

Blue Cross and Blue Shield: Qualified Health Plans 2026

Small Group Size 1-50

Health Plan Name	BCBSOK Blue Preferred PPO \$600/\$1,500 Blue Preferred Platinum PPO 401 P710PFR
O-EPIC Health Plan ID	H02314
Individual Annual Deductible (in-network)	\$600
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 – includes deductible and RX
Office Visit Copay	\$35 Specialist \$60
Pharmacy	\$5/\$10/\$50/\$100/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$600/\$1,500 Blue Advantage Platinum PPO 101 P710ADT
O-EPIC Health Plan ID	H02315
Individual Annual Deductible (in-network)	\$600
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 – includes deductible and RX
Office Visit Copay	\$35 Specialist \$60
Pharmacy	\$5/\$10/\$50/\$100/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$750/\$2,250 Blue Preferred Platinum PPO 416 P8E1PFR
O-EPIC Health Plan ID	H02316
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2,250 - includes deductible and RX
Office Visit Copay	\$30 Specialist \$45
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$750/\$2,250 Blue Advantage Platinum PPO 116 P8E1ADT
O-EPIC Health Plan ID	H02317
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2,250 - includes deductible and RX
Office Visit Copay	\$30 Specialist \$45
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Pref. RX copay

Any plans previously approved as a QBP are removed the following year if changes are made to the plan. Please contact our help desk at 888-365-3742 if you have any questions about previous years QBPs. Please have the health plan name along with the individual deductible and individual out of pocket maximum. Grandfathered and custom plans are not added to the web posting.

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Health Plan Name	BCBSOK Blue Advantage PPO \$1,100/\$1,750 Blue Advantage Platinum PPO 118 P8J6ADT
O-EPIC Health Plan ID	H02318
Individual Annual Deductible (in-network)	\$1,100
Individual Annual Out-of-Pocket maximum (in-network)	\$1,750 - includes deductible and RX
Office Visit Copay	\$30 Specialist \$55
Pharmacy	\$10/\$20/\$50/\$100/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Options PPO \$1,100 Blue Options Platinum PPO 311 P8J7OPT
O-EPIC Health Plan ID	H02308
Individual Annual Deductible (in-network)	\$1,100
Individual Annual Out-of-Pocket maximum (in-network)	\$1,750 Blue Preferred - includes deductible and RX \$3,000 Blue Choice - includes deductible and RX
Office Visit Copay	\$35 Specialist \$65
Pharmacy	\$10/\$20/\$50/\$100/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Choice PPO \$1,100/\$1,750 Blue Choice Platinum PPO 208 P8J1CHC
O-EPIC Health Plan ID	H02309
Individual Annual Deductible (in-network)	\$1,100
Individual Annual Out-of-Pocket maximum (in-network)	\$1,750 – includes deductible and RX
Office Visit Copay	\$30 Specialist \$55
Pharmacy	\$10/\$20/\$50/\$100/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,000/\$2,250 Blue Advantage Platinum PPO 122 P8K1ADT
O-EPIC Health Plan ID	H02310
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,250 – includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Pref. RX copay

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Health Plan Name	BCBSOK Blue Preferred PPO \$1,100/\$1,750 Blue Preferred Platinum PPO 420 P8K4PFR
O-EPIC Health Plan ID	H02311
Individual Annual Deductible (in-network)	\$1,100
Individual Annual Out-of-Pocket maximum (in-network)	\$1,750 – includes deductible and RX
Office Visit Copay	\$30 Specialist \$55
Pharmacy	\$10/\$20/\$50/\$100/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1,000/\$2,250 Blue Preferred Platinum PPO 421 P8K1PFR
O-EPIC Health Plan ID	H02312
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,250 – includes deductible and RX
Office Visit Copay	\$25 Specialist \$45
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Pref. RX copay

Health Plan Name	BCBSOK Blue Solutions Platinum PPO 501 P8J7BSL \$1,100/\$1,750
O-EPIC Health Plan ID	H02348
Individual Annual Deductible (in-network)	\$1,100
Individual Annual Out-of-Pocket maximum (in-network)	\$1,750
Office Visit Copay	\$35 Specialist \$65
Pharmacy	\$10/\$20/\$30/\$50/\$70/\$100/\$120

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Mid-Market Group 51 - 150

Health Plan Name	BCBSOK Blue Choice PPO \$1,000/\$3,000 Blue Choice PPO MOBCH0045
O-EPIC Health Plan ID	H02334
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 \$30
Pharmacy	\$0/\$10/\$50/\$100/\$250/\$350 Preferred RX copay

Health Plan Name	BCBSOK Blue Options PPO \$500/\$2,750 Blue Options PPO MOOPT0015
O-EPIC Health Plan ID	H02335
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,750 Blue Preferred/\$3,750 Blue Choice Includes deductible and Rx
Office Visit Copay (OVC)	\$35 Specialist \$40
Pharmacy	\$0/\$10/\$50/\$100/\$250/\$350 Preferred RX copay

Health Plan Name	BCBSOK Blue Options PPO \$1,100/\$3,000 Blue Options PPO MOOPT0055
O-EPIC Health Plan ID	H02336
Individual Annual Deductible (in-network)	\$1,100
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Preferred/\$4,250 Blue Choice Includes deductible and Rx
Office Visit Copay	\$35 Specialist \$40
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 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 Specialist \$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 MOBPF0045
O-EPIC Health Plan ID	H02338
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 \$30
Pharmacy	\$0/\$10/\$50/\$100/\$250/\$350 Preferred Rx copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1,600/\$3000 Blue Preferred PPO MOBPF0235
O-EPIC Health Plan ID	H02339
Individual Annual Deductible (in-network)	\$1,600
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and RX
Office Visit Copay	\$25 Specialist \$30
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Preferred RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$2,100/\$3,000 Blue Preferred PPO MOBPF0245
O-EPIC Health Plan ID	H02340
Individual Annual Deductible (in-network)	\$2,100
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and RX
Office Visit Copay	\$25 Specialist \$30
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Preferred RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,350 /\$3000 Blue Advantage PPO MOBAP0015
O-EPIC Health Plan ID	H02331
Individual Annual Deductible (in-network)	\$1,350
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Includes deductible and RX
Office Visit Copay	\$40 Specialist \$70
Pharmacy	\$0/\$10/\$50/\$100/\$250/\$350 Preferred RX copay

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Health Plan Name	BCBSOK Blue Options PPO \$2,100/\$3,000 Blue Options PPO MOOPT0085
O-EPIC Health Plan ID	H02337
Individual Annual Deductible (in-network)	\$2,100
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 Blue Preferred/\$4,250 Blue Choice Includes deductible and Rx
Office Visit Copay	\$40 Specialist \$45
Pharmacy	\$0/\$10/\$50/\$100/\$250/\$350 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 Specialist \$45
Pharmacy	\$0/\$10/\$35/\$75/\$150/\$250 Preferred Rx copay

Health Plan Name	BCBSOK Blue Advantage PPO \$500 \$1500 Blue Advantage PPO MOBAP0075
O-EPIC Health Plan ID	H02332
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,500 Includes deductible and Rx
Office Visit Copay	\$30 Specialist \$55
Pharmacy	\$0/\$10/\$50/\$100/\$250/\$350 Preferred Rx copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,000/\$3,000 Blue Advantage PPO MOBAP0085
O-EPIC Health Plan ID	H02333
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 \$30
Pharmacy	\$0/\$10/\$35/\$75/\$250/\$350 Preferred RX copay

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