

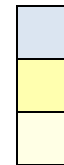
# Plan Year 2024 Individual & Family Markets Products

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

## Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSOK Combined Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSOK Gold Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSOK Silver Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSOK Bronze Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>

### Key



Off-exchange plans

On-exchange "base" plans with no cost-sharing reductions (CSRs)

On-exchange plans with CSRs:

AI/AN Zero and AI/AN Limited plans are available to eligible American Indians and Alaska Natives. Plans with actuarial values of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

## Gold Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Gold PPO <sup>SM</sup> 309	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 604	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 803	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 309	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 604	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 803	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 309	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 604	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Gold Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Gold PPO <sup>SM</sup> 803	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 309	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 604	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Gold PPO <sup>SM</sup> 803	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 205	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 205	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 205	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 205	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
BlueLincs Gold HMO <sup>SM</sup> 200	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 804	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 704	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 708	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 804	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 704	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 708	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 804	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 704	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 708	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 804	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 704	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Gold HMO <sup>SM</sup> 708	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Silver Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Silver PPO <sup>SM</sup> 204	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 802	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 204	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 802	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 204	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 802	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 204	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 802	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 204	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 802	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 204	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 802	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 204	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 501	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> 605	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Silver PPO <sup>SM</sup> 802	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 201	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 701	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 709	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Bronze Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Bronze PPO <sup>SM</sup> 203	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 801	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 203	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 801	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 203	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 801	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 203	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 801	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 206	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 302	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Bronze Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Preferred Bronze PPO <sup>SM</sup> 707	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 206	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 707	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 206	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 707	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 206	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 707	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Catastrophic Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Preferred Security PPO <sup>SM</sup> 200	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Security PPO <sup>SM</sup> 200	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



# 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: 01/01/2024 – 12/31/2024  
**Blue Advantage Gold PPO<sup>SM</sup> 309** 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.bcbsok.com/bb/ind/bb\\_gpsh45bvpkioko\\_ok\\_2024.pdf](http://www.bcbsok.com/bb/ind/bb_gpsh45bvpkioko_ok_2024.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 underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	Network: \$1,200 Individual/\$2,400 Family Out-of-Network: \$3,600 Individual/\$7,200 Family	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 meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Preventive health care, some services with a copayment, and certain prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Network: \$9,450 Individual/\$18,900 Family Out-of-Network: Unlimited Individual/Unlimited Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

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	\$25/visit; deductible does not apply	30% coinsurance	Telemedicine Visits are available. See your benefit booklet* for details.
	Specialist visit	25% coinsurance	45% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	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: 15% coinsurance Hospital: 25% coinsurance	45% coinsurance	None
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 15% coinsurance Hospital: 25% coinsurance	45% 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.bcbsok.com/bb/ind/bb\\_gpsh45bvpkioko\\_ok\\_2024.pdf](http://www.bcbsok.com/bb/ind/bb_gpsh45bvpkioko_ok_2024.pdf) Page 2 of 8