MUNICIPAL HEALTH SOLUTIONS: 2023 Qualified Health Plans

| Health Plan Name | MUNICIPAL HEALTH SOLUTIONS - SILVER PLAN |
|---|--|
| Insure Oklahoma Health Plan ID | H02280 |
| Individual Annual Deductible (in-network) | \$2500 |
| Individual Annual Out-of-Pocket maximum | |
| (in-network) | \$3000 |
| Office Visit Copay | \$45 PCP/SPEC |
| Pharmacy | \$15/\$45/\$60/30% |

| Health Plan Name | MUNICIPAL HEALTH SOLUTIONS - GOLD PLAN |
|--|--|
| O-EPIC Health Plan ID | H02208 |
| Individual Annual Deductible (in-network) | \$1500 |
| Individual Annual Out-of-Pocket maximum (in-network) | \$3000 |
| Office Visit Copay (OVC) | \$35 PCP/SPEC |
| Pharmacy | \$15/\$45/\$60/\$250 |

| Health Plan Name | MUNICIPAL HEALTH SOLUTIONS - PLATINUM PLAN |
|---|--|
| O-EPIC Health Plan ID | H02279 |
| Individual Annual Deductible (in-network) | \$1000 |
| Individual Annual Out-of-Pocket maximum | \$3000 |
| (in-network) | |
| Office Visit Copay (OVC) | \$30 PCP/SPEC |
| Pharmacy | \$15/\$45/\$60/\$250 |

| Health Plan Name | MUNICIPAL HEALTH SOLUTIONS – PLATINUM PLUS PLAN |
|---|---|
| O-EPIC Health Plan ID | H02278 |
| Individual Annual Deductible (in-network) | \$500 |
| Individual Annual Out-of-Pocket maximum | \$3000 |
| (in-network) | |
| Office Visit Copay (OVC) | \$25 PCP/SPEC |
| Pharmacy | \$15/\$45/\$60/\$250 |