



MID-MARKET 51-150 EMPLOYEES

2024-25 Mid-Market Group Plans

Blue Cross and Blue Shield of Oklahoma offers health care plans with the choice, flexibility and affordable options that growing companies want.

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

2024-25 Mid-Market Group Plans

The Blue Cross and Blue Shield of Oklahoma Mid-Market Group Portfolio is available from July 1, 2024, through June 30, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. We're making access to care even easier with more digital options for medical visits and wellness programs.

Here are the highlights of our 2024-25 Mid-Market Group portfolio:

Members and Employers Save Big with Member Rewards*

Our Member Rewards program, administered by Zelis, is now expanding to include maintenance medications. The program helps members:

- Compare costs and quality of providers and maintenance medications.
- Save on out-of-pocket costs.
- Earn Cash Rewards.

When members choose quality, lower-cost, reward-eligible options, they will receive cash rewards and save on their – and their employers' – health care costs.

*Member Rewards is only included with PPO plans.

Metabolic Health Management – Diabetes Reversal

Eligible members will now have access to a diabetes reversal program that creates a digital representation of their unique metabolism to help empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes – all offered as a covered benefit and at no cost.

Behavioral Health

Mental health is an important part of our approach to our commitment to our members. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits that come standard with every group plan. Members can use Blue Access for MembersSM to easily access private, online programs to help keep their mental health on track through:

- An online assessment supports and helps members pinpoint helpful programs.
- Quick, easy online lessons give members access to proven therapy-based techniques.
- Expert coaches guide and inspire members to reach their goals.
- Personal results, programs and messages are always private.

Employee Assistance Program

Your BCBSOK plan includes access to an Employee Assistance Program through ComPsych Guidance Resources, which allows members to:

- Get expert assistance to help you deal with life's challenges
- Access counseling, legal and financial guidance, with most services at no cost
- Visit guidanceresources.com and use Web ID **BCBSOKEAP** or call **844-222-9325**

Members' EAP includes 5 free therapy sessions per issue. Once the member has used these free sessions, they can use their BCBSOK network benefits to keep seeing the same therapist in most cases.

Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health advisor, addresses the mental, physical and emotional aspects of health issues for the most costly and complex member cases. Members can interact with their health advisor through email, secure messaging, phone and/or text.

Automated touch points triggered by missed appointments, tests and prescription refills help engage members. Personalized reminders emphasize the importance of annual visits, preventive screenings and immunizations, while educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.

Promote Consumerism and Enhance Your and Employees' Cost-Savings

Consumer Driven Health Plans are benefit plans that help employers contain health care costs by encouraging employees to become better consumers. When you choose one of our preferred vendors to administer your company's HSA, FSA or HRA, you and your employees will have the value-added benefits of our integrated services:

- **Preferred Pricing:** You get deep discounts on vendor administration fees, and standard member education materials are automatically included in your pricing.
- **Daily Claims and Eligibility Feeds**:** We share secure, daily claims and eligibility feeds for hassle-free membership updates, expense reimbursement and claim substantiation.
- **Integrated Web Services**:** Members have access to balance and transactional details on BAMSM via real-time web feed, and can also access vendor portals via single sign-on.

**Integration features vary by vendor. Talk with your sales or account executive for details.

continued

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Highlights of our 2024-25 Mid-Market Group portfolio continued:

Blue Advantage PPOSM

Blue Advantage PPO offers our most affordable plans with flexible benefits and a secure, statewide network of trusted doctors and hospitals that can be quoted for statewide in all 77 Oklahoma counties (but with a narrower network). It gives members the freedom to self-direct their care without having to select a primary care physician or obtain a referral for specialist care. It also provides coverage outside of Oklahoma through BlueCard[®].

Blue Preferred PPOSM

Blue Preferred PPO is BCBSOK's largest network offering with health insurance plans designed to give members access to a statewide network of contracting physicians and hospitals in Oklahoma at an affordable cost without compromising benefits, quality and services.

Ancillary Plans

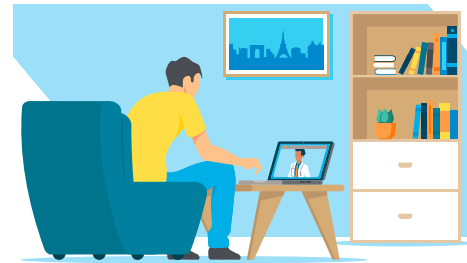
Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. When you offer medical coverage with other ancillary benefits such as dental, life, disability, critical illness, accident and vision insurance, you're protecting your employees' physical and financial well-being while providing them with greater peace of mind.

Employers can save up to 3% on Fully Insured Medical Plans by packaging medical with our qualifying ancillary options listed below. The medical savings is ongoing when qualifying ancillary coverage is renewed annually! Talk with your BCBSOK representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
- Life Insurance
- Short- and/or Long-Term Disability
- Accident and Critical Illness
- Vision
- Hospital Indemnity

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing their non-emergency needs. Virtual Visits, powered by MDLIVE[®], and Telemedicine consultations through members' primary care physicians are conducted by phone, online video or mobile app. **This year, members continue to have a \$0 copay for Virtual Visits on eligible plans.**



	Virtual Visits	Telemedicine
Consultation with member's own primary care physician		X
24/7 access, 365 days a year	X	
E-prescriptions sent to local pharmacies	X	X
Consultations available by phone, online video or mobile app	X	X
Behavioral health consultations available	X	X



BCBSOK 2024-25 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Advantage PPO	Blue Advantage PPO 0073	MOBAP0073	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$25	\$0	\$45	\$300	\$50	DC	\$150/\$250	\$100/\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Advantage PPO 0083	MOBAP0083	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	\$750	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Advantage PPO 0153	MOBAP0153	Embedded	\$1,000/\$3,000	\$2,000/\$6,000	\$7,150/\$10,000	\$14,300/\$20,000	80%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0013	MOBAP0013	Embedded	\$1,250/\$2,500	\$3,750/\$7,500	\$3,000/\$9,000	\$9,000/\$27,000	70%/60%	\$35	\$0	\$60	\$400	\$50	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0023	MOBAP0023	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0174	MOBAP0174	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	50%/50%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0093	MOBAP0093	Embedded	\$2,000/\$3,500	\$6,000/\$10,500	\$5,000/\$15,000	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	\$750	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0033	MOBAP0033	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0103	MOBAP0103	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$20	\$0	\$40	\$400	\$50	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0053	MOBAP0053	Embedded	\$3,500/\$7,000	\$10,000/\$15,000	\$6,000/\$18,000	\$12,000/\$36,000	70%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0184	MOBAP0184	Embedded	\$3,500/\$7,000	\$10,000/\$15,000	\$6,000/\$18,000	\$12,000/\$36,000	70%/60%	\$35	\$0	\$60	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0113	MOBAP0113	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0133	MOBAP0133	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0123	MOBAP0123	Embedded	\$5,000/\$10,000	\$10,000/\$22,500	\$7,000/\$21,000	\$14,000/\$42,000	50%/50%	\$30	\$0	\$50	\$200	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0163	MOBAP0163	Embedded	\$5,500/\$11,000	\$11,000/\$22,000	\$9,100/\$27,300	\$18,200/\$54,600	80%/60%	\$35	\$0	\$60	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 0143	MOBAP0143	Embedded	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage PPO 0063	MOBAP0063	Embedded	\$7,500/\$15,000	\$15,000/\$28,000	\$7,500/\$22,500	\$15,000/\$45,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

General Notes:
Insure Oklahoma eligible plans are highlighted in yellow.
 NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
 Coinsurance applies after the medical deductible is met.
 When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug. They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find all in-network pharmacies at myprime.com. Please note that changes may be made to these pharmacies in the future.
 All plans include prescription drug benefits. The benefit plan is based on the BCBSOK Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.

Footnotes:
 1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.
 2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.
 3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.
 4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.
 5. This is an HSA-compatible plan.
 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.
 7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.
 8. The HSA RX Copay applies after the deductible is satisfied.

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Blue Advantage PPO	Blue Advantage PPO 0194	MOBAP0194	Embedded	\$7,500 / \$15,000	\$15,000 / \$28,000	\$7,500 / \$22,500	\$15,000 / \$45,000	100% / 70%	\$35	\$0	\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 1013 ⁵ (Eff. through 12/31/24)	MOBAP1013	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$6,400	\$6,400 / \$12,800	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Advantage PPO 1015 ⁵ (Eff. 01/01/25)	MOBAP1015	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,500 / \$7,000	\$7,000 / \$14,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Advantage PPO 1043 ^{5,6} (Eff. through 12/31/24)	MOBAP1043	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$6,400	\$6,400 / \$12,800	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Advantage PPO 1045 ^{5,6} (Eff. 01/01/25)	MOBAP1045	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,500 / \$7,000	\$7,000 / \$14,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Advantage PPO 1093 ⁵ (Eff. through 12/31/24)	MOBAP1093	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$5,000 / \$15,000	\$10,000 / \$30,000	80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Advantage PPO 1095 ⁵ (Eff. 01/01/25)	MOBAP1095	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$5,250 / \$15,750	\$10,500 / \$31,500	80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Advantage PPO 1113 ^{5,6,8} (Eff. through 12/31/24)	MOBAP1113	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$7,050 / \$21,150	\$14,100 / \$42,300	50% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Advantage PPO 1115 ^{5,6,8} (Eff. 01/01/25)	MOBAP1115	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$7,300 / \$21,900	\$14,600 / \$43,800	50% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Advantage PPO 1071 ^{5,7}	MOBAP1071	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,900 / \$20,700	\$13,800 / \$41,400	80% / 60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Advantage PPO 1081 ⁵	MOBAP1081	Embedded	\$4,000 / \$8,000	\$8,000 / \$16,000	\$6,900 / \$20,700	\$13,800 / \$41,400	80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Advantage PPO 1102 ⁵	MOBAP1102	Embedded	\$4,000 / \$8,000	\$8,000 / \$16,000	\$7,050 / \$21,150	\$14,100 / \$42,300	50% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Advantage PPO 1020 ⁵	MOBAP1020	Embedded	\$5,000 / \$7,500	\$10,000 / \$15,000	\$5,000 / \$15,000	\$10,000 / \$30,000	100% / 70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 1050 ^{5,6}	MOBAP1050	Embedded	\$5,000 / \$7,500	\$10,000 / \$15,000	\$5,000 / \$15,000	\$10,000 / \$30,000	100% / 70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 1123 ^{5,6}	MOBAP1123	Embedded	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,500 / \$22,500	\$15,000 / \$45,000	80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Advantage PPO 1030 ⁵	MOBAP1030	Embedded	\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,500 / \$13,000	\$13,000 / \$26,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
Blue Advantage PPO 1060 ^{5,6}	MOBAP1060	Embedded	\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,500 / \$13,000	\$13,000 / \$26,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	

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4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.

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6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.

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Blue Preferred PPO	Blue Preferred PPO 0013	MOBPF0013	Embedded	\$500/\$800	\$1,500/\$2,400	\$2,500/\$7,500	\$7,500/\$22,500	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred PPO 0043	MOBPF0043	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred PPO 0033	MOBPF0033	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$4,000/\$12,000	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0023	MOBPF0023	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/70%	\$30	\$0	\$50	\$200	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0273	MOBPF0273	Embedded	\$1,000/\$3,000	\$2,000/\$6,000	\$7,150/\$10,000	\$14,300/\$20,000	80%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0233	MOBPF0233	Embedded	\$1,500/\$2,000	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred PPO 0063	MOBPF0063	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$4,500/\$13,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0053	MOBPF0053	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0073	MOBPF0073	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$6,000/\$18,000	\$13,000/\$39,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0243	MOBPF0243	Embedded	\$2,000/\$2,500	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred PPO 0294	MOBPF0294	Embedded	\$2,000/\$4,000	\$6,000/\$12,000	\$4,000/\$12,000	\$12,000/\$36,000	50%/50%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0083	MOBPF0083	Embedded	\$2,000 / \$3,500	\$6,000 / \$10,500	\$5,000 / \$15,000	\$10,200 / \$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0103	MOBPF0103	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$5,500/\$16,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Preferred PPO 0093	MOBPF0093	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0113	MOBPF0113	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$6,000/\$18,000	\$13,000/\$39,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0253	MOBPF0253	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$6,000/\$18,000	\$12,000/\$36,000	50%/50%	\$20	\$0	\$40	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0133	MOBPF0133	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0143	MOBPF0143	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0163	MOBPF0163	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0173	MOBPF0173	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$5,600/\$16,800	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Preferred PPO 0283	MOBPF0283	Embedded	\$5,500/\$11,000	\$11,000/\$22,000	\$9,100/\$27,300	\$18,200/\$54,600	80%/60%	\$35	\$0	\$60	\$200	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Preferred PPO 0223	MOBPF0223	Embedded	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Preferred PPO 0263	MOBPF0263	Embedded	\$6,000/\$12,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	50%/50%	\$30	\$0	\$50	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

General Notes:
Insure Oklahoma eligible plans are highlighted in yellow.
 NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
 Coinsurance applies after the medical deductible is met.
 When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug. They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find all in-network pharmacies at myprime.com. Please note that changes may be made to these pharmacies in the future.
 All plans include prescription drug benefits. The benefit plan is based on the BCBSOK Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.

Footnotes:
 1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.
 2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.
 3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.
 4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.
 5. This is an HSA-compatible plan.
 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.
 7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.
 8. The HSA RX Copay applies after the deductible is satisfied.

BCBSOK 2024-25 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits		
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Preferred PPO	Blue Preferred PPO 1013 ⁵ (Eff. through 12/31/24)	MOBPF1013	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$6,400	\$6,400 / \$12,800	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Preferred PPO 1015 ⁵ (Eff. 01/01/25)	MOBPF1015	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,500 / \$7,000	\$7,000 / \$14,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Preferred PPO 1033 ^{5,6} (Eff. through 12/31/24)	MOBPF1033	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$6,400	\$6,400 / \$12,800	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Preferred PPO 1035 ^{5,6} (Eff. 01/01/25)	MOBPF1035	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,500 / \$7,000	\$7,000 / \$14,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	
	Blue Preferred PPO 1083 ^{5,6,8} (Eff. through 12/31/24)	MOBPF1083	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$7,050 / \$21,150	\$14,100 / \$42,300	50% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1085 ^{5,6,8} (Eff. 01/01/25)	MOBPF1085	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$7,300 / \$21,900	\$14,600 / \$43,800	50% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1051 ^{5,7}	MOBPF1051	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,900 / \$20,700	\$13,800 / \$41,400	80% / 60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Preferred PPO 1061 ⁵	MOBPF1061	Embedded	\$4,000 / \$8,000	\$8,000 / \$16,000	\$6,900 / \$20,700	\$13,800 / \$41,400	80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1072 ⁵	MOBPF1072	Embedded	\$4,000 / \$8,000	\$8,000 / \$16,000	\$7,050 / \$21,150	\$14,100 / \$42,300	50% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1020 ⁵	MOBPF1020	Embedded	\$5,000 / \$7,500	\$10,000 / \$15,000	\$5,000 / \$15,000	\$10,000 / \$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 1040 ^{5,6}	MOBPF1040	Embedded	\$5,000 / \$7,500	\$10,000 / \$15,000	\$5,000 / \$15,000	\$10,000 / \$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 1103 ^{5,6}	MOBPF1103	Embedded	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,500 / \$22,500	\$15,000 / \$45,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred PPO 1092 ^{5,6}	MOBPF1092	Embedded	\$7,050 / \$14,100	\$14,100 / \$28,200	\$7,050 / \$14,100	\$14,100 / \$28,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC

General Notes:

Insure Oklahoma eligible plans are highlighted in yellow.

NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network

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Coinsurance applies after the medical deductible is met.

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug. They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find all in-network pharmacies at myprime.com. Please note that changes may be made to these pharmacies in the future.

All plans include prescription drug benefits. The benefit plan is based on the BCBSOK Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.

Footnotes:

1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.

2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.

3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.

4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.

5. This is an HSA-compatible plan.

6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.

8. The HSA RX Copay applies after the deductible is satisfied.

BCBSOK 2024-25 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Options PPO SM	Blue Options PPO 0013	MOOPT0013	Embedded	\$500	\$1,500	\$2,500/\$3,500/\$7,500	\$7,500/\$10,200/\$22,500	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$250	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Options PPO 0023	MOOPT0023	Embedded	\$500	\$1,500	\$3,500/\$4,500/\$10,500	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0053	MOOPT0053	Embedded	\$1,000	\$3,000	\$3,000/\$4,000/\$9,000	\$9,000/\$10,200/\$27,000	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$500	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Options PPO 0043	MOOPT0043	Embedded	\$1,000	\$3,000	\$4,000/\$5,000/\$12,000	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$30	\$30	\$30	\$100	\$50	DC	\$500	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0063	MOOPT0063	Embedded	\$1,500	\$4,500	\$4,500/\$5,300/\$13,500	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$20	\$20	\$20	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0083	MOOPT0083	Embedded	\$2,000	\$6,000	\$3,000/\$4,000/\$9,000	\$7,000/\$9,000/\$21,000	90%/80%/60%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0093	MOOPT0093	Embedded	\$2,000	\$6,000	\$5,000/\$5,300/\$15,000	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0103	MOOPT0103	Embedded	\$2,500	\$7,500	\$5,200/\$5,400/\$15,600	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Options PPO 0113	MOOPT0113	Embedded	\$2,500	\$7,500	\$6,000/\$6,500/\$18,000	\$12,000/\$13,000/\$36,000	60%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$300	\$50	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0123	MOOPT0123	Embedded	\$3,000	\$9,000	\$7,000/\$7,150/\$21,000	\$12,000/\$14,300/\$36,000	70%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0133	MOOPT0133	Embedded	\$4,000	\$12,000	\$7,000/\$7,150/\$21,000	\$14,000/\$14,300/\$42,000	70%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$300	\$50	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0143	MOOPT0143	Embedded	\$5,000	\$10,000	\$5,200/\$5,400/\$15,600	\$10,000/\$10,200/\$30,000	80%/70%/50%	\$35	\$35	\$35	\$100	\$50	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

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Footnotes:

1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.

2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.

3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.

4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.

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6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

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8. The HSA RX Copay applies after the deductible is satisfied.

BCBSOK 2024-25 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits		
Plan	Plan Name	Plan ID	Aggregate/Embedded	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits ¹ Telemedicine	Specialist Office Visits	ER Visit Per Occurrence Deductible ²	Urgent Care	Advanced Imaging (MRI, CT, & PT)	Inpatient Per Occurrence Deductible ² (In/Out)	Outpatient Per Occurrence Deductible ² (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Options HSA SM	Blue Options HSA 1023 ⁵ (Eff. through 12/31/24)	MOOPT1023	Embedded	\$3,200 / \$5,000	\$6,400 / \$10,000	\$5,000 / \$5,700 / \$15,000	\$10,000 / \$11,400 / \$30,000	90% / 80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Options HSA 1025 ⁵ (Eff. 01/01/25)	MOOPT1025	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$5,250 / \$5,950 / \$15,750	\$10,500 / \$11,900 / \$31,500	90% / 80% / 60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Options HSA 1032 ⁵	MOOPT1032	Embedded	\$4,000 / \$6,500	\$8,000 / \$13,000	\$6,500 / \$7,000 / \$19,500	\$13,000 / \$14,000 / \$39,000	90%/80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Options HSA 1012 ⁵	MOOPT1012	Embedded	\$5,000 / \$7,500	\$10,000 / \$15,000	\$5,000 / \$5,700 / \$15,000	\$10,000 / \$11,400 / \$30,000	100%/80%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Options HSA 1042 ⁵	MOOPT1042	Embedded	\$6,000 / \$9,000	\$12,000 / \$18,000	\$6,500 / \$7,000 / \$19,500	\$13,000 / \$14,000 / \$39,000	90%/80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
Blue Choice PPO SM	Blue Choice PPO 0013	MOBCH0013	Embedded	\$500 / \$500	\$1,500 / \$1,500	\$3,500 / \$10,500	\$10,200 / \$30,600	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice PPO 0043	MOBCH0043	Embedded	\$1,000 / \$1,000	\$3,000 / \$3,000	\$3,000 / \$9,000	\$9,000 / \$27,000	80%/60%	\$20	\$0	\$20	\$100	\$50	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Choice PPO 0053	MOBCH0053	Embedded	\$1,500 / \$4,500	\$4,500 / \$10,000	\$5,000 / \$15,000	\$10,000 / \$30,000	80%/60%	\$20	\$0	\$40	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Choice PPO 0073	MOBCH0073	Embedded	\$2,500 / \$5,000	\$7,500 / \$10,000	\$5,000 / \$15,000	\$10,000 / \$30,000	80%/60%	\$20	\$0	\$40	\$200	\$50	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
HSA Blue SM	HSA Blue 1033 ⁵ (Eff. through 12/31/24)	MOHSA1033	Embedded	\$3,200 / \$6,400	\$6,400 / \$12,800	\$3,200 / \$9,600	\$6,400 / \$19,200	100% / 70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	HSA Blue 1035 ⁵ (Eff. 01/01/25)	MOHSA1035	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,500 / \$10,500	\$7,000 / \$21,000	100% / 70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	HSA Blue 1042 ^{5,7}	MOHSA1042	Embedded	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,900 / \$20,700	\$13,800 / \$41,400	80%/60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	
	HSA Blue 1010 ⁵	MOHSA1010	Embedded	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$15,000	\$10,000 / \$30,000	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
BlueLincs HMO SM	BlueLincs HMO 0043	MOHMO0043	Embedded	\$500/NA	\$1,500/NA	\$1,250/NA	\$3,750/NA	80%/NA	\$25	NA	\$45	\$300 ³	\$50	DC	\$250 ⁴ /NA	DC/NA	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	BlueLincs HMO 0053	MOHMO0053	Embedded	\$750/NA	\$2,250/NA	\$3,000/NA	\$6,000/NA	80%/NA	\$25	NA	\$45	\$300 ³	\$50	DC	\$250 ⁴ /NA	DC/NA	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	BlueLincs HMO 0063	MOHMO0063	Embedded	\$1,000/NA	\$3,000/NA	\$6,000/NA	\$12,000/NA	80%/NA	\$25	NA	\$50	\$500 ³	\$50	DC	\$250 ⁴ /NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	BlueLincs HMO 0073	MOHMO0073	Embedded	\$2,000/NA	\$6,000/NA	\$3,000/NA	\$9,000/NA	70%/NA	\$30	NA	\$50	\$500 ³	\$50	DC	\$250 ⁴ /NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	BlueLincs HMO 0093	MOHMO0093	Embedded	\$6,000/NA	\$12,000/NA	\$7,900/NA	\$15,800/NA	80%/NA	DC	NA	DC	DC	DC	DC	DC/NA	DC/NA	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	BlueLincs HMO 1083 ⁵ (Eff. through 12/31/24)	MOHMO1083	Embedded	\$3,200 / NA	\$9,300 / NA	\$6,500 / NA	\$13,000 / NA	80% / NA	DC	NA	DC	DC	DC	DC	DC / NA	DC / NA	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	BlueLincs HMO 1085 ⁵ (Eff. 01/01/25)	MOHMO1085	Embedded	\$3,500 / NA	\$10,500 / NA	\$6,750 / NA	\$13,500 / NA	80% / NA	DC	NA	DC	DC	DC	DC	DC / NA	DC / NA	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	

General Notes:
Insure Oklahoma eligible plans are highlighted in yellow.
 NA = Not Applicable; DC = Deductible and Coinsurance; OON = Out-of-Network
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
 Coinsurance applies after the medical deductible is met.
 When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug. They can also get covered 90-day supply prescriptions at pharmacies in the Preferred Pharmacy Network. Members can find all in-network pharmacies at myprime.com. Please note that changes may be made to these pharmacies in the future.
 All plans include prescription drug benefits. The benefit plan is based on the BCBSOK Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
This is only a summary. For complete information regarding coverage, limitations and exclusions, please refer to your plan document.

Footnotes:
 1. Virtual Visits powered by MDLIVE® is a feature of Oklahoma Mid-Market PPO plans.
 2. Per-occurrence deductible applies. Annual deductible and coinsurance will apply after the per-occurrence deductible.
 3. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply.
 4. For these HMO plans, the cost-share is a flat copay; deductible and coinsurance do not apply. There is a five-visit maximum per calendar year.
 5. This is an HSA-compatible plan.
 6. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.
 7. The HSA Copay (PCP/SPC/MH/MDLIVE/RX) applies after the deductible is satisfied.
 8. The HSA RX Copay applies after the deductible is satisfied.

Network Offerings Comparison

Plan Name	Blue Advantage PPO	Blue Preferred PPO	Blue Options	Blue Choice PPO	BlueLincs HMO
Network Name	Blue Advantage PPO (BVP)	Blue Preferred PPO (EPP)	Tier 1 – Blue Preferred PPO (EPP) Tier 2 – Blue Choice PPO (PPO) Tier 3 – OON (OON)	Blue Choice PPO (PPO)	BlueLincs HMO (HMO)
Network Type	Narrow (Smart)	Broad PPO	Tiered	Broad PPO	Broad HMO
Availability	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured
Coverage	Statewide	Statewide	Statewide	Statewide	Statewide
PCP Selection Required	No	No	No	No	Yes
Referral Required	No	No	No	No	No
OON Coverage	Yes	Yes	Yes	Yes	Emergency and Accident Only
BlueCard	Yes	Yes	Yes	Yes	Emergency and Accident Only
Away From Home Care® (AFHC)	N/A	N/A	N/A	N/A	Yes
Blue Access for Members	Yes	Yes	Yes	Yes	Yes
Provider Finder	Yes	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	Yes	Yes	Yes	Yes

BlueCare Dental

Plan Options for Mid-Market¹

Contributory Plans

	DONHR31		DONHR32		DONHR33		DONHR34		DONLR36		DONLR37		DONHM38		DONHM40		DONLM41		DONHM42		DONHR50		DONLM51		DONHM57		DONLR58	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75	\$50		\$75		\$50		\$50		\$75		\$25	\$75	\$50		\$50		\$50		\$50	
Annual Maximum	\$3,000		\$2,000		\$1,500		\$1,500	\$1,000	\$1,000		\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$2,000		\$2,000		\$1,500		\$1,000		N/A		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%		100%		100%	80%	100%		90%		100%		100%	80%	90%	70%	100%		100%		100%		100%		100% ⁴	
Misc. Preventive Services	100% ²		100% ²		100% ²		100% ²	80% ²	80%		70%		100% ²		100% ²	80% ²	70%	50%	100% ²		100% ²		80%		100% ²		80%	
Basic Restorative	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	80% ³		80%		80%		100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%		80%		80%	60%	80%		70%		80%		80%	60%	70%	50%	N/A		80%		80%		100%		80%	
Endodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Oral Surgery	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Surgical Periodontics	80%		80%		80%		80%	60%	50%		50%		80%		80%	60%	50%	30%	N/A		80%		50%		100%		50%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		50%		50%	40%	50%	30%	N/A		50%		50%		60%		50%	
Implants	50%		50%		50%		50%		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		60%		N/A	
Orthodontics ²	50%		50%		50%		50%		N/A		N/A		50%		N/A		N/A		N/A		N/A		50%		50%		50%	
OON Reimbursement	90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		MAC		90th R&C		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. Preventive services will not count toward maximum annual benefit.

Voluntary Plans

	DONHR43		DONHM44		DONHM46		DONHR52		DONHR53		DONLR54		DONLM55		DONLM56		DONHM59		DONLR60	
	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Deductible (3x Family)	\$50		\$50		\$25	\$75	\$50		\$50		\$50		\$50		\$50	\$100	\$50		\$50	
Annual Maximum	\$1,500		\$1,500	\$1,000	\$750		\$1,000		\$1,500		\$1,000		\$1,000		\$750		\$1,500		\$1,000	
Ortho Lifetime Maximum	\$1,500		N/A		N/A		\$1,000		N/A		N/A		\$1,000		N/A		\$1,500		\$1,000	
Diagnostic and Preventive ²	100%		100%	80%	100%		100%		100%		100%		100%		100%		100%		100% ⁵	
Misc. Preventive Services	100% ²		100% ²	80% ²	100% ²		100% ²		100% ²		80%		80%		80%	50%	100% ²		80%	
Basic Restorative	80%		80%	60%	80% ³		80%		80%		80%		80%		80%	50%	100%		80%	
Non-surgical Extractions, Non-surgical Periodontal, and Adjunctive Services	80%		80%	60%	N/A		80%		80%		80%		80%		80%	50%	100%		80%	
Endodontics	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Oral Surgery	80%		80%	60%	N/A		80%		80%		50%		50%		50%		100%		50%	
Surgical Periodontics	80% ⁴		80% ⁴	60% ⁴	N/A		80% ⁴		80% ⁴		50% ⁴		50% ⁴		50% ⁴		100% ⁴		50% ⁴	
Major Restorative and Prosthodontics	50% ⁴		50% ⁴	40% ⁴	N/A		50% ⁴		50% ⁴		50% ⁴		50% ⁴		50% ⁴		60% ⁴		50% ⁴	
Implants	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Orthodontics ²	50%		N/A		N/A		50%		N/A		N/A		50%		N/A		50%		50%	
OON Reimbursement	90th R&C		MAC		MAC		90th R&C		90th R&C		90th R&C		MAC		MAC		MAC		90th R&C	

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. 12-month waiting period applies.

5. Preventive services will not count toward maximum annual benefit.

For information on rates, contact your BCBSOK Account Representative.

Vision Insurance from Blue Cross and Blue Shield of Oklahoma

Access to Care Starts with the Right Network

Vision benefits from Blue Cross and Blue Shield of Oklahoma provide the right mix of independent and retail providers – including popular national chains and regional favorites, as well as online options. With the Select network, members have access to care and services that offer more flexibility, choice and savings.

In fact, because our vision benefits network uses EyeMed’s Select network, you can look forward to more employees enrolling, 98% in-network provider utilization¹ and more members using their benefit.²

Additional benefits include:

- Ability to use contact lens and frame allowance in the same benefit period and still receive discount on spectacle lenses
- Online, in-network options at [ContactsDirect.com](https://www.contactsdirect.com), [Glasses.com](https://www.glasses.com), [TargetOptical.com](https://www.targetoptical.com), [Lenscrafters.com](https://www.lenscrafters.com), [Ray-Ban.com](https://www.ray-ban.com) and [Oakley.com](https://www.oakley.com).

# of in-network provider access points (estimated) ⁴	165,507
# of in-network provider locations	26,558
# of in-network independent provider locations ⁵	19,225
# of in-network retail provider locations ⁵	7,330
In-network, online options that allow benefits to be applied	Yes
Benefits	
Freedom to choose nearly any ophthalmic frame, lens or contact lens ⁶	Yes
Discount on additional pairs of glasses	40%
Discounts on hearing exams, aids and services	Yes
Member Experience	
Ability to locate an in-network provider by multiple criteria, such as ZIP code, provider specialty office hours, services and/or frame brands	Yes
Mobile app for members with ID card, provider locator, benefit overview and driving directions	Yes
100 hours or more of live customer services, 7 days a week	Yes
Certified Center of Excellence call center ⁷	Yes

1. Dearborn Life Insurance Company book of business data, 2019.

2. EyeMed analysis of new business that transferred over from a prior benefits company, 2013-2014. EyeMed is an independent company that administers the vision benefits for Blue Cross and Blue Shield of Oklahoma.

3. Network data is based on the EyeMed Vision Care Select network.

4. All network data as of December 2023. Competitive network figures from Netminder, rounded to the nearest 100.

5. Retail chains must have at least 20 locations.

6. May not be available on all plans. Confirm if your plan provides this option.

7. EyeMed awarded Benchmark Portal Center of Excellence certification for 14 consecutive years. Benchmark Portal evaluates call centers from businesses across the country in multiple industries.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these plans, please contact your BCBSOK Account Representative.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSOK to provide pharmacy benefit management and related other services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A “preferred” or “participating” pharmacy has a contract with BCBSOK or BCBSOK’s pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Oklahoma. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

ComPsych Corp. is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to provide employee assistance services for members with coverage through BCBSOK.

Zelis is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to administer the Member Rewards program for members with coverage through BCBSOK.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSOK. BCBSOK has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSOK, FAA, and EyeMed is that of independent contractors.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Medical & ancillary package pricing is available for fully insured mid-market medical groups with more than 51 eligible employees.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association

Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Vision Plan Portfolio

	Frequency Eye/Lenses/ Frame	Exam Copay	Lens Copay	Allowance Frame & Contact	Funded Fit & Follow-up	Funded Standard Progressive Lenses	Funded Scratch Coating	Funded Kids Polycarb
Plan 1	12/12/24	\$10	\$25	\$100	No	No	No	No
Plan 2	12/12/24	\$10	\$10	\$130	No	No	Yes	Yes
Plan 3	12/12/24	\$10	\$10	\$130	Yes	No	Yes	Yes
Plan 4	12/12/12	\$10	\$10	\$130	No	No	Yes	Yes
Plan 5	12/12/24	\$10	\$10	\$150	No	No	Yes	Yes
Plan 6	12/12/12	\$10	\$10	\$150	No	No	Yes	Yes
Plan 7	12/12/12	\$10	\$10	\$150	No	No	Yes	Yes
Plan 8	12/12/24	\$10	\$25	\$130	No	No	Yes	Yes
Plan 9	12/12/24	\$10	\$25	\$150	No	No	Yes	Yes
Plan 10	12/12/12	\$10	\$25	\$150	No	No	Yes	Yes

Contact your BCBSOK Account Representative or BCBSOK ancillary sales executive for a proposal and complete details. Available for both contributory and non-contributory plans.

