

## Oklahoma State Medical Association (OSMA) Qualified Health Plans

<b>Health Plan Name</b>	OSMA HEALTH PLAN PPO PLUS OPTION
<b>O-EPIC Health Plan ID</b>	H01003
<b>Individual Annual Deductible (in-network)</b>	\$500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,000
<b>Office Visit Copay</b>	\$25
<b>Pharmacy</b>	Included

<b>Health Plan Name</b>	OSMA HEALTH PLAN ESSENTIAL PPO OPTION
<b>O-EPIC Health Plan ID</b>	H01520
<b>Individual Annual Deductible (in-network)</b>	\$1,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	\$250 deductible

<b>Health Plan Name</b>	OSMA HEALTH PLAN ESSENTIAL Edge PPO OPTION
<b>O-EPIC Health Plan ID</b>	H01669
<b>Individual Annual Deductible (in-network)</b>	\$1,000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2,000
<b>Office Visit Copay</b>	\$35
<b>Pharmacy</b>	Option 1: \$15/\$40/\$60 or 60% Option 2: \$20/\$40/\$60 Option 3: \$20/40%