



**BlueCross BlueShield of Oklahoma**

# Individual Plan Comparison Charts

All Blue Cross and Blue Shield of Oklahoma plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit [bcbsok.com](http://bcbsok.com) for more specific information.



# Individual Plan Comparison Chart

Participating Provider Coverage Shown<sup>1</sup>

All Blue Cross and Blue Shield of Oklahoma (BCBSOK) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit [bcbsok.com](http://bcbsok.com) for more specific information.

Bronze	Blue Preferred Bronze PPO <sup>SM</sup>	Blue Advantage Bronze PPO <sup>SM</sup>	
	206	202	203
<b>Individual Deductible<sup>2</sup></b>	\$4,700	\$4,700	\$2,850
<b>Coinsurance</b>	50%	50%	40%
<b>Out-of-Pocket Maximum (includes deductible)<sup>2</sup></b>	\$7,350	\$7,350	\$6,550
<b>Primary Care Office Visit</b>	40%	40%	40%
<b>Specialist Office Visit</b>	50%	50%	40%
<b>Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit</b>	40%	40%	40%
<b>Emergency Room</b>	\$950 per occurrence deductible, then 50%	\$950 per occurrence deductible, then 50%	\$950 per occurrence deductible, then 40%
<b>Urgent Care</b>	50%	50%	40%
<b>Inpatient Hospital Services</b>	\$400 per occurrence deductible, then 50%	\$400 per occurrence deductible, then 50%	\$400 per occurrence deductible, then 40%
<b>Outpatient Surgery<sup>3</sup></b>	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 40%
<b>Outpatient X-Rays and Diagnostic Imaging<sup>3</sup></b>	50%	50%	40%
<b>Outpatient Imaging (CT/PET Scans/MRIs)<sup>3</sup></b>	50%	50%	40%
<b>Network</b>	Blue Preferred PPO <sup>SM</sup>	Blue Advantage PPO <sup>SM</sup>	Blue Advantage PPO <sup>SM</sup>
<b>HSA Eligible<sup>4</sup></b>	No	No	Yes
<b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>5,6</sup></b>	20%/25%/30%/35%/45%/50%	20%/25%/30%/35%/45%/50%	20%/25%/30%/35%/45%/50%
<b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>5,6</sup></b>	25%/30%/35%/40%/45%/50%	25%/30%/35%/40%/45%/50%	25%/30%/35%/40%/45%/50%
<b>Prescription Drug Utilization Benefit Management Programs<sup>7</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to try more clinically appropriate or cost-effective drugs.</p> <p><b>Mail-Order Program:</b> You may receive a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.</p>		

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

2 The standard per person deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Note that copays apply whether or not you have met the deductible.

3 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.

4 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Oklahoma does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.

5 Prescription benefit coverage starts after annual medical deductible has been met.

6 Six prescription drug payment level tiers: Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty.

7 Mail order is not available for Preferred and Non-Preferred Specialty tier drugs. These tiers are limited to a 30-day supply. Coverage limitations may apply to certain medications.



# Individual Plan Comparison Chart

Participating Provider Coverage Shown<sup>1</sup>

All Blue Cross and Blue Shield of Oklahoma (BCBSOK) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit [bcbsok.com](http://bcbsok.com) for more specific information.

Silver	Blue Preferred Silver PPO <sup>SM</sup>		Blue Advantage Silver PPO <sup>SM</sup>
	201	101 - Three \$0 PCP Visits*	204
<b>Individual Deductible<sup>2</sup></b>	\$1,450	\$3,250	\$1,400
<b>Coinsurance</b>	50%	30%	50%
<b>Out-of-Pocket Maximum (includes deductible)<sup>2</sup></b>	\$7,350	\$7,350	\$7,350
<b>Primary Care Office Visit</b>	\$10 copay	First 3 PCP visits \$0, then 30%	40%
<b>Specialist Office Visit</b>	50%	30%	50%
<b>Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit</b>	50%	\$0	40%
<b>Emergency Room</b>	\$950 per occurrence deductible, then 50%	\$600 per occurrence deductible, then 30%	\$950 per occurrence deductible, then 50%
<b>Urgent Care</b>	50%	30%	50%
<b>Inpatient Hospital Services</b>	\$400 per occurrence deductible, then 50%	\$400 per occurrence deductible, then 30%	\$400 per occurrence deductible, then 50%
<b>Outpatient Surgery<sup>3</sup></b>	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%
<b>Outpatient X-Rays and Diagnostic Imaging<sup>3</sup></b>	50%	50%	50%
<b>Outpatient Imaging (CT/PET Scans/MRIs)<sup>3</sup></b>	50%	50%	50%
<b>Network</b>	Blue Preferred PPO <sup>SM</sup>	Blue Preferred PPO <sup>SM</sup>	Blue Advantage PPO <sup>SM</sup>
<b>HSA Eligible<sup>4</sup></b>	No	No	No
<b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>5</sup></b>	\$5/\$15/30%/35%/45%/50% <sup>6</sup>	\$0/\$10/\$50/\$100/30% <sup>7</sup>	20%/25%/30%/35%/45%/50% <sup>6</sup>
<b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>5</sup></b>	\$10/\$25/35%/40%/45%/50% <sup>6</sup>	\$5/\$15/\$60/\$110/30% <sup>7</sup>	25%/30%/35%/40%/45%/50% <sup>6</sup>
<b>Prescription Drug Utilization Benefit Management Programs<sup>8</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to meet certain criteria or try more cost-effective drugs.</p> <p><b>Mail-Order Program:</b> You may receive a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.</p>		

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.  
 2 The standard per person deductible and out-of-pocket maximum for this plan are shown. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Note that copays apply whether or not you have met the deductible.  
 3 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Summary of Benefits and Coverage for additional details.  
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the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.  
 5 Prescription benefit coverage starts after annual medical deductible has been met, not counting copays.  
 6 Six prescription drug payment level tiers: Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty.  
 7 Five prescription drug payment level tiers: Preferred Generics / Non-Preferred Generics / Preferred Brand / Non-Preferred Brand / Specialty.  
 8 Mail order is not available for Preferred and Non-Preferred Specialty tier drugs. These tiers are limited to a 30-day supply. Coverage limitations may apply to certain medications.

\* This plan is not available on the Health Insurance Marketplace in Oklahoma.



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Gold	Blue Preferred Gold PPO <sup>SM</sup>
	<b>205</b>
<b>Individual Deductible<sup>2</sup></b>	\$200
<b>Coinsurance</b>	40%
<b>Out-of-Pocket Maximum (includes deductible)<sup>2</sup></b>	\$7,350
<b>Primary Care Office Visit</b>	40%
<b>Specialist Office Visit</b>	40%
<b>Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit</b>	40%
<b>Emergency Room</b>	\$950 per occurrence deductible, then 40%
<b>Urgent Care</b>	40%
<b>Inpatient Hospital Services</b>	\$400 per occurrence deductible, then 40%
<b>Outpatient Surgery<sup>3</sup></b>	\$300 per occurrence deductible, then 40%
<b>Outpatient X-Rays and Diagnostic Imaging<sup>3</sup></b>	40%
<b>Outpatient Imaging (CT/PET Scans/MRIs)<sup>3</sup></b>	40%
<b>Network</b>	Blue Preferred PPO <sup>SM</sup>
<b>HSA Eligible<sup>4</sup></b>	No
<b>Outpatient Prescription Drugs - Preferred Pharmacy<sup>5,6</sup></b>	\$0/\$10/20%/35%/45%/50%
<b>Outpatient Prescription Drugs - Non-Preferred Pharmacy<sup>5,6</sup></b>	\$10/\$20/25%/40%/45%/50%
<b>Prescription Drug Utilization Benefit Management Programs<sup>7</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to meet certain criteria or try more cost-effective drugs.</p> <p><b>Mail-Order Program:</b> You may receive a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.</p>

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