

## Blue Cross and Blue Shield: Qualified Health Plans 2022

### Small Group 1-50

Health Plan Name	<b>BCBSOK Blue Preferred PPO \$500/\$1,250 Blue Preferred Platinum PPO 401 P710PFR</b>
O-EPIC Health Plan ID	<b>H01981</b>
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	<b>BCBSOK Blue Advantage PPO \$500/\$1,250 Blue Advantage Platinum PPO 101 P710ADT</b>
O-EPIC Health Plan ID	<b>H01980</b>
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	<b>BCBSOK Blue Preferred PPO \$750/\$2,000 Blue Preferred Platinum PPO 416 P8E1PFR-20</b>
O-EPIC Health Plan ID	<b>H02153</b>
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	<b>BCBSOK Blue Advantage PPO \$750/\$2,000 Blue Advantage Platinum PPO 116 P8E1ADT-20</b>
O-EPIC Health Plan ID	<b>H02154</b>
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

Health Plan Name	<b>BCBSOK Blue Advantage PPO \$1,000/\$1,500 Blue Advantage Platinum PPO 118 P8J6ADT-21</b>
O-EPIC Health Plan ID	<b>H02220</b>
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

## Blue Cross and Blue Shield: Qualified Health Plans 2022

### Small Group Size 1-50

Health Plan Name	<b>BCBSOK Blue Options PPO \$1,000 Blue Options Platinum PPO 311 P8J7OPT-21</b>
O-EPIC Health Plan ID	<b>H02221</b>
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	<b>BCBSOK Blue Choice PPO \$1,000/\$1,500 Blue Choice Platinum PPO 208 P8J1CHC-21</b>
O-EPIC Health Plan ID	<b>H02222</b>
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	<b>BCBSOK Blue Advantage PPO \$1,000/\$3,000 Blue Advantage Platinum PPO 122 P8K1ADT</b>
O-EPIC Health Plan ID	<b>H02234</b>
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 – includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8K1ADT \$0/\$10/\$35/\$75/\$150/\$250 Pref. RX copay

Health Plan Name	<b>BCBSOK Blue Preferred PPO \$1,000/\$1,500 Blue Preferred Platinum PPO 420 P8K4PFR</b>
O-EPIC Health Plan ID	<b>H02235</b>
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	<b>BCBSOK Blue Preferred PPO \$1,000/\$3,000 Blue Preferred Platinum PPO 421 P8K1PFR</b>
O-EPIC Health Plan ID	<b>H02236</b>
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 – includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	Plan ID: P8K1PFR \$0/\$10/\$35/\$75/\$150/\$250 Pref. RX copay

## Blue Cross and Blue Shield: Qualified Health Plans 2022

### Mid-Market Group 51 - 150

Health Plan Name	<b>BCBSOK Blue Choice PPO \$1,000/\$3,000 Blue Choice PPO MOBCH0040 (MOBCH004)</b>
O-EPIC Health Plan ID	<b>H02094</b>
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	<b>BCBSOK Blue Options PPO \$500/\$2,500 Blue Options PPO MOOPT0010 (MOOPT001)</b>
O-EPIC Health Plan ID	<b>H02095</b>
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,500 Blue Preferred/\$3,500 Blue Choice/\$4,500 Traditional Includes deductible and Rx
Office Visit Copay (OVC)	\$30
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred RX copay

Health Plan Name	<b>BCBSOK Blue Options PPO \$1,000/\$3,000 Blue Options PPO MOOPT0050 (MOOPT005)</b>
O-EPIC Health Plan ID	<b>H02097</b>
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Preferred/\$4,000 Blue Choice/\$5,000 Traditional Includes deductible and Rx
Office Visit Copay	\$30
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	<b>BCBSOK Blue Options Select PPO \$500/\$3,000 Blue Options Select PPO MOOPS0010 (MOOPS001)</b>
O-EPIC Health Plan ID	<b>H02098</b>
Individual Annual Deductible (in-network)	\$500 Blue Options Select /\$1,000 Blue Preferred
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Options Select /\$4,000 Blue Preferred Includes deductible and Rx
Office Visit Copay (OVC)	\$30 Blue Options Select /\$50 Blue Preferred
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250 Preferred Rx copay

Health Plan Name	<b>BCBSOK Blue Preferred PPO \$500/\$2,500 Blue Preferred PPO MOBPF0010 (MOBPF001)</b>
O-EPIC Health Plan ID	<b>H02099</b>
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	<b>BCBSOK Blue Preferred PPO \$1,000/\$3,000 Blue Preferred PPO MOBPF0040 (MOBPF004)</b>
O-EPIC Health Plan ID	<b>H02100</b>
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	<b>BCBSOK Blue Preferred PPO \$1,500/\$3000 Blue Preferred PPO MOBPF0230 (MOBPF023)</b>
O-EPIC Health Plan ID	<b>H02101</b>
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	<b>BCBSOK Blue Preferred PPO \$2,000/\$3,000 Blue Preferred PPO MOBPF0240 (MOBPF024)</b>
O-EPIC Health Plan ID	<b>H02102</b>
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	<b>BCBSOK Blue Advantage PPO \$1,250/\$3000 Blue Advantage PPO MOBAP0010 (MOBAP001)</b>
O-EPIC Health Plan ID	<b>H02103</b>
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

Health Plan Name	<b>BCBSOK Blue Options PPO \$2,000/\$3,000 Blue Options PPO MOOPT0080 (MOOPT008)</b>
O-EPIC Health Plan ID	<b>H02111</b>
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Preferred/\$4,000 Blue Choice/\$5,000 Traditional Includes deductible and Rx
Office Visit Copay	\$35
Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250 Preferred Rx copay

Health Plan Name	<b>BCBSOK Blue Advantage PPO \$500/\$1,250 Blue Advantage PPO MOBAP0070 (MOBAP007)</b>
O-EPIC Health Plan ID	<b>H02204</b>

## Blue Cross and Blue Shield: Qualified Health Plans 2022

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	<b>BCBSOK BlueLincs HMO \$500/\$1,250 BlueLincs HMO MOHMO0040 (MOHMO004)</b>
O-EPIC Health Plan ID	<b>H02205</b>
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	<b>BCBSOK BlueLincs HMO \$750/\$3,000 BlueLincs HMO MOHMO0050 (MOHMO005)</b>
O-EPIC Health Plan ID	<b>H02206</b>
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	<b>BCBSOK BlueLincs HMO \$2,000/\$3,000 BlueLincs HMO MOHMO0070 (MOHMO007)</b>
O-EPIC Health Plan ID	<b>H02207</b>
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

Health Plan Name	<b>BCBSOK Blue Advantage PPO \$1,000/\$3,000 Blue Advantage PPO MOBAP0081</b>
O-EPIC Health Plan ID	<b>H02227</b>
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