



Same
Value.
More
Choice.



MID-MARKET 51-150 EMPLOYEES

2020 Mid-Market Group Plans

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

The 2020 Mid-Market Portfolio will be launched on July 1, 2020 and available until June 30, 2021. Employers can select from a variety of plans. As always, members have access to plenty of features and benefits. Here are some updates for 2020.

Virtual Visits (Powered by MDLIVE) and Primary Care Physician (PCP) Telehealth Visits

Members in specific plans have access to virtual visits powered by MDLIVE and to PCP telehealth at a zero-dollar cost share. The PCP telehealth benefit value applies to in-network PCPs only. Out-of-network PCP telehealth visits would be subject to the out-of-network deductible and coinsurance specified on the plan design. To verify the plans with this benefit enhancement, please review the plan charts provided in this brochure.

\$0 Health Savings Account (HSA) Plan Preventive Drugs

This benefit enhancement is available on select HSA plans to allow certain preventive drugs to be filled at zero cost to our members. Those plans are marked with a triple asterisk in the plan charts within this brochure.

Behavioral Health

- A new opioid/substance use effort identifies abuse risks and provides outreach and coordination of care for members facing these issues.
- We've made it easier for members to identify appropriate specialists – such as Medication Assisted Therapy (MAT) providers – in our online Provider Finder®.
- Advanced analytics and reporting add value by helping to keep an eye on the cost of care for both members and employers.

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2020 Mid-Market Group Plans

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Wellbeing Management

- This is an enhanced approach to improving health outcomes and helping ensure health care dollars are spent wisely. Members are supported across the health continuum – from chronic and complex conditions to lifelong wellness.
- A health advisor engages with and helps educate members facing high-cost, high-complexity health challenges. This specially trained clinician works with a multi-disciplinary team to address medical, pharmacy and behavioral issues, as well as barriers to health care.
- Personalized reminders of annual visits, preventive screenings and immunizations can also help to improve member health.
- Members can visit Well onTarget® to access tools and wellness resources to help manage their health:
 - Earn points with the Blue PointsSM program by completing specific activities and achieving goals online, then redeem them in the online shopping mall
 - Track healthy behaviors, sync fitness and nutrition devices with the Well onTarget portal or download the app
- The Special Beginnings® maternity program enables early identification of high-risk pregnancies and increased opportunities for interventions that can result in better clinical outcomes and cost savings.
- Registered nurses are available 24/7 to guide members to their doctors or emergency care if necessary. In addition, the 24/7 Nurseline can answer general health questions or direct members to an audio library of over 1,000 health topics.



Virtual Visits

Care When and Where You Need It

Schedule a Virtual Visit Through MDLIVE

Virtual Visits, powered by MDLIVE®

Members now have access to virtual visits, 24 hours a day, seven days a week.

Virtual visits provides a live consultation between a doctor and a member for many non-emergency medical issues and behavioral health needs.

Based on your location, consult with a board-certified doctor by phone at **888-680-8646**, online at **MDLIVE.com/bcbsok** or with the MDLIVE® mobile app. Doctors are available on demand or by appointment.

Members may set up their profiles to include their member ID number, preferred pharmacy for e-prescriptions and credit card number for easy payment.

Members in specific plans have access to virtual visits powered by MDLIVE at a zero-dollar cost share.

See the plan charts in this brochure for more information.

Powered by **MDLIVE®**

MDLIVE doctors can help treat the following conditions:		
General Health	Pediatric Care	Many more...
Allergies	Cold and flu	Skin rashes
Nausea	Ear problems	Cough/sore throat
Sinus infection	Pinkeye	Urinary symptoms

MDLIVE.COM/BCBSOK 888-680-8646

(EXCLUDES HMO)

MDLIVE, a separate company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Oklahoma and is solely responsible for its operations and for those of its contracted providers. 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 written permission.

BCSOK 2020 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						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 Physician	Virtual Visit Copay ¹	Specialist Office Visit Copay	ER Visit Per Occurrence Deductible	Urgent Care ²	Advanced Imaging In (MRI, CT, & PT)	Inpatient Per Occurrence Deductible (In/Out)	Outpatient Per Occurrence Deductible (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Advantage PPO SM	Blue Advantage PPO 0070	MOBAP0070	Embedded	\$500/\$1,000	\$1,500/\$3,000	\$1,250/\$3,750	\$3,750/\$11,250	80%/60%	\$25	\$0	\$45	\$300	DC	DC	\$150/\$250	\$100/\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Advantage PPO 0010	MOBAP0010	Embedded	\$1,250/\$2,500	\$3,750/\$7,500	\$3,000/\$9,000	\$9,000/\$27,000	70%/60%	\$35	\$0	\$60	\$400	DC	DC	\$200/\$300	\$150/\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0020	MOBAP0020	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$30	\$0	\$50	\$200	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0040	MOBAP0040	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 0030	MOBAP0030	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Advantage PPO 1010 [†]	MOBAP1010	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 0050	MOBAP0050	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	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Advantage PPO 1020 [†]	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 1030 [†]	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 0060	MOBAP0060	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
	Blue Advantage PPO 1040 ^{***†}	MOBAP1040	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Advantage PPO 1050 ^{***†}	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 1060 ^{***†}	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
Blue Preferred PPO SM	Blue Preferred PPO 0010	MOBPF0010	Embedded	\$500/\$800	\$1,500/\$2,400	\$2,500/\$7,500	\$7,500/\$22,500	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0020	MOBPF0020	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/70%	\$30	\$0	\$50	\$200	DC	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0030	MOBPF0030	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$4,000/\$12,000	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0040	MOBPF0040	Embedded	\$1,000/\$1,500	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0230	MOBPF0230	Embedded	\$1,500/\$2,000	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0050	MOBPF0050	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$30	\$0	\$50	\$200	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

Gray boxes are Insure OK eligible plans.

All footnotes appear on the last page.

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

BCBSOK 2020 Mid-Market Group Plan Portfolio																			
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						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 Physician	Virtual Visit Copay ¹	Specialist Office Visit Copay	ER Visit Per Occurrence Deductible	Urgent Care ²	Advanced Imaging In (MRI, CT, & PT)	Inpatient Per Occurrence Deductible (In/Out)	Outpatient Per Occurrence Deductible (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Preferred PPO SM	Blue Preferred PPO 0060	MOBPF0060	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$4,500/\$13,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0070	MOBPF0070	Embedded	\$1,500/\$3,000	\$4,500/\$9,000	\$6,000/\$18,000	\$13,000/\$39,000	50%/50%	\$30	\$0	\$50	\$300	DC	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0200	MOBPF0200	Embedded	\$1,500/\$2,500	\$4,500/\$7,500	\$5,000/\$15,000	\$10,000/\$30,000	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 0240	MOBPF0240	Embedded	\$2,000/\$2,500	\$3,000/\$4,500	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0080	MOBPF0080	Embedded	\$2,000/\$3,500	\$6,000/\$10,500	\$5,000/\$15,000	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0090	MOBPF0090	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0100	MOBPF0100	Embedded	\$2,500/\$4,000	\$7,500/\$12,000	\$5,500/\$16,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	
	Blue Preferred PPO 0110	MOBPF0110	Embedded	\$2,500/\$5,000	\$7,500/\$15,000	\$6,000/\$18,000	\$13,000/\$39,000	50%/50%	\$30	\$0	\$50	\$300	DC	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 1010 [†]	MOBPF1010	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	Blue Preferred PPO 0130	MOBPF0130	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0210	MOBPF0210	Embedded	\$3,000/\$6,000	\$9,000/\$18,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	DC	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 0140	MOBPF0140	Embedded	\$4,000/\$8,000	\$12,000/\$24,000	\$7,000/\$21,000	\$14,000/\$42,000	70%/60%	\$30	\$0	\$50	\$300	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 1020 [†]	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 0160	MOBPF0160	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$6,000/\$18,000	\$12,000/\$36,000	80%/60%	\$30	\$0	\$50	\$200	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0170	MOBPF0170	Embedded	\$5,000/\$7,500	\$10,000/\$22,500	\$5,600/\$16,800	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	10/\$20/\$70/\$120/\$150/\$250	
	Blue Preferred PPO 0220	MOBPF0220	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	DC	\$0/\$10/\$50/\$100/\$150/\$250	10/\$20/\$70/\$120/\$150/\$250
	Blue Preferred PPO 1030****	MOBPF1030	Embedded	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
Blue Preferred PPO 1040****	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	

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Blue Options PPO SM	Blue Options PPO 0010	MOOPT0010	Embedded	\$500	\$1,500	\$2,500/\$3,500/ \$4,500/\$7,500	\$7,500/\$10,200/ \$10,200/\$22,500	80%/70%/60%/50%	\$30	\$30	\$30	\$100	DC	DC	\$250	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Options PPO 0020	MOOPT0020	Embedded	\$500	\$1,500	\$3,500/\$4,500/ \$5,500/\$10,500	\$10,000/\$10,200/ \$10,200/\$30,000	80%/70%/60%/50%	\$30	\$30	\$30	\$100	DC	DC	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0030	MOOPT0030	Embedded	\$750	\$2,250	\$2,750/\$3,750/ \$4,750/\$8,250	\$8,250/\$10,200/ \$10,200/\$24,750	80%/70%/60%/50%	\$20	\$20	\$20	\$100	DC	DC	\$375	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0040	MOOPT0040	Embedded	\$1,000	\$3,000	\$4,000/\$5,000/ \$5,600/\$12,000	\$10,000/\$10,200/ \$10,200/\$30,000	80%/70%/60%/50%	\$30	\$30	\$30	\$100	DC	DC	\$500	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0050	MOOPT0050	Embedded	\$1,000	\$3,000	\$3,000/\$4,000/ \$5,000/\$9,000	\$9,000/\$10,200/ \$10,200/\$27,000	80%/70%/60%/50%	\$30	\$30	\$30	\$100	DC	DC	\$500	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Options PPO 0060	MOOPT0060	Embedded	\$1,500	\$4,500	\$4,500/\$5,300/ \$5,600/\$13,500	\$10,000/\$10,200/ \$10,200/\$30,000	80%/70%/60%/50%	\$20	\$20	\$20	\$100	DC	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0070	MOOPT0070	Embedded	\$1,500	\$4,500	\$6,000/\$6,500/ \$7,000/\$18,000	\$12,000/\$13,000/ \$14,000/\$36,000	60%/60%/50%/50%	\$30/\$50/\$50	\$30	\$40/\$60/\$60	\$300	DC	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0080	MOOPT0080	Embedded	\$2,000	\$6,000	\$3,000/\$4,000/ \$5,000/\$9,000	\$7,000/\$9,000/ \$10,700/\$21,000	90%/80%/70%/60%	\$35	\$35	\$35	\$100	DC	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0090	MOOPT0090	Embedded	\$2,000	\$6,000	\$5,000/\$5,300/ \$5,600/\$15,000	\$10,000/\$10,200/ \$10,200/\$30,000	80%/70%/60%/50%	\$35	\$35	\$35	\$100	DC	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0100	MOOPT0100	Embedded	\$2,500	\$7,500	\$5,200/\$5,400/ \$5,600/\$15,600	\$10,000/\$10,200/ \$10,200/\$30,000	80%/70%/60%/50%	\$35	\$35	\$35	\$100	DC	DC	\$750	\$200	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Options PPO 0110	MOOPT0110	Embedded	\$2,500	\$7,500	\$6,000/\$6,500/ \$7,000/\$18,000	\$12,000/\$13,000/ \$14,000/\$36,000	60%/60%/50%/50%	\$30/\$50/\$50	\$30	\$40/\$60/\$60	\$300	DC	DC	\$500	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0120	MOOPT0120	Embedded	\$3,000	\$9,000	\$7,000/\$7,150/ \$7,200/\$21,000	\$12,000/\$14,300/ \$14,400/\$36,000	70%/60%/50%/50%	\$30/\$50/\$50	\$30	\$40/\$60/\$60	\$300	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0130	MOOPT0130	Embedded	\$4,000	\$12,000	\$7,000/\$7,150/ \$7,200/\$21,000	\$14,000/\$14,300/ \$14,400/\$42,000	70%/60%/50%/50%	\$30/\$50/\$50	\$30	\$40/\$60/\$60	\$300	DC	DC	\$750	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options PPO 0140	MOOPT0140	Embedded	\$5,000	\$10,000	\$5,200/\$5,400/ \$5,600/\$15,600	\$10,000/\$10,200/ \$10,200/\$30,000	80%/70%/60%/50%	\$35	\$35	\$35	\$100	DC	DC	\$750	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Options HSA SM	Blue Options HSA 1020 [†]	MOOPT1020	Embedded	\$3,000/ \$3,000/ \$5,000	\$6,000/ \$6,000/ \$10,000	\$5,000/\$5,700/ \$6,450/\$15,000	\$10,000/\$11,400/ \$12,900/\$30,000	90%/80%/70%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Options HSA 1010 [†]	MOOPT1010	Embedded	\$5,000/ \$5,000/ \$7,500	\$10,000/ \$10,000/ \$15,000	\$5,000/\$5,700/ \$6,450/\$15,000	\$10,000/\$11,400/ \$12,900/\$30,000	100%/80%/80%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%/100%/80%/80%/70%/60%	100%/100%/70%/70%/70%/60%

Gray boxes are Insure OK eligible plans.

All footnotes appear on the last page.

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

BCBSOK 2020 Mid-Market Group Plan Portfolio																		
			Deductible Type	Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						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 Physician	Virtual Visit Copay ¹	Specialist Office Visit Copay	ER Visit Per Occurrence Deductible	Urgent Care ²	Advanced Imaging In (MRI, CT, & PT)	Inpatient Per Occurrence Deductible (In/Out)	Outpatient Per Occurrence Deductible (In/Out)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Options Select PPO SM	Blue Options Select PPO 0010	MOOPS0010	Embedded	\$500/\$1,000/\$1,500	\$1,500/\$3,000/\$4,500	\$3,000/\$4,000/\$9,000	\$6,000/\$8,000/\$18,000	80%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$200	DC	DC	\$200/\$300/\$400	\$100/\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options Select PPO 0020	MOOPS0020	Embedded	\$1,000/\$2,000/\$3,000	\$3,000/\$6,000/\$9,000	\$5,000/\$6,000/\$15,000	\$10,000/\$11,000/\$30,000	80%/60%/50%	\$30/\$50	\$30	\$40/\$60	\$200	DC	DC	\$200/\$300/\$400	\$100/\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options Select PPO 0040	MOOPS0040	Embedded	\$2,000/\$3,000/\$4,000	\$4,000/\$6,000/\$8,000	\$5,000/\$6,000/\$15,000	\$10,000/\$11,000/\$30,000	80%/60%/50%	\$20/\$40	\$20	\$40/\$60	\$200	DC	DC	\$200/\$300/\$400	\$100/\$200/\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Options Select PPO 1010 [†]	MOOPS1010	Embedded	\$3,000/\$4,000/\$5,000	\$9,000/\$12,000/\$15,000	\$3,000/\$6,650/\$9,000	\$9,000/\$13,300/\$27,000	100%/80%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
Blue Choice PPO SM	Blue Choice PPO 0010	MOBCH0010	Embedded	\$500/\$500	\$1,500/\$1,500	\$3,500/\$10,500	\$10,200/\$30,600	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice PPO 0040	MOBCH0040	Embedded	\$1,000/\$1,000	\$3,000/\$3,000	\$3,000/\$9,000	\$9,000/\$27,000	80%/60%	\$20	\$0	\$20	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	Blue Choice PPO 0050	MOBCH0050	Embedded	\$1,500/\$4,500	\$4,500/\$10,000	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$20	\$0	\$40	\$200	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 0060	MOBCH0060	Embedded	\$2,000/\$2,000	\$6,000/\$6,000	\$5,000/\$15,000	\$10,200/\$30,600	80%/60%	\$30	\$0	\$30	\$100	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 0070	MOBCH0070	Embedded	\$2,500/\$5,000	\$7,500/\$10,000	\$5,000/\$15,000	\$10,000/\$30,000	80%/60%	\$20	\$0	\$40	\$200	DC	DC	DC/\$300	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
HSA Blue SM	HSA Blue 1030 [†]	MOHSA1030	Embedded	\$2,800/\$5,000	\$5,600/\$10,000	\$2,800/\$8,400	\$5,600/\$16,800	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	HSA Blue 1020 [†]	MOHSA1020	Embedded	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
	HSA Blue 1010 [†]	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
BlueLincs HMO SM	BlueLincs HMO 0040	MOHMO0040	Embedded	\$500/NA	\$1,500/NA	\$1,250/NA	\$3,750/NA	80%/NA	\$25	NA	\$45	\$300*	\$50	DC	\$250**	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueLincs HMO 0050	MOHMO0050	Embedded	\$750/NA	\$2,250/NA	\$3,000/NA	\$6,000/NA	80%/NA	\$25	NA	\$45	\$300*	\$50	DC	\$250**	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250
	BlueLincs HMO 0060	MOHMO0060	Embedded	\$1,000/NA	\$3,000/NA	\$6,000/NA	\$12,000/NA	80%/NA	\$25	NA	\$50	\$500*	\$50	DC	\$250**	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueLincs HMO 0070	MOHMO0070	Embedded	\$2,000/NA	\$6,000/NA	\$3,000/NA	\$9,000/NA	70%/NA	\$30	NA	\$50	\$500*	\$50	DC	\$250**	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	BlueLincs HMO 0080 [†]	MOHMO0080	Embedded	\$3,000/NA	\$9,000/NA	\$6,500/NA	\$13,000/NA	80%/NA	DC	NA	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	BlueLincs HMO 0090	MOHMO0090	Embedded	\$6,000/NA	\$12,000/NA	\$7,900/NA	\$15,800/NA	80%/NA	DC	NA	DC	DC	DC	DC	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250

Gray boxes are Insure OK eligible plans.

All footnotes appear on the last page.

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

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%	

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%	

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.

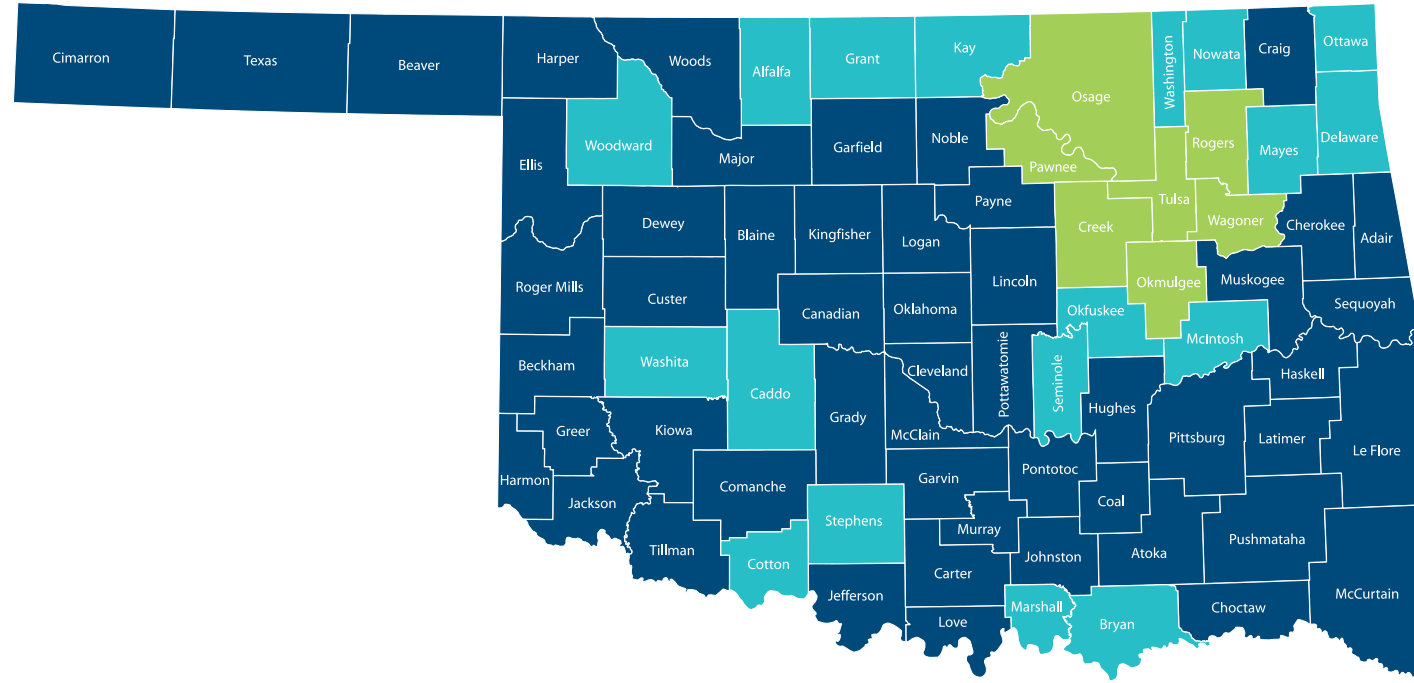
2. Waived Deductible applies to this service.

3. Only Basic Restorative Services are covered.

4. 12-month waiting period applies.

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

2020 Oklahoma Mid-Market (51-150) Provider Networks by County



Network Names

- Blue Choice PPOSM, Blue Preferred PPOSM, Blue OptionsSM and Blue Advantage PPOSM
- Blue Choice PPO, Blue Preferred PPO and Blue Options
- Blue Options Select PPOSM

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) and [Glasses.com](https://www.glasses.com)



# of in-network provider access points (estimated) ⁴	96,700
# of in-network provider locations	24,400
# of in-network independent provider locations ⁵	18,100
# of in-network retail provider locations ⁵	6,300
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

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.

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 Spring 2018. Competitive network figures from Netminder, rounded to the nearest 100.
 5. Retail chains must have at least 20 locations. Competitive numbers calculated twice annually, reflects November 2017 data.
 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 nine 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. Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Oklahoma. 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 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. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Oklahoma Mid-Market Network Offerings Comparison

Plan Name	Blue Advantage PPO	Blue Preferred PPO	Blue Options	Blue Options Select PPO	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 - TRAD (PAR) Tier 4 - OON (OON)	Tier 1 - Blue Options Select PPO (OBF) Tier 2 - Blue Preferred PPO (EPP) Tier 3 - OON (OON)	Blue Choice PPO (PPO)	BlueLincs HMO SM (HMO)
Network Type	Narrow (Smart)	Narrow (Smart)	Tiered	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	51-150 Fully Insured
Coverage	See map: Oklahoma City, Lawton, Tulsa, and Rural Areas	Statewide	Statewide	See map: Tulsa area	Statewide	Statewide
Medical Group Selection Required	No	No	No	No	No	Yes
Referral Required	No	No	No	No	No	Yes
OON Coverage	Yes	Yes	Yes	Yes	Yes	No
BlueCard®	Yes	Yes	Yes	Yes	Yes	Emergency and Accident Only
Away From Home Care® (AFHC)	N/A	N/A	N/A	N/A	N/A	Yes
Blue Access for Members SM	Yes	Yes	Yes	Yes	Yes	Yes
Provider Finder	Yes	Yes	Yes	Yes	Yes	Yes
Member Liability Estimator	MLE Lite	Yes	Yes	No	Yes	Yes

General Notes:

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 these preferred 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.

Footnotes

1. Virtual Visits are a feature of all Oklahoma Mid-Market plans. Members will pay a \$0 copayment for services rendered for covered telehealth/telemedicine visits. The \$0 copayment does not apply to DC only plans, Blue Options PPO and Blue Options Select PPO products. MDLIVE, an independent company, provides Virtual Visit services to Oklahoma Mid-Market PPO plans (excludes HMO). Members will pay a \$0 copayment for Virtual Visits with MDLIVE on copay eligible PPO plans.

2. Urgent Care is based on claim submission. Members will pay a PCP or Specialist copay for professional claims (excludes HMO). Facility claims will apply Deductible and Coinsurance.

*This is specific to these HMO plans. Amount is flat copay; deductible and coinsurance do not apply.

**This is specific to these HMO plans. Amount is flat copay per day; deductible and coinsurance do not apply.
Five visit maximum, per calendar year.

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

†This is an HSA plan.

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.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.