Force. Among these many covered services are:

- Routine physical exams
- Routine prostate test
- Child exams
- Routine bone density test
- Immunizations
- Colonoscopy services
- Mammograms
- Health education and counseling services
- Routine pap smear

Services from network providers are covered at 100 percent.

Linda pays a low monthly premium for BlueOptions.

She went to the doctor twice this year – once for a routine physical and once for a well woman exam. Even though she had not met her deductible for the year, she could still see her doctor for these important preventive care services, which are included in the BlueOptions plan.





**To find out more about BlueOptions, contact
your Blue Cross and Blue Shield of Oklahoma
representative or call 800-281-0446.**

Prescription Drug Information

The following pharmacy options are available on specified plans:

50/50 drug card

- Members pay 50 percent of the pharmacy's charge up to the separate drug out-of-pocket maximum.
- Specialty drugs include a \$300 maximum per 30 day supply.
- Out-of-network services are paid at 50 percent of the network pharmacy charge.

\$12/30%/\$25/30% drug card

- Members pay 30 percent of allowable charges (\$12 minimum) for generic purchases, \$25 for preferred brand purchases, and 30 percent of allowable charges (\$25 minimum) for non-preferred brand purchases.
- Specialty drugs include a \$300 maximum per 30 day supply.
- Out-of-network benefits are reduced to 80 percent of the allowable charge,* less the applicable copayment.

\$10/\$25/\$50/\$150 specialty tier drug card

- Members pay \$10 for generic purchases, \$25 for preferred brand purchases, \$50 for non-preferred brand/preferred specialty purchases and \$150 for non-preferred specialty tier drug card purchases.
- Out-of-network benefits are reduced to 80 percent 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. For example, if the monthly copayment is \$25, the member will only be charged \$62.50, instead of \$75, for the 90-day supply.

All above drug card options include \$1,000 individual / \$3,000 family separate drug out-of-pocket maximum.

\$20/\$40/\$60/\$150 specialty tier drug card

- Members pay \$20 for generic purchases, \$40 for preferred brand purchases, \$60 for non-preferred brand/preferred specialty purchases and \$150 for non-preferred specialty tier drug card purchases.
- Out-of-network benefits are reduced to 80 percent 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. For example, if the monthly copayment is \$40, the member will only be charged \$100, instead of \$120, for the 90-day supply.

\$4/\$35/\$75/\$150 specialty tier drug card

- Members pay \$4 for generic purchases, \$35 for preferred brand purchases, \$75 for non-preferred brand/preferred specialty purchases and \$150 for non-preferred specialty tier drug card purchases.
- Out-of-network benefits are reduced to 80 percent 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. 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

*Allowable charge is the pharmacy's usual charge, up to the amount that the plan would reimburse a participating pharmacy.

Wesley's employer recently switched health plans.

Wesley wanted to continue visiting his current doctor in the Blue Choice PPO network. Because his employer selected BlueOptions, Wesley was able to make that decision for himself and still receive a high benefit level.

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 BlueOptions contract or the member's certificate of benefits booklet.

