



 Oklahoma Chamber BlueSM

Affordable coverage for
Oklahoma small businesses



okstatechamber.com

Blue Cross and Blue Shield of Oklahoma (BCBSOK) and The State Chamber of Oklahoma are working together to make it easy for small businesses to provide affordable group health coverage to employees through **Oklahoma Chamber Blue**. With **Oklahoma Chamber Blue**, businesses and their employees can choose the right health care plan, priced within their budget, with the physicians and other health care providers they trust.



Coverage and more
in-network choices at an
affordable price – that’s
Oklahoma Chamber Blue.



Oklahoma Chamber Blue Features

- No medical underwriting.
- Available in all 77 counties.
- Blue Options PPOSM, Blue Preferred PPOSM, Blue Advantage PPO^{SM*}: More in-network choices than any other Oklahoma PPO plan, with multiple deductible options.
- Blue Options Select PPOSM: Two deductible options. (Available only in the Tulsa metro area)
- Dental coverage available.
- Vision coverage available.
- Prescription drug coverage: Six-tier drug card or deductible/coinsurance plans available.
- Network availability in all 50 states.
- Office visit copayments: \$20, \$30 or \$35 copayments, depending on the plan you choose.

Eligibility

Oklahoma Chamber Blue is available to businesses that meet the following criteria:

- Have 2 to 50 employees and are a member of The State Chamber of Oklahoma; OR
- Are a member of an affiliated local chamber participating in the Small Business Chamber Alliance

* Available July 1, 2019.

BLUE OPTIONS PPO*

MARKETING PLAN ID	MOOPT505	MOOPT507	MOOPT516
INDIVIDUAL DEDUCTIBLE	\$1,000	\$2,000	\$6,000
INDIVIDUAL OUT OF POCKET	\$3,000	\$5,000	\$6,200
FAMILY DEDUCTIBLE	\$3,000	\$6,000	\$12,000
FAMILY OUT OF POCKET	\$9,000	\$10,000	\$12,200
COINSURANCE	80%	80%	80%
PCP OFFICE VISIT COPAY	\$30	\$35	\$30
SPECIALIST OFFICE VISIT COPAY	\$30	\$35	\$40
INPATIENT CARE COPAY	\$500	\$750	\$750
OUTPATIENT CARE COPAY	\$200	\$200	\$250
PRESCRIPTION DRUG COVERAGE	\$0 / \$10 / \$35 / \$75 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250

BLUE PREFERRED PPO

MARKETING PLAN ID	MOBPF204	MOBPF218	MOBPF212
INDIVIDUAL DEDUCTIBLE	\$1,500	\$4,000	\$5,000
INDIVIDUAL OUT OF POCKET	\$4,500	\$7,000	\$6,000
FAMILY DEDUCTIBLE	\$4,500	\$12,000	\$10,000
FAMILY OUT OF POCKET	\$10,200	\$14,000	\$12,000
COINSURANCE	80%	70%	80%
PCP OFFICE VISIT COPAY	\$20	\$30	\$30
SPECIALIST OFFICE VISIT COPAY	\$20	\$50	\$50
INPATIENT CARE COPAY	N/A	\$750	\$750
OUTPATIENT CARE COPAY	N/A	\$750	\$250
PRESCRIPTION DRUG COVERAGE	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250

Prescription Drug Coverage Tiers:
 Tier 1 - Preferred Generic
 Tier 2 - Non Preferred Generic
 Tier 3 - Preferred Brand
 Tier 4 - Non Preferred Brand

Tier 5 - Preferred Specialty
 Tier 6 - Non Preferred Specialty

*Tier 1 Benefit. Please refer to SBC for more detailed coverage.

BLUE ADVANTAGE PPO

MARKETING PLAN ID	MOBAP002	MOBAP101
INDIVIDUAL DEDUCTIBLE	\$1,500	\$3,000
INDIVIDUAL OUT OF POCKET	\$5,000	\$3,000
FAMILY DEDUCTIBLE	\$4,500	\$6,000
FAMILY OUT OF POCKET	\$10,000	\$6,000
COINSURANCE	80%	100%
PCP OFFICE VISIT COPAY	\$30	Deductible / Coinsurance
SPECIALIST OFFICE VISIT COPAY	\$50	Deductible / Coinsurance
INPATIENT CARE COPAY	\$750	N/A
OUTPATIENT CARE COPAY	\$250	N/A
PRESCRIPTION DRUG COVERAGE	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	Deductible / Coinsurance

BLUE OPTIONS SELECT PPO*

MARKETING PLAN ID	MOOPS603	MOOPS606
INDIVIDUAL DEDUCTIBLE	\$2,000	\$5,000
INDIVIDUAL OUT OF POCKET	\$5,000	\$6,000
FAMILY DEDUCTIBLE	\$4,000	\$7,000
FAMILY OUT OF POCKET	\$10,000	\$10,000
COINSURANCE	80%	90%
PCP OFFICE VISIT COPAY	\$20	\$30
SPECIALIST OFFICE VISIT COPAY	\$40	\$40
INPATIENT CARE COPAY	\$200	\$200
OUTPATIENT CARE COPAY	\$100	\$100
PRESCRIPTION DRUG COVERAGE	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250

*Available only in the Tulsa metro area.

Some items will not be applied to the out-of-pocket expense limit including office visit copayments, deductibles including per-occurrence deductible on inpatient, outpatient, ER or mental health/substance abuse covered charges, reductions in benefits due to non-compliance with utilization management program requirements and mental health and chemical dependency treatment services (groups 50 and fewer).

The information noted above is current as of the date of publication for non-grandfathered reform plans; however, BCBSOK reserves the right to amend this information at any time without notice. This is only a brief description of some of the plan benefits. For more complete details, including benefits, limitations and exclusions, please refer to your certificate of coverage. This information is not intended nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

Powerful Combination: Oklahoma Chamber Blue and Insure Oklahoma

Health care premium assistance program

By combining a qualified insurance plan with Insure Oklahoma, small businesses can save up to 60 percent on health care coverage costs for eligible employees.



To be eligible to participate, a business must:

- Have 50 or fewer full-time employees
- Be located in Oklahoma
- Offer a qualified health plan
- Complete an application packet
- Contribute at least 25 percent of premiums for eligible employees

Oklahoma Chamber Blue Rates

All monthly premiums are good Jan. 1, 2019, through Dec. 1, 2019.

In order to obtain a quote, the following must be submitted to statechamber@bcbsok.com:

- | | |
|---|--|
| <input type="checkbox"/> Group name | <input type="checkbox"/> Current carrier |
| <input type="checkbox"/> Address | <input type="checkbox"/> Census (with ZIP codes) |
| <input type="checkbox"/> Effective date | <input type="checkbox"/> Agent/producer number |

BLUECARE DENTAL PPOSM

PROGRAM BASICS	In Network	Out of Network
BENEFIT PERIOD MAXIMUM	\$1,500	
DEDUCTIBLE	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
COVERED SERVICES*		
DIAGNOSTIC & PREVENTIVE	100% (Deductible does not apply)	100% (Deductible does not apply)
BASIC RESTORATIVE	80% (Deductible does not apply)	80% (Deductible does not apply)
MAJOR RESTORATIVE	50% (Deductible does not apply)	50% (Deductible does not apply)
ORTHODONTIC SERVICES	50% with \$1,500 Lifetime Max (Deductible does not apply)	

*Not a comprehensive list. See benefit summary for additional services.

VISION BENEFITS MADE EASY

BENEFIT FREQUENCY

EXAMINATION	ONCE EVERY 12 MONTHS
LENSES OR CONTACT LENSES	ONCE EVERY 12 MONTHS
FRAME	ONCE EVERY 24 MONTHS
CONTACT LENS EVALUATION/FITTING	ONCE EVERY 12 MONTHS

To find out more about
Oklahoma Chamber Blue,
 contact us at 405-235-3669 or
chamberblue@okstatechamber.com.





BlueCross BlueShield of Oklahoma

bcbsok.com

This is not a contract. It is intended as a source of general information only. Full benefits, limitations and exclusions can be found in the specific product's contract. Rates are subject to change.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

70363.1018