

Blue Cross and Blue Shield: Qualified Health Plans 2022

Small Group 1-50

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| 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 |

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| 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 |

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| 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 |

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| 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 |

Blue Cross and Blue Shield: Qualified Health Plans 2022

Small Group Size 1-50

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| 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 |

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| 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 |

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| Health Plan Name | BCBSOK Blue Advantage PPO \$1,000/\$3,000 Blue Advantage Platinum PPO 122 P8K1ADT |
| O-EPIC Health Plan ID | H02234 |
| 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 |

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| 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/\$3,000 Blue Preferred Platinum PPO 421 P8K1PFR |
| O-EPIC Health Plan ID | H02236 |
| 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

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| Health Plan Name | BCBSOK Blue Choice PPO \$1,000/\$3,000 Blue Choice PPO MOBCH0042 (MOBCH0040 MOBCH004) |
| 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 |

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| Health Plan Name | BCBSOK Blue Options PPO \$500/\$2,500 Blue Options PPO MOOPT0012 (MOOPT0010 MOOPT001) |
| 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 |

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| Health Plan Name | BCBSOK Blue Options PPO \$1,000/\$3,000 Blue Options PPO MOOPT0052 (MOOPT0050 MOOPT005) |
| 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 |

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| Health Plan Name | BCBSOK Blue Preferred PPO \$500/\$2,500 Blue Preferred PPO MOBPF0012 (MOBPF0010 MOBPF001) |
| 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 MOBPF0042 (MOBPF0040 MOBPF004) |
| 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 |

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| Health Plan Name | BCBSOK Blue Preferred PPO \$1,500/\$3000 Blue Preferred PPO MOBPF0232 (MOBPF0230 MOBPF023) |
| 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 |

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| Health Plan Name | BCBSOK Blue Preferred PPO \$2,000/\$3,000 Blue Preferred PPO MOBPF0242 (MOBPF0240 MOBPF024) |
| 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 |

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| Health Plan Name | BCBSOK Blue Advantage PPO \$1,250/\$3000 Blue Advantage PPO MOBAP0012 (MOBAP0010 MOBAP001) |
| 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 MOOPT0082 (MOOPT0080 MOOPT008) |
| 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 |

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| Health Plan Name | BCBSOK BlueLincs HMO \$500/\$1,250 BlueLincs HMO MOHMO0040 (MOHMO004) |
| 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 |

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|--|--|
| Health Plan Name | BCBSOK BlueLincs HMO \$750/\$3,000 BlueLincs HMO MOHMO0050 (MOHMO005) |
| 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 |

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| Health Plan Name | BCBSOK BlueLincs HMO \$2,000/\$3,000 BlueLincs HMO MOHMO0070 (MOHMO007) |
| 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/\$1,250 Blue Advantage PPO 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 |

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|--|---|
| Health Plan Name | BCBSOK Blue Advantage PPO \$1,000/\$3,000 Blue Advantage PPO 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 |