

Blue Cross and Blue Shield: Qualified Health Plans 2024

Small Group 1-50

Health Plan Name	BCBSOK Blue Preferred PPO \$500/\$1,250 Blue Preferred Platinum PPO 401 P710PFR
O-EPIC Health Plan ID	H01981
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,250 – includes deductible and RX
Primary Office Visit Copay	\$30 Specialist \$50
Pharmacy	Plan ID: P710PFR \$0/\$10/\$50/\$100/\$150/\$250 Pref. Rx copay

Health Plan Name	BCBSOK Blue Advantage PPO \$500/\$1,250 Blue Advantage Platinum PPO 101 P710ADT
O-EPIC Health Plan ID	H01980
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,250 – includes deductible and RX
Primary Office Visit Copay	\$30 Specialist \$50
Pharmacy	Plan ID:P710ADT \$0/\$10/\$50/\$100/\$150/\$250 Pref. Rx copay

Health Plan Name	BCBSOK Blue Preferred PPO \$750/\$2,000 Blue Preferred Platinum PPO 416 P8E1PFR-20
O-EPIC Health Plan ID	H02153
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 – includes deductible and RX
Primary Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8E1PFR \$0/\$10/\$35/\$75/\$150/\$250 Pref. Rx copay

Health Plan Name	BCBSOK Blue Advantage PPO \$750/\$2,000 Blue Advantage Platinum PPO 116 P8E1ADT-20
O-EPIC Health Plan ID	H02154
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 – includes deductible and RX
Primary Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8E1ADT \$0/\$10/\$35/\$75/\$150/\$250 Pref. Rx copay

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Health Plan Name	BCBSOK Blue Advantage PPO \$1,000/\$1,500 Blue Advantage Platinum PPO 118 P8J6ADT-21
O-EPIC Health Plan ID	H02220
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 - includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8J6ADT \$10/\$20/\$50/\$100/\$150/\$250 Pref. RX copay

Health Plan Name	BCBSOK Blue Options PPO \$1,000 Blue Options Platinum PPO 311 P8J7OPT-21
O-EPIC Health Plan ID	H02221
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 Blue Preferred - includes deductible and RX \$3,000 Blue Choice - includes deductible and RX
Office Visit Copay	\$30 Specialist \$55
Pharmacy	Plan ID: P8J7OPT \$10/\$20/\$50/\$100/\$150/\$250 Pref. RX copay

Health Plan Name	BCBSOK Blue Choice PPO \$1,000/\$1,500 Blue Choice Platinum PPO 208 P8J1CHC-21
O-EPIC Health Plan ID	H02222
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 - includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8J1CHC \$10/\$20/\$50/\$100/\$150/\$250 Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1,000/\$1,500 Blue Preferred Platinum PPO 420 P8K4PFR
O-EPIC Health Plan ID	H02235
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 - includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8K4PFR \$10/\$20/\$50/\$100/\$150/\$250 Pref. RX copay

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Health Plan Name	BCBSOK Blue Preferred PPO \$1,000/\$2,000 Blue Preferred Platinum PPO 421
O-EPIC Health Plan ID	H02263
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 – includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8K1PFR \$0/\$10/\$35/\$75/\$150/\$250 Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,000/\$2,000 Blue Advantage Platinum PPO 122
O-EPIC Health Plan ID	H02264
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 – includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8K1ADT \$0/\$10/\$35/\$75/\$150/\$250 Pref. RX copay

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Mid-Market Group 51 - 150

Health Plan Name	BCBSOK Blue Choice PPO \$1,000/\$3,000 Blue Choice PPO MOBCH0043 (MOBCH0042 MOBCH0040)
O-EPIC Health Plan ID	H02094
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and Rx
Office Visit Copay	\$20
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

Health Plan Name	BCBSOK Blue Options PPO \$500/\$2,500 Blue Options PPO MOOPT0013 (MOOPT0012 MOOPT0010)
O-EPIC Health Plan ID	H02095
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,500 Blue Preferred/\$3,500 Blue Choice Includes deductible and Rx
Office Visit Copay (OVC)	\$30
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

Health Plan Name	BCBSOK Blue Options PPO \$1,000/\$3,000 Blue Options PPO MOOPT0053 (MOOPT0052 MOOPT0050)
O-EPIC Health Plan ID	H02097
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Preferred/\$4,000 Blue Choice Includes deductible and Rx
Office Visit Copay	\$30
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK Blue Preferred PPO \$500/\$2,500 Blue Preferred PPO MOBPF0013 (MOBPF0012 MOBPF0010)
O-EPIC Health Plan ID	H02099
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,500 Includes deductible and Rx
Office Visit Copay	\$20
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

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Health Plan Name	BCBSOK Blue Preferred PPO \$1,000/\$3,000 Blue Preferred PPO MOBPF0043 (MOBPF0042 MOBPF0040)
O-EPIC Health Plan ID	H02100
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and Rx
Office Visit Copay	\$20
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1,500/\$3000 Blue Preferred PPO MOBPF0233 (MOBPF0232 MOBPF0230)
O-EPIC Health Plan ID	H02101
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and RX
Office Visit Copay	\$20
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$2,000/\$3,000 Blue Preferred PPO MOBPF0243 (MOBPF0242 MOBPF0240)
O-EPIC Health Plan ID	H02102
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and RX
Office Visit Copay	\$20
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,250/\$3000 Blue Advantage PPO MOBAP0013 (MOBAP0012 MOBAP0010)
O-EPIC Health Plan ID	H02103
Individual Annual Deductible (in-network)	\$1,250
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and RX
Office Visit Copay	\$35
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250 Preferred RX copay

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Health Plan Name	BCBSOK Blue Options PPO \$2,000/\$3,000 Blue Options PPO MOOPT0083 (MOOPT0082 MOOPT0080)
O-EPIC Health Plan ID	H02111
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Preferred/\$4,000 Blue Choice Includes deductible and Rx
Office Visit Copay	\$35
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK BlueLincs HMO \$500/\$1,250 BlueLincs HMO MOHMO0043 (MOHMO0040)
O-EPIC Health Plan ID	H02256
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,250 Includes deductible and Rx
Office Visit Copay	\$25
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK BlueLincs HMO \$750/\$3,000 BlueLincs HMO MOHMO0053 (MOHMO0050)
O-EPIC Health Plan ID	H02257
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and Rx
Office Visit Copay	\$25
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK BlueLincs HMO \$2,000/\$3,000 BlueLincs HMO MOHMO0073 (MOHMO0070)
O-EPIC Health Plan ID	H02258
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and Rx
Office Visit Copay	\$30
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250 Preferred Rx copay

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Health Plan Name	BCBSOK Blue Advantage PPO \$500 \$1250 Blue Advantage PPO MOFAP0073 (MOBAP0072)
O-EPIC Health Plan ID	H02254
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,250 Includes deductible and Rx
Office Visit Copay	\$25
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,000/\$3,000 Blue Advantage PPO MOBAP0083 (MOBAP0082)
O-EPIC Health Plan ID	H02255
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and Rx
Office Visit Copay	\$20
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

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