

Same
Value.
More
Choice.

SMALL GROUP 1-50 EMPLOYEES

2021 Small 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 2021 Small Group Portfolio is available from January 1 until December 31, 2021. Employers can choose from a variety of plans that give members access to plenty of features and benefits. Here are some of the 2021 highlights.

Provider Telehealth Visits

Members have more access to health care through our in-network telehealth benefit. There's no need to put off care. They can see their own, in-network PCP or Specialist by phone, video or mobile app (if available) for the same copay as an in-office visit. If the group benefits already include 24/7 Virtual Visits, powered by MDLIVE®, in-network telehealth is in addition to those benefits.

\$0 Preventive Drugs on Health Savings Account (HSA) Plans

Select HSA plans now feature a \$0 copay for certain preventive and maintenance drugs. This helps members stick to their treatment plans and better manage their health conditions. The plan charts beginning on page 2 have triple asterisks next to the plans with this benefit.

Blue Advantage PPOSM Is Expanding

Beginning January 1, 2021, Ottawa and Delaware Counties can now offer Blue Advantage PPOSM plans.

Behavioral Health Program Services

- A Behavioral Health Member Services team that can help members find providers and answer questions about eligibility, benefits and more
- 24-hour access to a single point of contact for members and providers
- Information about inpatient and outpatient services (counseling, testing and more)
- Assistance with prior authorizations (when required) and case management services for all Behavioral Health levels of care and services

Virtual Visits: Care When and Where You Need It

Virtual Visits, powered by MDLIVE

Members now have access to Virtual Visits, 24 hours a day, seven days a week.

Virtual Visits provide 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.

MDLIVE doctors and therapists can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear problems
- Nausea
- Pink Eye
- Rash
- Sinus Infections
- Skin rashes
- Stress Management
- Urinary symptoms
- And more!

Members have access to Virtual Visits at the same PCP office visit copay outlined in their group benefits.*

*Copays on certain HSA plans will vary.

MDLIVE.COM/BCBSOK

1-888-680-8646

Powered by

MDLIVE[®]



Blue Cross and Blue Shield of Oklahoma 2021 Small Group Plan Portfolio

			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits			Pediatric Dental		
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit*	Inpatient*	Outpatient Surgery*	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental In/Out ¹	
Blue Advantage PPO	Blue Advantage Platinum PPO SM 101	P710ADT	NA	\$500/ \$1,000	\$1,500/ \$3,000	\$1,250/ Unlimited	\$3,750/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Platinum PPO SM 116	P8E1ADT	NA	\$750/ \$1,500	\$2,250/ \$4,500	\$2,000/ Unlimited	\$6,000/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%	
	Blue Advantage Platinum PPO SM 118	P8J6ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500/ Unlimited	\$4,500/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Gold PPO SM 108	G743ADT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$5,500/ Unlimited	\$11,000/ Unlimited	70%/50%	\$50	\$70	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Gold PPO SM 109	G744ADT	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Gold PPO SM 102	G740ADT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,000/ Unlimited	\$12,000/ Unlimited	70%/60%	\$45	\$65	\$50	DC	\$650 & DC	\$300 & DC	\$300 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Gold PPO SM 112	G746ADT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$6,000/ Unlimited	\$17,100/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Gold PPO SM 110	G745ADT	NA	\$2,700/ \$5,400	\$8,100/ \$16,200	\$4,000/ Unlimited	\$12,000/ Unlimited	60%/60%	\$30	\$50	\$50	DC	\$500 & DC	\$300 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Gold PPO SM 119***	G8J3ADT	\$0 ²	\$2,800/ \$10,000	\$8,400/ \$20,000	\$3,500/ Unlimited	\$10,500/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO 115 SM	S702ADT	\$0 ²	\$3,000/ \$6,000	\$9,000/ \$18,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO SM 117**	S8E1ADT	NA	\$3,500/ \$7,000	\$10,500/ \$21,000	\$7,900/ Unlimited	\$15,800/ Unlimited	60%/50%	\$0	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Advantage Silver PPO SM 104	S730ADT	NA	\$3,900/ \$7,800	\$11,700/ \$23,400	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$35	\$55	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Silver PPO SM 120	S8J8ADT	\$0 ²	\$3,900/ \$7,800	\$11,700/ \$23,400	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO SM 121***	S8J4ADT	\$0 ²	\$4,000/ \$10,000	\$12,000/ \$20,000	\$6,900/ Unlimited	\$13,800/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Advantage Silver PPO SM 105	S731ADT	NA	\$6,600/ \$13,200	\$13,200/ \$26,400	\$8,550/ Unlimited	\$17,100/ Unlimited	80%/80%	\$20	\$40	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Silver PPO SM 114	S8K1ADT	NA	\$7,750/ \$15,500	\$15,500/ \$31,000	\$8,150/ Unlimited	\$16,300/ Unlimited	60%/50%	\$50	\$85	\$50	DC	\$1000 & DC	\$250 & DC	\$500 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%	
	Blue Advantage Bronze PPO SM 106	B730ADT	\$0 ²	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/ \$13,800	\$13,800/ \$27,600	100%/100%	DC	DC	DC	DC	\$150 & DC	DC	\$75 & DC	100%	100%	Yes	100%/100%	
	Blue Choice PPO SM	Blue Choice Platinum PPO SM 208	P8J1CHC	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500/ Unlimited	\$4,500/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
		Blue Choice Gold PPO SM 201	G730CHC	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,000/ Unlimited	\$12,000/ Unlimited	70%/60%	\$45	\$65	\$50	DC	\$650 & DC	\$300 & DC	\$300 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
Blue Choice Gold PPO SM 202		G731CHC	NA	\$2,500/ \$5,000	\$7,500/ \$15,000	\$4,000/ Unlimited	\$12,000/ Unlimited	80%/60%	\$40	\$65	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%	
Blue Choice Gold PPO SM 203		G732CHC	\$350-\$390 ²	\$2,800/ \$5,600	\$8,400/ \$15,600	\$5,600/ Unlimited	\$13,800/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%	
Blue Choice Silver PPO SM 204		S730CHC	NA	\$3,900/ \$7,800	\$11,700/ \$23,400	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$35	\$55	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%	
Blue Choice Silver PPO SM 209		S8J9CHC	\$0 ²	\$3,900/ \$7,800	\$11,700/ \$23,400	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%	
Blue Choice Bronze PPO SM 207		B730CHC	\$0 ²	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/ \$13,800	\$13,800/ \$27,600	100%/100%	DC	DC	DC	DC	\$150 & DC	DC	\$75 & DC	100%	100%	Yes	100%/100%	

Gray boxes are Insure OK eligible plans.

All footnotes appear on page 4.

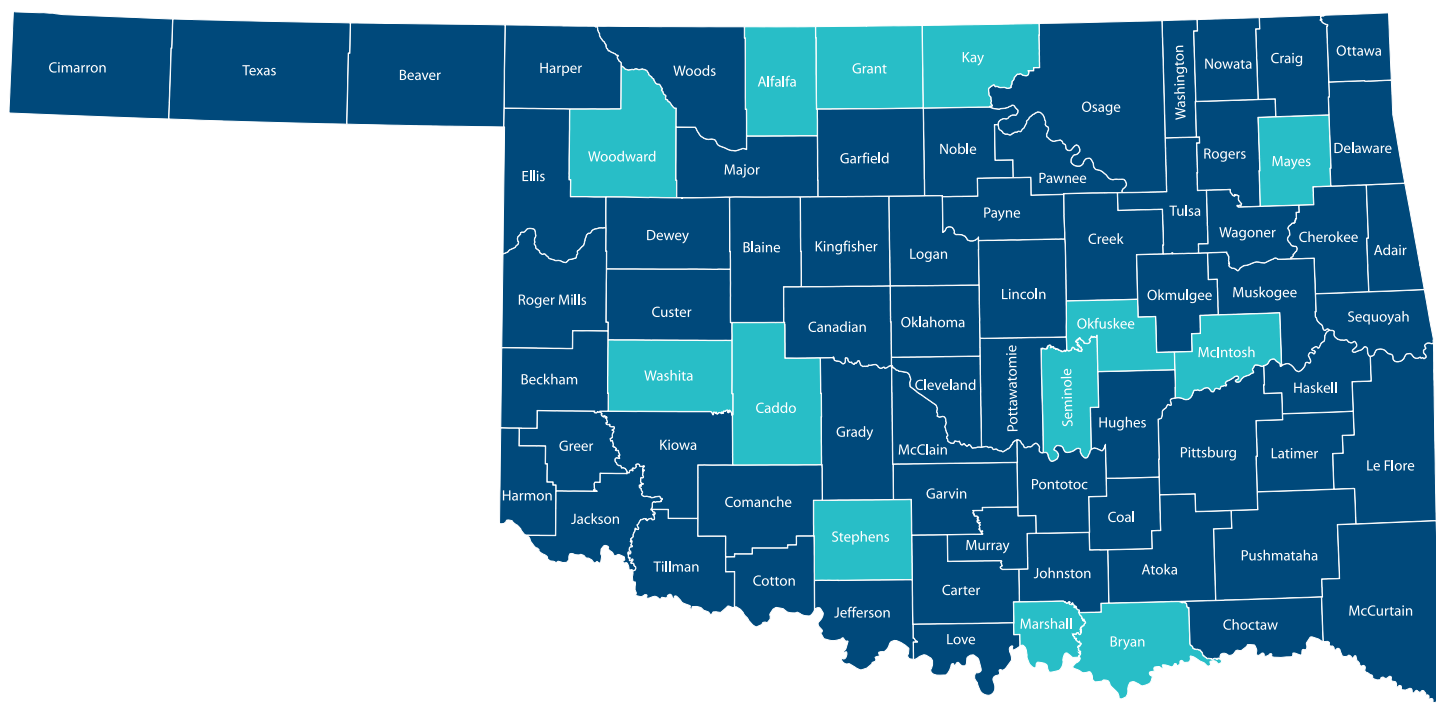
Blue Cross and Blue Shield of Oklahoma 2021 Small Group Plan Portfolio

				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits			Pediatric Dental
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visits	Specialist/ Telehealth Office Visits	Urgent Care	Advanced Imaging (MRI, CT, & PET)	ER Visit*	Inpatient*	Outpatient Surgery*	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Rx Subject to Deductible	Pediatric Dental In/Out¹
Blue Options SM	Blue Options Platinum PPO SM 311	P8J7OPT	NA	\$1,000/ \$2,000	\$3,000/ \$6,000	\$1,500 BP/ \$3,000 BC/ Unlimited	\$4,500 BP/ \$9,000 BC/ Unlimited	70% BP/ 60% BC/50%	\$30	\$55	\$50	DC	\$650 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Gold PPO SM 308	G723OPT	NA	\$1,750/ \$3,500	\$5,250/ \$10,500	\$4,000 BP/ \$6,500 BC/ Unlimited	\$12,000 BP/ \$17,100 BC/ Unlimited	70% BP/ 60% BC/50%	\$45	\$70	\$50	DC	\$650 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Gold PPO SM 301	G720OPT	NA	\$1,750/ \$3,500	\$5,250/ \$10,500	\$4,500 BP/ \$5,500 BC/ Unlimited	\$10,000 BP/ \$14,500 BC/ Unlimited	70% BP/ 70% BC/50%	\$45	\$65	\$50	DC	\$400 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Gold PPO SM 302	G721OPT	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,500 BP/ \$6,000 BC/ Unlimited	\$12,000 BP/ \$17,100 BC/ Unlimited	70% BP/ 60% BC/50%	\$25	\$50	\$50	DC	\$650 & DC	\$200 & DC	\$150 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Silver PPO SM 310	S8E1OPT	\$0 ²	\$4,500/ \$9,000	\$9,000/ \$18,000	\$4,500 BP/ \$6,000 BC/ Unlimited	\$9,000 BP/ \$12,000 BC/ Unlimited	100% BP/ 80% BC/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Options Silver PPO SM 304	S710OPT	NA	\$4,600/ \$9,200	\$13,800/ \$27,600	\$8,000 BP/ \$8,550 BC/ Unlimited	\$16,000 BP/ \$17,100 BC/ Unlimited	80% BP/ 70% BC/50%	\$50	\$75	\$50	DC	\$500 & DC	\$300 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Options Silver PPO SM 312	S8J0OPT	\$0 ²	\$4,750/ \$9,500	\$9,500/ \$19,000	\$5,500 BP/ \$6,000 BC/ Unlimited	\$11,000 BP/ \$12,000 BC/ Unlimited	70% BP/ 60% BC/50%	DC	DC	DC	DC	\$150 & DC	DC	\$100 & DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Options Bronze PPO SM 306	B710OPT	\$0 ²	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,900 BP/ \$6,900 BC/ Unlimited	\$13,600 BP/ \$13,800 BC/ Unlimited	70% BP/ 60% BC/50%	DC	DC	DC	DC	\$250 & DC	DC	\$100 & DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
Blue Preferred PPO SM	Blue Preferred Platinum PPO SM 401	P710PFR	NA	\$500/ \$1,000	\$1,500 / \$3,000	\$1,250/ Unlimited	\$3,750/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Platinum PPO SM 416	P8E1PFR	NA	\$750/ \$1,500	\$2,250 / \$4,500	\$2,000/ Unlimited	\$6,000/ Unlimited	90%/70%	\$25	\$45	\$50	DC	\$300 & DC	\$150 & DC	\$100 & DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 410	G733PFR	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$6,500/ Unlimited	\$13,000/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$300 & DC	\$200 & DC	\$150 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 402	G730PFR	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$4,000/ Unlimited	\$12,000/ Unlimited	70%/60%	\$45	\$65	\$50	DC	\$650 & DC	\$300 & DC	\$300 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 412	G735PFR	NA	\$2,000/ \$4,000	\$6,000/ \$12,000	\$6,000/ Unlimited	\$17,100/ Unlimited	80%/60%	\$30	\$50	\$50	DC	\$400 & DC	\$250 & DC	\$200 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 403	G731PFR	NA	\$2,700/ \$5,400	\$8,100/ \$16,200	\$4,000/ Unlimited	\$12,000/ Unlimited	60%/60%	\$30	\$50	\$50	DC	\$500 & DC	\$300 & DC	\$250 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Gold PPO SM 418***	G8J2PFR	\$0 ²	\$2,800/ \$10,000	\$8,400/ \$20,000	\$3,500/ Unlimited	\$10,500/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO SM 404	S730PFR	NA	\$3,250/ \$6,500	\$9,750/ \$19,500	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$50	\$70	\$50	\$300	\$500 & DC	\$300 & DC	\$250 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 414	S709PFR	\$0 ²	\$3,500/ \$7,000	\$10,500/ \$21,000	\$6,650/ Unlimited	\$13,300/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO SM 417**	S8E1PFR	NA	\$3,500/ \$7,000	\$10,500/ \$21,000	\$7,900/ Unlimited	\$15,800/ Unlimited	60%/50%	\$0	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 405	S731PFR	NA	\$3,900/ \$7,800	\$11,700/ \$23,400	\$8,550/ Unlimited	\$17,100/ Unlimited	60%/50%	\$35	\$55	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 419***	S8J5PFR	\$0 ²	\$4,000/ \$10,000	\$12,000/ \$20,000	\$6,900/ Unlimited	\$13,800/ Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	Yes	70%/50%
	Blue Preferred Silver PPO SM 415	S701PFR	NA	\$6,000/ \$12,000	\$12,000/ \$24,000	\$7,350/ Unlimited	\$14,700/ Unlimited	90%/80%	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 406	S732PFR	NA	\$6,600/ \$13,200	\$13,200/ \$26,400	\$8,550/ Unlimited	\$17,100/ Unlimited	80%/80%	\$20	\$40	\$50	DC	\$500 & DC	\$250 & DC	\$200 & DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	No	70%/50%
	Blue Preferred Silver PPO SM 413	S8K1PFR	NA	\$7,750/ \$15,500	\$15,500/ \$31,000	\$8,150/ Unlimited	\$16,300/ Unlimited	60%/50%	\$50	\$85	\$50	DC	\$1000 & DC	\$250 & DC	\$500 & DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	No	70%/50%
Blue Preferred Bronze PPO SM 407	B730PFR	\$0 ²	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/\$13,800	\$13,800/ \$27,600	100%/100%	DC	DC	DC	DC	\$150 & DC	DC	\$75 & DC	100%	100%	Yes	100%/100%	

Gray boxes are Insure OK eligible plans.

All footnotes appear on page 4.

2021 Oklahoma Small Group (1-50) Provider Networks by County



Network Names

- Blue Choice PPO, Blue Preferred PPO, Blue Options and Blue Advantage PPO
- Blue Choice PPO, Blue Preferred PPO and Blue Options

General Notes:
 NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and 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.

Footnotes
 1. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO providers.
 2. These HSA plans have a mandatory employer contribution requirement.

*A Per Occurrence Deductible applies unless otherwise indicated. Annual Deductible and Coinsurance will apply after the Per Occurrence Deductible.
 ** Copay applies to first three PCP office visits, then deductible/coinsurance apply to any additional visits for the remainder of the year. Virtual Visits and Telehealth covered at deductible/coinsurance.
 ***\$0 HSA Preventive Drug benefit applies only to these specified HSA plans.



Help Members Get More Value from Their Pharmacy Benefits

Here are some ways members can get more value from their pharmacy benefits:

- Consider using generic drugs.
- Ask their doctor to check the prescription drug list when recommending prescription drug options. Drugs on the list are chosen for their safety, cost and how well they work.
- Use an in-network pharmacy.
- Go to [bcsok.com](https://www.bcsok.com) to check Blue Access for MembersSM (BAMSM) for online pharmacy resources, out-of-pocket prescription cost estimates, claims history and more.
- Ask doctors or pharmacists about the choices available and which drug is right for them.



Want more information?
 Talk with your BCSOK account representative today.

Vision Insurance from Blue Cross and Blue Shield of Oklahoma

2021 Pediatric Vision Care

Insured Benefit		
Frequency		
Examination		Once every 12 months
Lenses or Contact Lenses		Once every 12 months
Frame		Once every 12 months
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
Frames		
Frames	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150	\$75
Any available frame at provider location		
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lenticular	\$0 Copay	\$55
Standard Progressive	\$0 Copay	\$55
Lens Options		
UV Treatment	\$0 Copay	\$12
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12
Standard Plastic Scratch Coating	\$0 Copay	\$12
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32
Glass	\$0 Copay	NA
Photochromic/Transitions Plastic	\$0 Copay	\$57
Contact Lenses (Contact lens allowance includes materials only)	100% coverage for provider designated contact lenses	
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Discounts on Services and Materials on Non-Insured Items		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Retinal Imaging Benefit	Up to \$39	NA
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA
Standard Plastic Lenses		
Premium Progressive Lens Tier 1	\$20 Copay	NA
Premium Progressive Lens Tier 2	\$30 Copay	NA
Premium Progressive Lens Tier 3	\$45 Copay	NA
Premium Progressive Lens Tier 4	\$0 copay, 80% of charge less \$120 Allowance	NA
Lens Options		
Standard Polycarbonate - Adults	\$40	NA
Standard Anti-Reflective Coating	\$45	NA
Premium Anti-Reflective Coating Tier 1	\$57	NA
Premium Anti-Reflective Coating Tier 2	\$68	NA
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA
Polarized	20% off Retail Price	NA
Oversized	20% off Retail Price	NA
Other Add-Ons	20% off Retail Price	NA
Other		
Laser Vision Correction	15% off Retail Price or 5% off promotional price	NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	NA

All plans utilize the EyeMed Select Network. Materials/services for a non-insured benefit are considered discounts and are subject to change at anytime without notice. Non-insured benefits must be paid to the provider in full.

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. This is a snapshot; the vision benefits and the Certificate of Insurance is the master.

PLAN EXCLUSIONS: 1) Orthoptic or vision training; Aniseikonic spectacle lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Oklahoma Small Group Network Offerings Comparison

Plan Name	Blue Choice PPO SM	Blue Options PPO SM	Blue Preferred PPO SM	Blue Advantage PPO SM
Network Name	Blue Choice PPO (PPO)	Tier 1 - Blue Preferred PPO (EPP) Tier 2 - Blue Choice PPO (PPO) Tier 3 - OON (OON)	Blue Preferred PPO (EPP)	Blue Advantage PPO (BVP)
Availability	1-50	1-50	1-50	1-50
Coverage	Statewide	Statewide	Statewide	See map
Primary Care Physician Required	No	No	No	No
Referral Required	No	No	No	No
OON Coverage	Yes	Yes	Yes	Yes
BlueCard®	Yes	Yes	Yes	Yes
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder®	Yes	Yes	Yes	Yes
Member Liability Estimator	Yes	No	Yes	MLE Lite

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.

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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.

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. Members should contact the vendor directly with questions about the products or services offered by third parties.