

Subject: Important Plan Changes Oklahoma Small Group 2025

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all Blue Cross and Blue Shield of Oklahoma (BCBSOK) small group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSOK plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Oklahoma

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Platinum PPO 101; P710ADT

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,800 from \$1,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,500 from \$1,250.
- Your in-network family Out-of-Pocket Maximum will change to \$4,500 from \$3,750.
- Your out-of-network individual Deductible will change to \$1,200 from \$1,000.
- Your out-of-network family Deductible will change to \$3,600 from \$3,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Platinum PPO 116; P8E1ADT

- Your in-network individual Out-of-Pocket Maximum will change to \$2,250 from \$2,000.
- Your in-network family Out-of-Pocket Maximum will change to \$6,750 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 135; G8M1ADT

- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Platinum PPO 118; P8J6ADT

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Platinum PPO 122; P8K1ADT

- Your in-network individual Out-of-Pocket Maximum will change to \$2,250 from \$2,000.
- Your in-network family Out-of-Pocket Maximum will change to \$6,750 from \$6,000.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold PPO 108; G743ADT

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Specialist Office Visit copayment will change to \$80 from \$70.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 124; G8K3ADT

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$4,800 from \$4,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,750 from \$5,500.
- Your in-network family Out-of-Pocket Maximum will change to \$17,250 from \$16,500.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
- Your out-of-network family Deductible will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Virtual Visit copayment will change to \$45 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold PPO 109; G744ADT

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$4,800 from \$4,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
- Your out-of-network family Deductible will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$65 from \$55.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 102; G740ADT

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,750 from \$15,000.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$750 from \$650.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold PPO 112; G746ADT

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 126; G8K6ADT

- Your in-network individual Deductible will change to \$2,400 from \$2,500.
- Your in-network family Deductible will change to \$7,200 from \$7,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,750 from \$7,500.
- Your in-network family Out-of-Pocket Maximum will change to \$15,500 from \$15,000.
- Your out-of-network individual Deductible will change to \$4,800 from \$5,000.
- Your out-of-network family Deductible will change to \$14,400 from \$15,000.
- Your Emergency Room Services per occurrence fee will change to \$250 from \$500.
- Your in-network Inpatient per occurrence fee will change to \$100 from \$350.
- Your in-network Facility Surgery per occurrence fee will change to \$0 from \$250.
- Your in-network Facility X-ray services per occurrence fee will change to \$0 from \$100.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold PPO 110; G745ADT

- Your in-network individual Deductible will change to \$2,800 from \$2,700.
- Your in-network family Deductible will change to \$8,400 from \$8,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,750 from \$4,500.
- Your in-network family Out-of-Pocket Maximum will change to \$14,250 from \$13,500.
- Your out-of-network individual Deductible will change to \$5,600 from \$5,400.
- Your out-of-network family Deductible will change to \$16,800 from \$16,200.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 136; G8M2ADT

- Your in-network individual Deductible will change to \$3,350 from \$3,250.
- Your in-network family Deductible will change to \$10,050 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,350 from \$3,250.
- Your in-network family Out-of-Pocket Maximum will change to \$10,050 from \$9,750.
- Your out-of-network individual Deductible will change to \$6,700 from \$6,500.
- Your out-of-network family Deductible will change to \$20,100 from \$19,500.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,700 from \$6,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$20,100 from \$19,500.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver PPO 117; S8E1ADT

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$10,800 from \$10,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,450.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,900.
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000.
- Your out-of-network family Deductible will change to \$21,600 from \$21,000.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver PPO 104; S730ADT

- Your in-network individual Deductible will change to \$4,350 from \$4,250.
- Your in-network family Deductible will change to \$13,050 from \$12,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$8,700 from \$8,500.
- Your out-of-network family Deductible will change to \$26,100 from \$25,500.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver PPO 105; S731ADT

- Your in-network individual Deductible will change to \$6,850 from \$6,750.
- Your in-network family Deductible will change to \$13,700 from \$13,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,450.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,900.
- Your out-of-network individual Deductible will change to \$13,700 from \$13,500.
- Your out-of-network family Deductible will change to \$27,400 from \$27,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold PPO 119; G8J3ADT

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500.
- Your in-network family Out-of-Pocket Maximum will change to \$10,800 from \$10,500.
- Your out-of-network individual Deductible will change to \$9,900 from \$9,600.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver PPO 115; S702ADT

- Your in-network individual Deductible will change to \$3,300 from \$3,250.
- Your in-network family Deductible will change to \$9,900 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$14,000.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,500.
- Your out-of-network family Deductible will change to \$19,800 from \$19,500.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver PPO 131; S8K5ADT

- Your in-network individual Deductible will change to \$3,300 from \$3,250.
- Your in-network family Deductible will change to \$9,900 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$14,000.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,500.
- Your out-of-network family Deductible will change to \$19,800 from \$19,500.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$80 from \$70.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver PPO 121; S8J4ADT

- Your in-network individual Deductible will change to \$4,100 from \$4,000.
- Your in-network family Deductible will change to \$12,300 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver PPO 134; S8K8ADT

- Your in-network individual Deductible will change to \$5,900 from \$5,800.
- Your in-network family Deductible will change to \$11,800 from \$11,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,900 from \$5,800.
- Your in-network family Out-of-Pocket Maximum will change to \$11,800 from \$11,600.
- Your out-of-network individual Deductible will change to \$11,800 from \$11,600.
- Your out-of-network family Deductible will change to \$23,600 from \$23,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,800 from \$11,600.
- Your out-of-network family Out-of-Pocket Maximum will change to \$23,600 from \$23,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Bronze PPO 106; B730ADT

- Your in-network individual Deductible will change to \$7,350 from \$7,250.
- Your in-network family Deductible will change to \$14,700 from \$14,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,350 from \$7,250.
- Your in-network family Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network individual Deductible will change to \$14,700 from \$14,500.
- Your out-of-network family Deductible will change to \$29,400 from \$29,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,400 from \$29,000.
- Your Emergency Room Services per occurrence fee will change to \$250 from \$150.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Platinum PPO 401; P710PFR

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,800 from \$1,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,500 from \$1,250.
- Your in-network family Out-of-Pocket Maximum will change to \$4,500 from \$3,750.
- Your out-of-network individual Deductible will change to \$1,200 from \$1,000.
- Your out-of-network family Deductible will change to \$3,600 from \$3,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Platinum PPO 416; P8E1PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$2,250 from \$2,000.
- Your in-network family Out-of-Pocket Maximum will change to \$6,750 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 434; G8M1PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Platinum PPO 420; P8K4PFR

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Platinum PPO 421; P8K1PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$2,250 from \$2,000.
- Your in-network family Out-of-Pocket Maximum will change to \$6,750 from \$6,000.
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 423; G8K5PFR

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Specialist Office Visit copayment will change to \$80 from \$70.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 424; G8K3PFR

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$4,800 from \$4,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,750 from \$5,500.
- Your in-network family Out-of-Pocket Maximum will change to \$17,250 from \$16,500.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
- Your out-of-network family Deductible will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Virtual Visit copayment will change to \$45 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 410; G733PFR

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$4,800 from \$4,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
- Your out-of-network family Deductible will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$65 from \$55.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 402; G730PFR

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,750 from \$15,000.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$750 from \$650.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 412; G735PFR

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 426; G8K6PFR

- Your in-network individual Deductible will change to \$2,400 from \$2,500.
- Your in-network family Deductible will change to \$7,200 from \$7,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,750 from \$7,500.
- Your in-network family Out-of-Pocket Maximum will change to \$15,500 from \$15,000.
- Your out-of-network individual Deductible will change to \$4,800 from \$5,000.
- Your out-of-network family Deductible will change to \$14,400 from \$15,000.
- Your Emergency Room Services per occurrence fee will change to \$250 from \$500.
- Your in-network Inpatient per occurrence fee will change to \$100 from \$350.
- Your in-network Facility Surgery per occurrence fee will change to \$0 from \$250.
- Your in-network Facility X-ray services per occurrence fee will change to \$0 from \$100.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 403; G731PFR

- Your in-network individual Deductible will change to \$2,800 from \$2,700.
- Your in-network family Deductible will change to \$8,400 from \$8,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,750 from \$4,500.
- Your in-network family Out-of-Pocket Maximum will change to \$14,250 from \$13,500.
- Your out-of-network individual Deductible will change to \$5,600 from \$5,400.
- Your out-of-network family Deductible will change to \$16,800 from \$16,200.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 435; G8M2PFR

- Your in-network individual Deductible will change to \$3,350 from \$3,250.
- Your in-network family Deductible will change to \$10,050 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,350 from \$3,250.
- Your in-network family Out-of-Pocket Maximum will change to \$10,050 from \$9,750.
- Your out-of-network individual Deductible will change to \$6,700 from \$6,500.
- Your out-of-network family Deductible will change to \$20,100 from \$19,500.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,700 from \$6,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$20,100 from \$19,500.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 417; S8E1PFR

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$10,800 from \$10,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,450.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,900.
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000.
- Your out-of-network family Deductible will change to \$21,600 from \$21,000.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver PPO 405; S731PFR

- Your in-network individual Deductible will change to \$4,350 from \$4,250.
- Your in-network family Deductible will change to \$13,050 from \$12,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$8,700 from \$8,500.
- Your out-of-network family Deductible will change to \$26,100 from \$25,500.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 406; S732PFR

- Your in-network individual Deductible will change to \$6,850 from \$6,750.
- Your in-network family Deductible will change to \$13,700 from \$13,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,450.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,900.
- Your out-of-network individual Deductible will change to \$13,700 from \$13,500.
- Your out-of-network family Deductible will change to \$27,400 from \$27,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 418; G8J2PFR

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500.
- Your in-network family Out-of-Pocket Maximum will change to \$10,800 from \$10,500.
- Your out-of-network individual Deductible will change to \$9,900 from \$9,600.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 429; S8K0PFR

- Your in-network individual Deductible will change to \$3,300 from \$3,250.
- Your in-network family Deductible will change to \$9,900 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$14,000.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,500.
- Your out-of-network family Deductible will change to \$19,800 from \$19,500.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver PPO 430; S8K5PFR

- Your in-network individual Deductible will change to \$3,300 from \$3,250.
- Your in-network family Deductible will change to \$9,900 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$14,000.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,500.
- Your out-of-network family Deductible will change to \$19,800 from \$19,500.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$80 from \$70.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 419; S8J5PFR

- Your in-network individual Deductible will change to \$4,100 from \$4,000.
- Your in-network family Deductible will change to \$12,300 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver PPO 433; S8K8PFR

- Your in-network individual Deductible will change to \$5,900 from \$5,800.
- Your in-network family Deductible will change to \$11,800 from \$11,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,900 from \$5,800.
- Your in-network family Out-of-Pocket Maximum will change to \$11,800 from \$11,600.
- Your out-of-network individual Deductible will change to \$11,800 from \$11,600.
- Your out-of-network family Deductible will change to \$23,600 from \$23,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,800 from \$11,600.
- Your out-of-network family Out-of-Pocket Maximum will change to \$23,600 from \$23,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Bronze PPO 407; B730PFR

- Your in-network individual Deductible will change to \$7,350 from \$7,250.
- Your in-network family Deductible will change to \$14,700 from \$14,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,350 from \$7,250.
- Your in-network family Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network individual Deductible will change to \$14,700 from \$14,500.
- Your out-of-network family Deductible will change to \$29,400 from \$29,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,400 from \$29,000.
- Your Emergency Room Services per occurrence fee will change to \$250 from \$150.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Platinum PPO 208; P8J1CHC

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 from \$4,500.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services per occurrence fee will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Gold PPO 201; G730CHC

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000.
- Your in-network family Out-of-Pocket Maximum will change to \$15,750 from \$15,000.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$750 from \$650.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Gold PPO 202; G731CHC

- Your in-network individual Deductible will change to \$2,600 from \$2,500.
- Your in-network family Deductible will change to \$7,800 from \$7,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,750 from \$4,500.
- Your in-network family Out-of-Pocket Maximum will change to \$14,250 from \$13,500.
- Your out-of-network individual Deductible will change to \$5,200 from \$5,000.
- Your out-of-network family Deductible will change to \$15,600 from \$15,000.
- Your Primary Care Provider office visit copayment will change to \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$45 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Silver PPO 204; S730CHC

- Your in-network individual Deductible will change to \$4,350 from \$4,250.
- Your in-network family Deductible will change to \$13,050 from \$12,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$8,700 from \$8,500.
- Your out-of-network family Deductible will change to \$26,100 from \$25,500.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Gold PPO 203; G732CHC

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$9,900 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,700 from \$5,600.
- Your in-network family Out-of-Pocket Maximum will change to \$14,100 from \$13,800.
- Your out-of-network individual Deductible will change to \$6,600 from \$6,400.
- Your out-of-network family Deductible will change to \$19,800 from \$19,200.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Choice Silver PPO 209; S8J9CHC

- Your in-network individual Deductible will change to \$4,000 from \$3,900.
- Your in-network family Deductible will change to \$12,000 from \$11,700.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000.
- Your out-of-network individual Deductible will change to \$8,000 from \$7,800.
- Your out-of-network family Deductible will change to \$24,000 from \$23,400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Choice Bronze PPO 207; B730CHC

- Your in-network individual Deductible will change to \$7,350 from \$7,250.
- Your in-network family Deductible will change to \$14,700 from \$14,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,350 from \$7,250.
- Your in-network family Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network individual Deductible will change to \$14,700 from \$14,500.
- Your out-of-network family Deductible will change to \$29,400 from \$29,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,400 from \$29,000.
- Your Emergency Room Services per occurrence fee will change to \$250 from \$150.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Platinum PPO 311; P8J7OPT

- Your in-network individual Deductible will change to \$1,100 from \$1,000.
- Your in-network family Deductible will change to \$3,300 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,750 BP / \$3,000 BC from \$1,500 BP / \$3,000 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$5,250 BP / \$9,000 BC from \$4,500 BP / \$9,000 BC.
- Your out-of-network individual Deductible will change to \$2,200 from \$2,000.
- Your out-of-network family Deductible will change to \$6,600 from \$6,000.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$65 from \$55.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services per occurrence fee will change to \$750 from \$650.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Options Gold PPO 301; G720OPT

- Your in-network individual Deductible will change to \$1,850 from \$1,750.
- Your in-network family Deductible will change to \$5,550 from \$5,250.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 BP / \$6,250 BC from \$5,000 BP / \$6,000 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 BP / \$15,000 BC from \$10,000 BP / \$14,500 BC.
- Your out-of-network individual Deductible will change to \$3,700 from \$3,500.
- Your out-of-network family Deductible will change to \$11,100 from \$10,500.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services per occurrence fee will change to \$500 from \$400.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Gold PPO 302; G721OPT

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 BP / \$6,750 BC from \$5,000 BP / \$6,500 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 BP / \$17,600 BC from \$12,000 BP / \$17,100 BC.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$12,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services per occurrence fee will change to \$750 from \$650.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Options Silver PPO 304; S710OPT

- Your in-network individual Deductible will change to \$5,100 from \$5,000.
- Your in-network family Deductible will change to \$15,300 from \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,750 BP / \$8,950 BC from \$8,500 BP / \$8,700 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$17,500 BP / \$17,900 BC from \$17,000 BP / \$17,400 BC.
- Your out-of-network individual Deductible will change to \$10,200 from \$10,000.
- Your out-of-network family Deductible will change to \$30,600 from \$30,000.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your Emergency Room Services per occurrence fee will change to \$600 from \$500.
- Your Preferred Drug Cost Shares will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Silver PPO 310; S8E1OPT

- Your in-network individual Deductible will change to \$5,250 from \$5,150.
- Your in-network family Deductible will change to \$10,500 from \$10,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 BP / \$6,600 BC from \$5,150 BP / \$6,500 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 BP / \$13,200 BC from \$10,300 BP / \$13,000 BC.
- Your out-of-network individual Deductible will change to \$10,500 from \$10,300.
- Your out-of-network family Deductible will change to \$21,000 from \$20,600.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Options Silver PPO 312; S8J0OPT

- Your in-network individual Deductible will change to \$4,850 from \$4,750.
- Your in-network family Deductible will change to \$9,700 from \$9,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,600 BP / \$6,100 BC from \$5,500 BP / \$6,000 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$11,200 BP / \$12,200 BC from \$11,000 BP / \$12,000 BC.
- Your out-of-network individual Deductible will change to \$9,700 from \$9,500.
- Your out-of-network family Deductible will change to \$19,400 from \$19,000.
- Your Emergency Room Services per occurrence fee will change to \$250 from \$150.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Options Bronze PPO 306; B710OPT

- Your in-network individual Deductible will change to \$6,100 from \$6,000.
- Your in-network family Deductible will change to \$12,200 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,350 BP / \$7,600 BC from \$7,250 BP / \$7,500 BC.
- Your in-network family Out-of-Pocket Maximum will change to \$14,700 BP / \$15,200 BC from \$14,500 BP / \$15,000 BC.
- Your out-of-network individual Deductible will change to \$12,200 from \$12,000.
- Your out-of-network family Deductible will change to \$24,400 from \$24,000.
- Your Emergency Room Services per occurrence fee will change to \$350 from \$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver PPO 129; S8K9ADT

- Your in-network individual Deductible will change to \$7,200 from \$7,100.
- Your in-network family Deductible will change to \$14,400 from \$14,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$7,100.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$14,200.
- Your out-of-network individual Deductible will change to \$14,400 from \$14,200.
- Your out-of-network family Deductible will change to \$28,800 from \$28,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,400 from \$14,200.
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,800 from \$28,400.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your in-network Outpatient Infusion site of care Professional copayment will change to \$50 from deductible and coinsurance.
- Your in-network Outpatient Infusion Therapy Facility copayment will change to \$500 from deductible and coinsurance.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 427; S8K9PFR

- Your in-network individual Deductible will change to \$7,200 from \$7,100.
- Your in-network family Deductible will change to \$14,400 from \$14,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$7,100.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$14,200.
- Your out-of-network individual Deductible will change to \$14,400 from \$14,200.
- Your out-of-network family Deductible will change to \$28,800 from \$28,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,400 from \$14,200.
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,800 from \$28,400.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your in-network Outpatient Infusion site of care Professional copayment will change to \$50 from deductible and coinsurance.
- Your in-network Outpatient Infusion Therapy Facility copayment will change to \$500 from deductible and coinsurance.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver PPO 114; S8K1ADT

- Your in-network individual Deductible will change to \$7,850 from \$7,750.
- Your in-network family Deductible will change to \$15,700 from \$15,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150.
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,300.
- Your out-of-network individual Deductible will change to \$15,700 from \$15,500.
- Your out-of-network family Deductible will change to \$31,400 from \$31,000.
- Your Specialist Office Visit copayment will change to \$95 from \$85.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 413; S8K1PFR

- Your in-network individual Deductible will change to \$7,850 from \$7,750.
- Your in-network family Deductible will change to \$15,700 from \$15,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150.
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,300.
- Your out-of-network individual Deductible will change to \$15,700 from \$15,500.
- Your out-of-network family Deductible will change to \$31,400 from \$31,000.
- Your Specialist Office Visit copayment will change to \$95 from \$85.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$20/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Oklahoma

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Bronze PPO 130; B8K0ADT

- Your in-network individual Deductible will change to \$8,800 from \$8,700.
- Your in-network family Deductible will change to \$17,600 from \$17,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,800 from \$8,700.
- Your in-network family Out-of-Pocket Maximum will change to \$17,600 from \$17,400.
- Your out-of-network individual Deductible will change to \$17,600 from \$17,400.
- Your out-of-network family Deductible will change to \$35,200 from \$34,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,600 from \$17,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$35,200 from \$34,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Bronze PPO 428; B8K0PFR

- Your in-network individual Deductible will change to \$8,800 from \$8,700.
- Your in-network family Deductible will change to \$17,600 from \$17,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,800 from \$8,700.
- Your in-network family Out-of-Pocket Maximum will change to \$17,600 from \$17,400.
- Your out-of-network individual Deductible will change to \$17,600 from \$17,400.
- Your out-of-network family Deductible will change to \$35,200 from \$34,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,600 from \$17,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$35,200 from \$34,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.