



Oklahoma Manufacturers Health Plan

Choose from two options - BlueOptions or BlueChoice.

BlueOptions®

Annual deductible

Choice of \$500, \$750, \$1,000 or \$2,500 for individual

Office visit copay

\$20 or \$35 (depending on deductible plan)

Visits for children under 19 are not subject to deductible and coinsurance. Adults are subject to deductible and coinsurance after sixth the visit.

Annual preventive care benefit

Includes mammograms, Well Woman exams, prostate exams, bone density tests, colonoscopy services, child exams, and child immunizations, plus an additional \$150 annual preventive care benefit.

Prescription drug benefit

See drug options on chart below.

Inpatient deductible

Includes an inpatient per occurrence deductible in addition to the annual deductible and coinsurance. Per occurrence amount is one-half of the annual deductible and \$750 for deductible options of \$1,500 and above.

Outpatient/surgical procedures

In addition to annual deductible and coinsurance, amount per occurrence is \$200 with Blue Options plans.

Emergency room deductible

Annual deductible and coinsurance apply. Additional per occurrence deductible of \$100 per emergency room visit is waived if admitted.

Lifetime maximum

\$2 million

Deductible	Office Visit Copay*	Amount paid for tiered network services	Prescription Drug Options
\$500	\$20	Blue Preferred® network provider services are paid at 80% after deductible.	Choice of one the following three options: (1) 50%/50% Drug Card <ul style="list-style-type: none"> ○ 50% coinsurance applies at network pharmacies ○ Not subject to deductible ○ Additional \$10,000 stop-loss – Paid at 100% after stop-loss is reached. (2) \$12/\$25/30% Drug Card <ul style="list-style-type: none"> ○ Generic: \$12 copay ○ Preferred brand: \$25 copay ○ Non-preferred brand: 30% of allowable charge with minimum copay of \$25 (3) \$10/\$25/\$50/\$150 Specialty Tier Drug Card <ul style="list-style-type: none"> ○ Generic: \$10 copay ○ Preferred brand: \$25 copay ○ Non-preferred brand: \$50 copay ○ Specialty tier brand: \$150 copay
\$750		BlueChoice network provider services are paid at 70% after deductible.	
\$1,000		BlueTraditional® network provider services are paid at 60% after deductible.	
\$2,500	\$35	Out-of-network provider services are paid at 50% of allowed amount after deductible.	



Annual deductible

Choice of \$500, \$750, \$1,000 and \$1,500 for individual

Office visit copay

\$20 copay

Prescription drug benefit

See drug options on chart below.

Lifetime maximum

\$5 million

Annual preventive care benefit

Includes mammograms, Well Woman exams, prostate exams, bone density tests, colonoscopy services, child exams, and child immunizations, plus an additional \$300 annual preventive care benefit.

Emergency room deductible

Annual deductible and coinsurance apply. Additional per occurrence deductible of \$100 per emergency room visit is waived if admitted.

Deductible	Office Visit Copay	Amount paid for In-Network Services	Amount paid for Out-of-Network Services	Prescription Drug Options
\$500	\$20	80% on the next \$10,000 of allowable charges	60% on the next \$20,000 of allowable charges	Choose one of the following two options: (1) \$12/\$25/30% Drug Card <ul style="list-style-type: none"> ○ Generic: \$12 copay ○ Preferred brand: \$25 copay ○ Non-preferred brand: 30% of allowable charge with a minimum copay of \$25 (2) \$10/\$25/\$50/\$150 Specialty Tier Drug Card <ul style="list-style-type: none"> ○ Generic: \$10 copay ○ Preferred brand: \$25 copay ○ Non-preferred brand: \$50 copay ○ Specialty tier brand: \$150 copay
\$750	\$20			
\$1,000	\$20	80% on the next \$10,000 of allowable charges	60% on the next \$20,000 of allowable charges	
\$1,500	\$20			

Eligible groups must be based in Oklahoma (primary SIC codes 2000-3999 pursuant to D & B), members of the Central Oklahoma Manufacturers Association and have less than 350 employees. The group must meet 100 percent participation of eligible employees.

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 specific product's contract or the member's certificate of benefits booklet.