



# Individual Plan Comparison Chart

Participating Provider Coverage Shown<sup>1</sup>

All Blue Cross and Blue Shield of Oklahoma plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits or visit [bcbsok.com](http://bcbsok.com) for more specific information.

Bronze	Blue Choice Bronze PPO <sup>SM</sup>		Blue Preferred Bronze PPO <sup>SM</sup>	
	005	006	005	006
<b>Individual Deductible</b>	\$5,000	\$6,000	\$5,000	\$6,000
<b>Coinsurance</b>	80%	100%	80%	100%
<b>Out of Pocket Maximum (includes deductible)</b>	\$6,600	\$6,000	\$6,600	\$6,000
<b>Office Visit Copay (PCP/Specialist)</b>	1st 3 Office Visits are \$30 PCP/\$60 Specialist copay, then 80% <sup>2</sup>	N/A <sup>2</sup>	1st 3 Office Visits are \$30 PCP/\$60 Specialist copay, then 80% <sup>2</sup>	N/A <sup>2</sup>
<b>Emergency Room/Outpatient Emergency Care (Physician and Hospital)</b>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
<b>Deductible for Physician Medical/Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient/Outpatient Surgery)</b>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
<b>Deductible for Mental Illness Treatment and Substance Abuse Rehab (Inpatient/Outpatient Surgery)</b>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
<b>Network</b>	Blue Choice PPO <sup>SM</sup>		Blue Preferred PPO <sup>SM</sup>	
<b>HSA Eligible<sup>3</sup></b>	No	Yes	No	Yes
<b>Outpatient Prescription Drugs<sup>4</sup></b>	80% <sup>5</sup>	100% <sup>5</sup>	80% <sup>5</sup>	100% <sup>5</sup>
<b>Prescription Drug Formulary</b>	Standard	Standard	Standard	Standard
<b>Mail-Order Program / 90 – Day Retail Benefit<sup>6</sup></b>	Yes	Yes	Yes	Yes
<b>Prescription Drug Utilization Benefit Management Programs<sup>7</sup></b>	<p><b>Specialty Pharmacy Program:</b> To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p><b>Member Pay the Difference:</b> When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p><b>Prior Authorization/Step Therapy Requirements:</b> Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and you may first need to try more clinically appropriate or cost effective drugs.</p>			

1 Benefits reduced when non-participating providers are used. This is a summary of benefit highlights only.  
 2 Deductible and coinsurance still apply.  
 3 As a reminder, Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Oklahoma does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding tax consequences of specific health insurance plans or products.  
 4 Preferred Generics / Non Preferred Generics / Preferred Formulary / Non Preferred Formulary / Specialty  
 5 Prescription benefit coverage starts after annual medical deductible has been met.  
 6 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30 day supply.  
 7 Coverage limitations may apply to certain medications.