




Plan Year 2022 Individual Retail Products

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

Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSOK Combined Plan Comparison Chart	English • Spanish
BCBSOK Gold Plan Comparison Chart	English • Spanish
BCBSOK Silver Plan Comparison Chart	English • Spanish
BCBSOK Bronze Plan Comparison Chart	English • Spanish

Key

	Non-Marketplace (off exchange) standard plans
	Marketplace (on exchange) standard plans
	Marketplace (on exchange) cost-sharing reduction plan variances

** AI/AN Zero and Limited refer to cost sharing reduction plan variances available to American Indians and Alaska Natives.

Gold Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Gold PPO 205	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Gold PPO 205	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Gold PPO 205	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Gold PPO 205	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Gold PPO 309	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Gold PPO 309	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Gold PPO 309	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Gold PPO 309	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
BlueLincs Gold HMO 200	Standard	Non Marketplace	Summary of Benefits	see SBC

Gold Plans (continued)

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Advantage Gold PPO 604	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Gold PPO 604	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Gold PPO 604	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Gold PPO 604	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC

Silver Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Silver PPO 201	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 201	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 201	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Silver PPO 201	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Silver PPO 201	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 201	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 201	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 204	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 204	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 204	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Silver PPO 204	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Silver PPO 204	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 204	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 204	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage

Silver Plans (continued)

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Advantage Silver PPO 501	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 501	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 501	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Silver PPO 501	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Silver PPO 501	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 501	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 501	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 605	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 605	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 605	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Silver PPO 605	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Silver PPO 605	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 605	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 605	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 306	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Silver PPO 306	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

Bronze Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Advantage Bronze PPO 202	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Bronze PPO 202	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Bronze PPO 202	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Bronze PPO 202	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Bronze PPO 203	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Bronze PPO 203	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Bronze PPO 203	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Advantage Bronze PPO 203	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Bronze PPO 206	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 206	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 206	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Bronze PPO 206	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Bronze PPO 603	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 603	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 603	AI/AN Zero**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Bronze PPO 603	AI/AN Limited**	Marketplace	Summary of Benefits	see SBC
Blue Preferred Bronze PPO 302	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 502	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Advantage Bronze PPO 601	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

Catastrophic Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Security PPO 200	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Security PPO 200	Standard	Marketplace	Summary of Benefits	Outline of Coverage

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 Coverage Period: 01/01/2022 – 12/31/2022

Blue Cross Blue Shield of Oklahoma - Blue Advantage Silver PPOSM 605 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 www.bcbsook.com/bb/ind/bb-spsa21bvpiokp-ok-2022.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 updated terms, see the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-758-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$0 Individual/\$0 Family Out-of-Network:	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 equals the deductible.

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		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$80/visit	30% coinsurance	Virtual Visits are available. See your benefit booklet* for details.
	Specialist visit	\$115/visit	30% coinsurance	None
	Preventive care/screening/immunization	No Charge	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: \$50/visit plus 50% coinsurance Hospital: \$50/visit plus 50% coinsurance	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	50% coinsurance	50% coinsurance	Preauthorization is required; see your benefit booklet* for details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsook.com/bb/ind/bb-spsa21bvpiokp-ok-2022.pdf. Page 2 of 6