

MEDICAL BENEFITS



Administered by BlueCross BlueShield of Oklahoma



**BlueCross BlueShield
of Oklahoma**

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Oklahoma Higher Education Employee Interlocal Group.

Oklahoma Higher Education Employee Interlocal Group offers you a choice of one (1) HSA and four (4) PPO medical plans. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F
	Blue Advantage	Blue Advantage	Blue Advantage	Blue Options	Blue Advantage
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	\$750 single / \$2,250 family	\$1,250 single / \$3,750 family	\$2,000 single / \$5,000 family	\$2,000 single / \$5,000 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum	\$3,500 single / \$10,500 family	\$4,000 single / \$12,000 family	\$5,500 single / \$15,000 family	\$5,500 single / \$15,000 family	\$6,650 single / \$13,300 family
Coinsurance	20%	20%	20%	20%	20%
DOCTOR'S OFFICE					
Primary Care Office Visit	\$20 copay per visit	\$25 copay per visit	\$35 copay per visit	\$35 copay per visit	20% after deductible
Specialist Office Visit	\$40 copay per visit	\$40 copay per visit	\$50 copay per visit	\$50 copay per visit	20% after deductible
Preventive Care (screening, immunization)	0%	0%	0%	0%	0%
Diagnostic Test (x-ray, blood work)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
HOSPITAL SERVICES					
Emergency Room	\$100 copay per visit ** + 20% after deductible	\$150 copay per visit ** + 20% after deductible	\$150 copay per visit ** + 20% after deductible	\$150 copay per visit ** + 20% after deductible	20% after deductible
Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care	\$40 copay per visit	\$40 copay per visit	\$50 copay per visit	\$50 copay per visit	20% after deductible
PRESCRIPTION DRUGS***					
Generic Drugs	Retail: \$30 copay Mail Order: \$90 copay				20% after deductible
Preferred Drugs	Retail: \$60 copay Mail Order: \$180 copay				20% after deductible
Non-Preferred Drugs	Retail: \$90 copay Mail Order: \$270 copay				20% after deductible
Specialty Drugs	Retail: \$150 copay, deductible does not apply Must be ordered through Prime Oklahoma Specialty Network (no mail order available)				20% after deductible
Supply Limits	Retail: 30 Day Supply Mail Order: 90 Day Supply				

** Copay will be waived if admitted

***Listed copay is per prescription