

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	English • Spanish
BCBSOK Gold Plan Comparison Chart	English • Spanish
BCBSOK Silver Plan Comparison Chart	English • Spanish
BCBSOK Bronze Plan Comparison Chart	English • Spanish

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 SM 309	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 604	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 803	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 309	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 604	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 803	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 309	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold PPO SM 604	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage

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Gold Plans (continued)

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

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Silver Plans

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

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Silver Plans (continued)

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

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Silver Plans (continued)

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

Bronze Plans

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

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Bronze Plans (continued)

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

Catastrophic Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Preferred Security PPO SM 200	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Security PPO SM 200	On-exchange "Base" Plan	Summary of Benefits	Outlines 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: 01/01/2024 – 12/31/2024
Blue Advantage Gold PPOSM 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 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/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	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.
Are there services covered before you meet your deductible?	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 www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	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.

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*For more information about limitations and exceptions, see the plan or policy document at www.bcbsok.com/bb/ind/bb_gpsh45bvpkioko_ok_2024.pdf

out-of-pocket limit

the plan's network. You receive a bill from a provider (balance billing). Be aware of services (such as lab

sense of the Blue
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