

# Plan Year 2025 Individual & Family Markets Products

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

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

## Key



Off-exchange plans

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

On-exchange plans with CSRs:

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

## Gold Plans

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

## Gold Plans (continued)

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

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# Silver Plans

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

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## Silver Plans (continued)

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Silver PPO <sup>SM</sup> Standard	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> Standard	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Silver PPO <sup>SM</sup> Standard	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 705	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
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MyBlue Silver HMO <sup>SM</sup> 705	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
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MyBlue Silver HMO <sup>SM</sup> Standard	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> Standard	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
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MyBlue Silver HMO <sup>SM</sup> 803	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 803	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Silver HMO <sup>SM</sup> 903	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Bronze Plans

Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
Blue Advantage Bronze PPO <sup>SM</sup> 203	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 203	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 203	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 203	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 206	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> Standard	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> Standard	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> Standard	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> Standard	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> Standard	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> Standard	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> Standard	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Advantage Bronze PPO <sup>SM</sup> Standard	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> Standard	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> Standard	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> Standard	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> Standard	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 902	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 902	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 902	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 902	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 904	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Bronze Plans (continued)


Plan Name	Plan Variance Description	Link to SBC Document	Link to OOC Document
MyBlue Bronze HMO <sup>SM</sup> 904	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 904	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
MyBlue Bronze HMO <sup>SM</sup> 904	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Catastrophic Plans

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

# Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services** Coverage Period: 01/01/2025 – 12/31/2025  
 Blue Cross Blue Shield of Oklahoma: **Blue Advantage Gold PPO<sup>SM</sup> 309** Coverage for: Individual/Family | Plan Type: PPO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsook.com/bb/ind/fb\\_gpsh45bvpioko\\_ok\\_2025.pdf](http://www.bcbsook.com/bb/ind/fb_gpsh45bvpioko_ok_2025.pdf) or by calling 1-866-520-2507. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	<u>Network</u> : \$1,000 Individual/\$2,000 Family <u>Out-of-Network</u> : \$3,000 Individual/\$6,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Preventive health care, some services with a copayment, and certain <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket</b>	<u>Network</u> : \$8,000 Individual/\$16,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you <u>have other family members in this plan</u> , they <u>have to meet their own</u> out-of-pocket limits

**All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.**

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Telemedicine Visits are available. See your benefit booklet* for details.
	Specialist visit	25% <u>coinsurance</u>	45% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 15% <u>coinsurance</u> Hospital: 25% <u>coinsurance</u>	45% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 15% <u>coinsurance</u> Hospital: 25% <u>coinsurance</u>	45% <u>coinsurance</u>	<u>Preauthorization</u> is required; see your benefit booklet* for details.

\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbsook.com/bb/ind/fb\\_gpsh45bvpioko\\_ok\\_2025.pdf](http://www.bcbsook.com/bb/ind/fb_gpsh45bvpioko_ok_2025.pdf)

out-of-pocket limit.

provider in the plan's plan, and you might pay a charge and what you might use an out-of-pocket limit before

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