



BlueCross BlueShield
of Oklahoma



Chamber Choice

Affordable coverage for
Oklahoma small businesses





Blue Cross and Blue Shield of Oklahoma and the **Greater Oklahoma City Chamber** are working together to make it easy for small businesses to provide affordable group health coverage to employees. With **Chamber Choice**, businesses and their employees can choose the right health care plan, priced within their budget, with the physicians and health care providers they trust.

Chamber Choice Features

- **No medical underwriting:** Coverage is guaranteed for eligible Chamber members who meet contribution and participation requirements.
- **BlueOptions® PPO:** More in-network choices than any other Oklahoma PPO plan, with five deductible options.
- **BlueOptimizeSM PPO:** This set of flexible choices includes two deductible options.
- **BlueLincs HMOSM:** Coverage available with or without an annual deductible. (Not available in some areas.)
- **Prescription drug coverage:**
 - PPO** – 50 percent coinsurance applies at network pharmacies up to a \$10,000 stop loss. Blue Cross and Blue Shield of Oklahoma then pays 100 percent of allowable prescription drug charges.
 - HMO** – \$300 deductible applies, then drug card may be used at network pharmacies, with copayments.
- **Network availability in all 50 states.**
- **Office visit copayments:** \$20 or \$30 copayments, depending on the plan you choose.

Chamber Choice Eligibility

Chamber Choice is available to businesses with 2 to 50 employees. Companies must be a member of the Greater Oklahoma City Chamber and/or a member of a participating chamber in the county where the company is headquartered. Counties with participating chambers include:

Canadian County

El Reno Chamber of Commerce	405-262-1188
Mustang Chamber of Commerce	405-376-2758
Piedmont Chamber of Commerce	405-373-2234
Yukon Chamber of Commerce	405-354-3567

Cleveland County

Moore Chamber of Commerce	405-794-3400
Noble Chamber of Commerce	405-872-5535
Norman Chamber of Commerce	405-321-7260

Logan County

Guthrie Chamber of Commerce	405-282-1947
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McClain County

Blanchard Chamber of Commerce	405-485-8787
Newcastle Chamber of Commerce	405-387-3232

Oklahoma County

Greater Oklahoma City Chamber	405-297-8961
Choctaw Chamber of Commerce	405-390-3303 (For businesses headquartered within the city limits of Choctaw in Oklahoma County.)
Del City Chamber of Commerce	405-677-1910 (For businesses headquartered within the city limits of Del City in Oklahoma County.)
Edmond Chamber of Commerce	405-341-2808 (For businesses headquartered within the city limits of Edmond in Oklahoma County.)

Pottawatomie County

Greater Shawnee Area Chamber	405-273-6092
McLoud Chamber of Commerce	405-964-6566
Tecumseh Chamber of Commerce	405-598-8666

For more information about chamber membership, call 405-297-8961 or visit okcchamber.com/chamberchoice.

Insure Oklahoma: Health Care Premium Assistance Program

Most BlueOptions PPO and BlueLincs HMO plans are qualified as Insure Oklahoma health plans. Insure Oklahoma helps small businesses save up to 60 percent on health care coverage costs for eligible employees. The program is funded by the Oklahoma tobacco tax and federal funds. For more information on employer and employee eligibility, visit bcbsok.com/insureoklahoma.html.



	BlueOptions	BlueOptimize
ANNUAL DEDUCTIBLE	\$500 \$750 \$1,000 \$1,500 \$2,500	\$1,000 \$2,500
COINSURANCE	80% BluePreferred® network 70% BlueChoice® network 60% BlueTraditional® network 50% Out-of-network*	70% BluePreferred® network 60% BlueChoice® network 50% BlueTraditional® network 50% Out-of-network*
OUT-OF-POCKET LIMITS**	\$2,000 per family member, plus deductible, for BluePreferred providers \$3,000 per family member, plus deductible, for BlueChoice providers \$4,000 per family member, plus deductible, for BlueTraditional providers \$5,000 per family member, plus deductible, for out-of-network providers and charges that exceed the allowable amount	\$6,000 per family member, plus deductible, for BluePreferred providers \$8,000 per family member, plus deductible, for BlueChoice providers \$10,000 per family member, plus deductible, for BlueTraditional providers \$10,000 per family member, plus deductible, for out-of-network providers and charges that exceed the allowable amount
LIFETIME MAXIMUM	Unlimited	Unlimited
OFFICE VISITS	\$30 OVC includes office visit, lab and radiology. Limit six per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit.	\$30 OVC includes office visit and lab only. Radiology excluded. Limit six per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit.
PRESCRIPTION DRUGS	50/50 Drug Card	50/50 Drug Card
PREVENTIVE CARE	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
IMMUNIZATIONS	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).
INPATIENT CARE PER OCCURRENCE DEDUCTIBLE	\$250 for \$500 deductible \$325 for \$750 deductible \$500 for \$1,000 deductible \$750 for \$1,500 deductible \$1,250 for \$2,500 deductible (in addition to deductible and coinsurance)	\$500 for \$1,000 deductible \$750 for \$2,500 deductible (in addition to deductible and coinsurance)
OUTPATIENT CARE PER OCCURRENCE DEDUCTIBLE	\$200 (in addition to deductible and coinsurance)	\$200 (in addition to deductible and coinsurance)

*Allowable charge for non-contracting providers for covered services will be the lesser of the provider's billed charges or the Plan's non-contracting allowable charge. The non-contracting allowable charge is developed from base Medicare reimbursements, excluding any Medicare adjustments using information on the claim, and adjusted by a predetermined factor established by the Plan. Such factor will not be less than 100% of the base Medicare reimbursement rate.

**Some items will not be applied to the out-of-pocket expense limit including office visit copayments, deductibles including per-occurrence deductible on inpatient, outpatient, ER or mental health/substance abuse covered charges, reductions in benefits due to non-compliance with utilization management program requirements and mental health and chemical dependency treatment services (groups 50 and fewer).

BlueLincs HMOSM Value Option

ANNUAL DEDUCTIBLE	No annual deductible or \$500 individual/\$1,500 family
COINSURANCE	No coinsurance, but a 20% copayment of the allowable charge applies for some services.
OUT-OF-POCKET LIMITS**	\$2,000 maximum per individual/\$6,000 maximum per family - per year (does not include some copayments)
LIFETIME MAXIMUM	Unlimited
OFFICE VISITS	\$20 copayment for Primary Care Physician (PCP) visits
PRESCRIPTION DRUGS	\$300 deductible Generic: 30% coinsurance with a minimum \$12 copayment Preferred Brand: \$25 copayment Non Preferred Brand: 30% coinsurance with a minimum \$25 copayment
PREVENTIVE CARE	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
IMMUNIZATIONS	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).
INPATIENT CARE PER OCCURRENCE DEDUCTIBLE	20% copayments for surgeon, anesthesiologist and hospital services
OUTPATIENT CARE PER OCCURRENCE DEDUCTIBLE	20% copayments for diagnostic, radiology, laboratory, surgeon and anesthesiologist services

The information noted in the benefit charts is current as of the date of publication for non-grandfathered reform plans; however, BCBSOK reserves the right to amend this information at any time without notice. This is only a brief description of some of the plan benefits. For more complete details, including benefits, limitations and exclusions, please refer to your certificate of coverage. This information is not intended nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

2013 Chamber Choice Rates

Effective Jan. 1, 2013 - Dec. 31, 2013

BlueOptions PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	299.45	420.47	404.07
25-29	344.76	444.27	404.07
30-34	372.67	474.67	404.07
35-39	410.09	525.65	404.07
40-44	453.61	553.47	404.07
45-49	543.47	635.31	404.07
50-54	658.18	724.50	404.07
55-59	784.72	844.22	404.07
60-64	938.38	972.27	404.07
65+	1,186.27	1,065.37	404.07
Market Plan ID# OKCR52H			

BlueOptions PPO (\$750 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	280.57	393.94	378.57
25-29	323.01	416.24	378.57
30-34	349.17	444.72	378.57
35-39	384.23	492.50	378.57
40-44	425.00	518.56	378.57
45-49	509.19	595.24	378.57
50-54	616.67	678.80	378.57
55-59	735.21	790.96	378.57
60-64	879.18	910.93	378.57
65+	1,111.43	998.17	378.57
Market Plan ID# OKCR53H			

BlueOptions PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	269.06	377.79	363.06
25-29	309.76	399.18	363.06
30-34	334.85	426.49	363.06
35-39	368.47	472.31	363.06
40-44	407.58	497.30	363.06
45-49	488.31	570.83	363.06
50-54	591.39	650.98	363.06
55-59	705.09	758.55	363.06
60-64	843.15	873.59	363.06
65+	1,065.89	957.25	363.06
Market Plan ID# OKCR54H			

BlueOptions PPO (\$1,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	258.25	362.61	348.47
25-29	297.32	383.14	348.47
30-34	321.39	409.34	348.47
35-39	353.66	453.32	348.47
40-44	391.20	477.32	348.47
45-49	468.68	547.89	348.47
50-54	567.62	624.83	348.47
55-59	676.74	728.07	348.47
60-64	809.26	838.49	348.47
65+	1,023.03	918.78	348.47
Market Plan ID# OKCR56H			

BlueOptions PPO (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	235.95	331.29	318.38
25-29	271.65	350.05	318.38
30-34	293.65	374.01	318.38
35-39	323.13	414.18	318.38
40-44	357.42	436.10	318.38
45-49	428.21	500.59	318.38
50-54	518.60	570.86	318.38
55-59	618.31	665.20	318.38
60-64	739.38	766.08	318.38
65+	934.70	839.45	318.38
Market Plan ID# OKCR57H			

BlueLincs HMO Value Option (\$0 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	340.61	440.91	459.02
25-29	363.22	421.09	459.02
30-34	451.95	490.53	459.02
35-39	460.22	501.02	459.02
40-44	559.99	607.93	459.02
45-49	649.28	711.54	459.02
50-54	792.57	859.79	459.02
55-59	964.53	995.96	459.02
60-64	1,226.89	1,238.45	459.02
65+	1,315.07	1,315.07	459.02
Market Plan ID# OKCAROP			

**BlueLincs HMO Value Option
(\$500 deductible)**

Age Range	Employee	Spouse	Children(s)
0-24	298.49	386.40	402.27
25-29	318.31	369.03	402.27
30-34	396.07	429.88	402.27
35-39	403.31	439.06	402.27
40-44	490.75	532.76	402.27
45-49	569.00	623.56	402.27
50-54	694.57	753.49	402.27
55-59	845.27	872.82	402.27
60-64	1,075.19	1,085.33	402.27
65+	1,152.47	1,152.47	402.27

Market Plan ID# OKCAROP5

BlueOptimize PPO (\$1,000 deductible)

Age Range	Employee	Spouse	Children(s)
0-24	245.07	344.10	330.68
25-29	282.15	363.58	330.68
30-34	304.99	388.46	330.68
35-39	335.62	430.19	330.68
40-44	371.23	452.95	330.68
45-49	444.76	519.93	330.68
50-54	538.64	592.93	330.68
55-59	642.20	690.90	330.68
60-64	767.95	795.69	330.68
65+	970.83	871.89	330.68

Market Plan ID# OKCROMX506

BlueOptimize PPO (\$2,500 deductible)

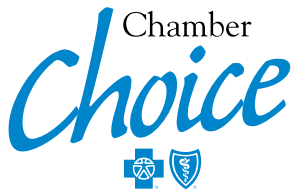
Age Range	Employee	Spouse	Children(s)
0-24	215.50	302.58	290.78
25-29	248.10	319.71	290.78
30-34	268.18	341.58	290.78
35-39	295.12	378.28	290.78
40-44	326.43	398.29	290.78
45-49	391.09	457.19	290.78
50-54	473.65	521.38	290.78
55-59	564.70	607.53	290.78
60-64	675.28	699.68	290.78
65+	853.68	766.68	290.78

Market Plan ID# OKCROMX507

For employee and spouse, premiums change the month following a change in age range.



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of Oklahoma**



To find out more about **Chamber Choice**, contact Blue Cross and Blue Shield of Oklahoma at **800-281-0446** or visit **bcbsok.com**.

Or, contact an approved Blue Cross and Blue Shield of Oklahoma agent. Visit **okchamber.com/chamberchoice** for a listing of approved agents.

This is not a contract. It is intended as a source of general information only. Full benefits, limitations and exclusions can be found in the specific product's contract. Rates are subject to change.

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