**Aetna Health Inc: Qualified Health Plans**

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| **Groups: 2-50** |

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| **Health Plan Name** | **OK Gold OAMC 750 80/50 14033477** |
| **O-EPIC Health Plan ID** | **H01933** |
| **Individual Annual Deductible (in-network)** | $750 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | $3/10/45 |

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| **Health Plan Name** | **14029458 OK GOLD OAMC 1000 70/50 14033486** |
| **O-EPIC Health Plan ID** | **H01934** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3/10/45 |

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| **Health Plan Name** | **14029440 OK GOLD OAMC 2000 80/50 14033488** |
| **O-EPIC Health Plan ID** | **H01935** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | $3/10/45 |

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| **Health Plan Name** | **OK Gold OAMC 1500 50/50 Basic OOP 14033505** |
| **O-EPIC Health Plan ID** | **H01936** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | 50 % after DED |
| **Pharmacy**  | $3/10/45 |

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| **Groups: 2-50** |

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| **Health Plan Name** | **OK Gold OAMC HMO 750 80% 14033515** |
| **O-EPIC Health Plan ID** | **H01937** |
| **Individual Annual Deductible (in-network)** | $750 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | $3/10/45 |

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| **Health Plan Name** | **OK Gold HMO 1500 50% Basic OOP 14033518** |
| **O-EPIC Health Plan ID** | **H01938** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | 50 % after DED |
| **Pharmacy**  | $3/10/45 |

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| **Health Plan Name** | **OK GOLD HMO 2000 80% 14033519** |
| **O-EPIC Health Plan ID** | **H01939** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | $3/10/45 |

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| **Health Plan Name** | **OK GOLD HMO 1000 70% 14033520** |
| **O-EPIC Health Plan ID** | **H01940** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3/10/45 |

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| **Groups: 51-100** |

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| **Health Plan Name** | **OK Aetna HMO 500 80% (0117) 14036427** |
| **O-EPIC Health Plan ID** | **H01941** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3/$10/$50 |

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| **Health Plan Name** | **OK Aetna HMO 1000 70% OOP (0117) 14036431** |
| **O-EPIC Health Plan ID** | **H01942** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3 $10 $45 |

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| **Health Plan Name** | **OK Aetna HMO 1500 50% Basic OOP (0117) 14036432** |
| **O-EPIC Health Plan ID** | **H01943** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | 50% after DED |
| **Pharmacy**  | $3 $10 $45 |

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| **Health Plan Name** | **OK Aetna HMO 2000 80 % OOP (0117) 14036433** |
| **O-EPIC Health Plan ID** | **H01944** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | $3 $10 $45 |

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| **Groups: 51-100** |

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| **Health Plan Name** | **OK Aetna OAMC 1500 50/50 SPC OOP (0117) 14036444** |
| **O-EPIC Health Plan ID** | **H01945** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3/$10/$50 |

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| **Health Plan Name** | **OK Aetna OAMC 500 80/50 (0117) 14036455** |
| **O-EPIC Health Plan ID** | **H01946** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3/$10/$50 |

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| **Health Plan Name** | **OK Aetna OAMC 1000 70/50 OOP (0117) 14036474** |
| **O-EPIC Health Plan ID** | **H01947** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | $3 $10 $50  |
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| **Health Plan Name** | **OK Aetna OAMC 1500 50/50 Basic IIO (0117) 14036475** |
| **O-EPIC Health Plan ID** | **H01948** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | 50% after DED |
| **Pharmacy**  | $3 $10 $50  |

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| **Groups: 51-100** |

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| **Health Plan Name** | **OK Aetna OAMC 2000 80/50 OOP (0117) 14036476** |
| **O-EPIC Health Plan ID** | **H01949** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | $3 $10 $50 |

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| **Health Plan Name** | **OK AETNA PPO 1500 50/50 BASIC OOP** |
| **O-EPIC Health Plan ID** | **H01968** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** |  |
| **Pharmacy**  | $3 $10 $50 |

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| **Health Plan Name** | **OK HMO 500 80%** |
| **O-EPIC Health Plan ID** | **H02016** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$50 |

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| **Health Plan Name** | **OK HMO 1000 70% OOP** |
| **O-EPIC Health Plan ID** | **H02017** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$45 |

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| **Groups: 51-100** |

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| **Health Plan Name** | **OK HMO 1500 50% BASIC OOP** |
| **O-EPIC Health Plan ID** | **H02018** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$45 |

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| **Health Plan Name** | **OK HMO 2000 80% OOP** |
| **O-EPIC Health Plan ID** | **H02019** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | RX $10/$45 |

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| **Health Plan Name** | **OK PPO 1500 50/50 Basic OOP** |
| **O-EPIC Health Plan ID** | **H02020** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$50 |

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| **Health Plan Name** | **OK OAMC 500 80/50** |
| **O-EPIC Health Plan ID** | **H02021** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$50 |

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| **Groups: 51-100** |

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| **Health Plan Name** | **OK OAMC 1000 70/50 OOP** |
| **O-EPIC Health Plan ID** | **H02022** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$50 |

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| **Health Plan Name** | **OK OAMC 1500 50/50 Basic OOP** |
| **O-EPIC Health Plan ID** | **H02023** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$50 |

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| **Health Plan Name** | **OK OAMC 1500 50/50 SPC OOP** |
| **O-EPIC Health Plan ID** | **H02024** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX $10/$50 |

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| **Health Plan Name** | **OK OAMC 2000 80/50 OOP** |
| **O-EPIC Health Plan ID** | **H02025** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | RX $10/$50 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OK OAMC $500 80/60** |
| **O-EPIC Health Plan ID** | **H01836** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Health Plan Name** | **OK OAMC $1000 100/70** |
| **O-EPIC Health Plan ID** | **H01837** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Health Plan Name** | **OK OAMC $1000 80/60** |
| **O-EPIC Health Plan ID** | **H01838** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Health Plan Name** | **OK OAMC $1500 80/60** |
| **O-EPIC Health Plan ID** | **H01839** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OK OAMC $2000 80/60** |
| **O-EPIC Health Plan ID** | **H01840** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Health Plan Name** | **OK OAMC $2500 70/50** |
| **O-EPIC Health Plan ID** | **H01841** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Health Plan Name** |  **OK HNONLY $500** |
| **O-EPIC Health Plan ID** | **H01846** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | RX1 $3/$10/$35RX2 $3/$10/$25RX3 $3/$15/$35 |

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| **Health Plan Name** |  **OK HNONLY $1000**  |
| **O-EPIC Health Plan ID** | **H01877** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX1 $3/$10/$35RX2 $3/$10/$25RX3 $3/$15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** |  **OK HNONLY $1500**  |
| **O-EPIC Health Plan ID** | **H01879** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX1 $3/$10/$35RX2 $3/$10/$25RX3 $3/$15/$35 |

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| **Health Plan Name** |  **OK HNONLY $2000** |
| **O-EPIC Health Plan ID** | **H01881** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX1 $3/$10/$35RX2 $3/$10/$25RX3 $3/$15/$35 |

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| **Health Plan Name** |  **OK HNONLY $2500** |
| **O-EPIC Health Plan ID** | **H01883** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX1 $3/$10/$35RX2 $3/$10/$25RX3 $3/$15/$35 |

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| **Health Plan Name** |  **OK OAMC $1500 50/50 BASIC**  |
| **O-EPIC Health Plan ID** | **H01951** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | RX21 $3/$10/$35RX22 $3/$10/$25RX23 $3/$15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **HNONLY 500** |
| **O-EPIC Health Plan ID** | **H02003** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | HNONLY 500 RX1 VP $10/$35HNONLY 500 RX2 VP $15/$40HNONLY 500 RX3 VP $15/$35 |

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| **Health Plan Name** | **HNONLY 1000** |
| **O-EPIC Health Plan ID** | **H02004** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | HNONLY 1000 RX1 VP $10/$35HNONLY 1000 RX2 VP $15/$40HNONLY 1000 RX3 VP $15/$35 |

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| **Health Plan Name** | **HNONLY 1500** |
| **O-EPIC Health Plan ID** | **H02005** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | HNONLY 1500 RX1 VP $10/$35HNONLY 1500 RX2 VP $15/$40HNONLY 1500 RX3 VP $15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **HNONLY 2000** |
| **O-EPIC Health Plan ID** | **H02006** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | HNONLY 2000 RX1 VP $10/$35HNONLY 2000 RX2 VP $15/$40HNONLY 2000 RX3 VP $15/$35 |

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| **Health Plan Name** | **HNONLY 2500** |
| **O-EPIC Health Plan ID** | **H02007** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | HNONLY 2500 RX1 VP $10/$35HNONLY 2500 RX2 VP $15/$40HNONLY 2500 RX3 VP $15/$35 |

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| **Health Plan Name** | **OAMC 500 80/50** |
| **O-EPIC Health Plan ID** | **H02008** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | OAMC 500 80/50 RX1 VP $10/$35OAMC 500 80/50 RX2 VP $15/$40OAMC 500 80/50 RX3 VP $15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC 1000 100/70**  |
| **O-EPIC Health Plan ID** | **H02009** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | OAMC 1000 100/70 RX1 VP $10/$35OAMC 1000 100/70 RX2 VP $15/$40OAMC 1000 100/70 RX3 VP $15/$35 |

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| **Health Plan Name** | **OAMC 1000 80/50**  |
| **O-EPIC Health Plan ID** | **H02010** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC 1000 80/50 RX1 VP $10/$35OAMC 1000 80/50 RX2 VP $15/$40OAMC 1000 80/50 RX3 VP $15/$35 |

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| **Health Plan Name** | **OAMC 1500 50/50** |
| **O-EPIC Health Plan ID** | **H02011** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC 1500 50/50 RX1 VP $10/$35OAMC 1500 50/50 RX2 VP $15/$40OAMC 1500 50/50 RX3 VP $15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC 1500 80/50**  |
| **O-EPIC Health Plan ID** | **H02012** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC 1500 80/50 RX1 VP $10/$35OAMC 1500 80/50 RX2 VP $15/$40OAMC 1500 80/50 RX3 VP $15/$35 |

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| **Health Plan Name** | **OAMC 2000 80/50** |
| **O-EPIC Health Plan ID** | **H02013** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC 2000 80/50 RX1 VP $10/$35OAMC 2000 80/50 RX2 VP $15/$40OAMC 2000 80/50 RX3 VP $15/35 |

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| **Health Plan Name** | **OAMC INTEGRIS 2500 70/50** |
| **O-EPIC Health Plan ID** | **H02014** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC INTEGRIS 2500 70/50 RX1 VP $10/$35OAMC INTEGRIS 2500 70/50 RX2 VP $15/$40OAMC INTEGRIS 2500 70/50 RX3 VP $15/$35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC ST. JOHN 2500 70/50** |
| **O-EPIC Health Plan ID** | **H02015** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC ST. JOHN 2500 70/50 RX1 VP $10/$35OAMC ST. JOHN 2500 70/50 RX2 VP $15/$40OAMC ST. JOHN 2500 70/50 RX3 VP $15/$35 |

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| **Health Plan Name** | **OK OAMC 1000 70/50 OOP Rx1 VP** |
| **O-EPIC Health Plan ID** | **H02040** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OK OAMC 1000 70/50 OOP Rx1 VP $10/$60OK OAMC 1000 70/50 OOP Rx2 VP $15/$85OK OAMC 1000 70/50 OOP Rx3 VP $15/$65 |

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| **Health Plan Name** | **OK OAMC 2000 80/50 OOP Rx1 VP** |
| **O-EPIC Health Plan ID** | **H02039** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $35 |
| **Specialist Office Visit Copay** | $60 |
| **Pharmacy**  | OK OAMC 2000 80/50 OOP Rx1 VP $10/$60OK OAMC 2000 80/50 OOP Rx2 VP $15/$85OK OAMC 2000 80/50 OOP Rx3 VP $15/$65 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OK HNOnly 500 INTEGRIS** |
| **O-EPIC Health Plan ID** | **H01954** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | OK HNOnly 500 RX 1 $10/$60OK HNOnly 500 RX 2 $15/$85OK HNOnly 500 RX 3 $15/$65 |

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| **Health Plan Name** | **OK HNOnly 500 St. John** |
| **O-EPIC Health Plan ID** | **H01955** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | OK HNOnly 500 RX 1 $10/$60OK HNOnly 500 RX 2 $15/$85OK HNOnly 500 RX 3 $15/$65 |

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| **Health Plan Name** | **OK HNOnly 500**  |
| **O-EPIC Health Plan ID** | **H02058** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | OK HNOnly 500 RX 1 $10/$60OK HNOnly 500 RX 2 $15/$85OK HNOnly 500 RX 3 $15/$65 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OK HNOnly 1000 15/75 Integris** |
| **O-EPIC Health Plan ID** | **H02048** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | OK HNOnly 1000 15/75 RX 1 $10/$60OK HNOnly 1000 15/75 RX 2 $15/$85OK HNOnly 1000 15/75 RX 3 $15/$65 |

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| **Health Plan Name** | **OK HNOnly 1000 15/75 St. John** |
| **O-EPIC Health Plan ID** | **H02049** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | OK HNOnly 1000 15/75 RX 1 $10/$60OK HNOnly 1000 15/75 RX 2 $15/$85OK HNOnly 1000 15/75 RX 3 $15/$65 |

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| **Health Plan Name** | **OK HNOnly 1000 15/75**  |
| **O-EPIC Health Plan ID** | **H02056** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | OK HNOnly 1000 15/75 RX 1 $10/$60OK HNOnly 1000 15/75 RX 2 $15/$85OK HNOnly 1000 15/75 RX 3 $15/$65 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OK OAMC 2500 50/50 15/75 Integris** |
| **O-EPIC Health Plan ID** | **H02050** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | OK OAMC 2500 50/50 15/75 RX 1 $10/$60OK OAMC 2500 50/50 15/75 RX 2 $15/$85OK OAMC 2500 50/50 15/75 RX 3 $15/$65 |

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| **Health Plan Name** | **OK OAMC 2500 50/50 15/75** |
| **O-EPIC Health Plan ID** | **H02057** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $75 |
| **Pharmacy**  | OK OAMC 2500 50/50 15/75 RX 1 $10/$60OK OAMC 2500 50/50 15/75 RX 2 $15/$85OK OAMC 2500 50/50 15/75 RX 3 $15/$65 |

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| **Health Plan Name** | **OAMC 1000 100/70 25/50** |
| **O-EPIC Health Plan ID** | **H02053** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC 1000 100/70 25/50 RX 1 $10/$60OAMC 1000 100/70 25/50 RX 2 $15/$85OAMC 1000 100/70 25/50 RX 3 $15/$65 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC 2500 70/50** |
| **O-EPIC Health Plan ID** | **H02054** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | OAMC 2500 70/50 RX 1 $10/60OAMC 2500 70/50 RX 2 $15/85OAMC 2500 70/50 RX 3 $15/65 |

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| **Health Plan Name** | **HNONLY 1500 50 BASIC** |
| **O-EPIC Health Plan ID** | **H02055** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $30 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | HNONLY 1500 50 BASIC RX 1 $10/60HNONLY 1500 50 BASIC RX 2 $15/85HNONLY 1500 50 BASIC RX 3 $15/65 |

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| **Health Plan Name** | **OAMC 1500 50/50 $15/50 OOP** |
| **O-EPIC Health Plan ID** | **H02190** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC 2000 50/50 $15/50 OOP** |
| **O-EPIC Health Plan ID** | **H02191** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $50 |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Health Plan Name** | **OAMC 1000 80/50 $25/50 OOP** |
| **O-EPIC Health Plan ID** | **H02192** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Health Plan Name** | **OAMC 1500 80/50 $25/50 OOP** |
| **O-EPIC Health Plan ID** | **H02193** |
| **Individual Annual Deductible (in-network)** | $1500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Health Plan Name** | **OAMC 2500 50/50 $15/50 OOP** |
| **O-EPIC Health Plan ID** | **H02194** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC 500 80/50 $20/40 OOP** |
| **O-EPIC Health Plan ID** | **H02195** |
| **Individual Annual Deductible (in-network)** | $500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $20 |
| **Specialist Office Visit Copay** | $40 |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Health Plan Name** | **OAMC 1000 70/50 $25/50 OOP** |
| **O-EPIC Health Plan ID** | **H02196** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Health Plan Name** | **OAMC 2500 70/50 $25/50 OOP** |
| **O-EPIC Health Plan ID** | **H02197** |
| **Individual Annual Deductible (in-network)** | $2500 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Health Plan Name** | **OAMC 2000 80/50 $25/50 OOP** |
| **O-EPIC Health Plan ID** | **H02198** |
| **Individual Annual Deductible (in-network)** | $2000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $25 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |

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| **Groups: 51-250** |

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| **Health Plan Name** | **OAMC 1000 50/50 $15/50 OOP** |
| **O-EPIC Health Plan ID** | **H02199** |
| **Individual Annual Deductible (in-network)** | $1000 |
| **Individual Annual Out-of-Pocket Maximum (in-network)** | $3000 |
| **Non Specialist OV Copay** | $15 |
| **Specialist Office Visit Copay** | $50  |
| **Pharmacy**  | GENERIC $10 / PREFERRED $35 |