All Blue Cross and Blue Shield of Oklahoma (BCBSOK) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits or visit bcbsok.com for more specific information.

### Individual Plan Comparison Chart

#### Participating Provider Coverage Shown

#### Bronze

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual Deductible</th>
<th>Coinsurance</th>
<th>Out-of-Pocket Maximum (includes deductible)</th>
<th>Office Visit (PCP / Specialist)</th>
<th>Emergency Room / Outpatient Emergency Care (Physician and Hospital)</th>
<th>Urgent Care</th>
<th>Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)</th>
<th>Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient)</th>
<th>Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>006</td>
<td>$0</td>
<td>100%</td>
<td>$6,000</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Blue Preferred PPO&lt;sup&gt;SM&lt;/sup&gt;</td>
</tr>
<tr>
<td>102</td>
<td>$6,000</td>
<td>No Charge&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$6,850</td>
<td>70% / $40 PCP Visits</td>
<td>70%</td>
<td>$0</td>
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<tr>
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</tr>
<tr>
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<td>100%</td>
<td>100%</td>
<td>Blue Advantage PPO&lt;sup&gt;SM&lt;/sup&gt;</td>
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<td>104</td>
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<td>No Charge&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$6,450</td>
<td>70% / $0 PCP Visit</td>
<td>70%</td>
<td>$0</td>
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<td>70%</td>
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</tr>
<tr>
<td>105</td>
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<td>80%</td>
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<td>80% / $0 PCP Visit</td>
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<td>20%</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tr>
</tbody>
</table>

#### Prescription Drug Utilization Benefit Management Programs

**Specialty Pharmacy Program:** To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.

**Member Pay the Difference:** When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.

**Prior Authorization/Step Therapy Requirements:** Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK, and you may first need to try more clinically appropriate or cost-effective drugs.

**Mail-Order Program:** You may receive a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.

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1. Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.
2. Annual deductible and, if applicable, coinsurance still apply.
3. As a reminder, Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Oklahoma does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.
4. Prescription benefit coverage starts after annual medical deductible has been met.
5. Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.

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**Notes:**
- **Co-insurance:** The percentage of cost you pay after the deductible is met.
- **Out-of-Pocket Maximum:** The total cost you pay for covered services after the deductible is met.
- **Deductible:** The amount you pay for covered services before insurance pays anything.
- **Network Eligibility:** Blue Preferred PPO<sup>SM</sup> and Blue Advantage PPO<sup>SM</sup> networks are not compatible.
- **Deductibles:** Deductible applies after all coinsurance has been paid.
- **Prescription Drug Utilization Benefit Management Programs:** Program elements may vary by network.

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