



BlueCross BlueShield
of Oklahoma



Oklahoma Chamber Blue

Affordable coverage for
Oklahoma small businesses



WE MEAN BUSINESS

okstatechamber.com



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

Chamber Blue Features

- **No medical underwriting:** Coverage is guaranteed for Chamber members who meet contribution and participation requirements.
- **BlueOptions® PPO:** More in-network choices than any other Oklahoma PPO plan, with three deductible options.
- **BlueLincsSM HMO:** Coverage is available with two deductible options. (Not available in some areas.)
- **Dental coverage available.**
- **Dearborn National** group and voluntary insurance benefits available.
- **Prescription drug coverage:**
 - PPO** — 50 percent coinsurance applies at network pharmacies up to \$5,000 out-of-pocket. Blue Cross and Blue Shield of Oklahoma then pays 100 percent of allowable prescription drug charges.
 - HMO** — \$300 deductible applies, then drug card may be used at network pharmacies, with copayments.
- **Network availability in all 50 states.**
- **Office visit copayments:** \$20 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
- ▶ Are a member of The State Chamber or a local chamber of commerce
- ▶ Are headquartered in one of the following 62 counties outside the Oklahoma City and Tulsa metro areas:

Adair	Cimarron	Grady	Kingfisher	Murray	Sequoyah
Alfalfa	Coal	Grant	Kiowa	Noble	Stephens
Atoka	Comanche	Greer	Latimer	Nowata	Texas
Beaver	Cotton	Harmon	LeFlore	Okfuskee	Tillman
Beckham	Craig	Harper	Lincoln	Ottawa	Washita
Blaine	Custer	Haskell	Love	Payne	Woods
Bryan	Delaware	Hughes	Major	Pittsburg	Woodward
Caddo	Dewey	Jackson	Marshall	Pontotoc	
Carter	Ellis	Jefferson	Mayes	Pushmataha	
Cherokee	Garfield	Johnston	McCurtain	Roger Mills	
Choctaw	Garvin	Kay	McIntosh	Seminole	

If you are not in one of the 62 counties listed above, please review the Tulsa or Oklahoma City Chamber programs at bcbsok.com or call 800-281-0446.

Guaranteed coverage and more in-network choices at an affordable price – that's Oklahoma Chamber Blue.



BlueOptions® PPO

ANNUAL DEDUCTIBLE	\$500 individual/\$1,500 family \$1,000 individual/\$3,000 family \$2,000 individual/\$6,000 family
COINSURANCE	80% BluePreferred® network 70% BlueChoice® network 60% BlueTraditional® network 50% Out-of-network (to BlueChoice allowed amount)
OUT-OF-POCKET LIMITS*	\$2,000 per family member, plus deductible, for BluePreferred providers \$3,000 per family member, plus deductible, for BlueChoice providers \$4,000 per family member, plus deductible, for BlueTraditional providers \$5,000 per family member, plus deductible, for out-of-network providers and charges above BlueChoice network allowable
LIFETIME MAXIMUM	Unlimited
OFFICE VISITS	\$20 for \$500/\$1,500 deductible \$20 for \$1,000/\$3,000 deductible \$35 for \$2,000/\$6,000 deductible OVC includes office visit, lab and radiology. Limit 6 per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit per adult.
PRESCRIPTION DRUGS	50/50 Drug Card
ROUTINE CHILD CARE	Paid at 100% in-network for members under age 19
PREVENTIVE CARE	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
IMMUNIZATIONS	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).
INPATIENT CARE	\$250 for \$500/\$1,500 deductible \$500 for \$1,000/\$3,000 deductible \$750 for \$2,000/\$6,000 deductible (in addition to deductible and coinsurance)
OUTPATIENT CARE	\$200 (in addition to deductible and coinsurance)

BlueLincsSM HMO Value Option *(not available in all areas)*

ANNUAL DEDUCTIBLE	\$500 individual/\$1,500 family \$1,000 individual/\$3,000 family (If the copayment is based on a percentage, deductible applies before the copayment. If the copayment is a dollar amount, deductible applies after the copayment.)
COINSURANCE	No coinsurance, but copayment applies for some services
OUT-OF-POCKET LIMITS*	\$2,000 maximum per individual per year (does not include copayments for prescription drugs, certain inpatient mental health services, self-referral services, or alcohol and drug abuse services)
LIFETIME MAXIMUM	Unlimited
OFFICE VISITS	\$20 copayment for Primary Care Physician (PCP) visits
PRESCRIPTION DRUGS	\$300 deductible per member Preferred: \$25 copayment Generic: 30% of allowable charge with a minimum \$12 copayment Other Drug: 30% of allowable charge with a minimum \$25 copayment
ROUTINE CHILD CARE	Paid at 100% in-network for members under age 19
PREVENTIVE CARE	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
IMMUNIZATIONS	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance)
INPATIENT CARE	20% copayments for surgeon, anesthesiologist and hospital services
OUTPATIENT CARE	20% copayment for diagnostic, radiology, laboratory, surgeon and anesthesiologist services

*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.

Oklahoma Chamber Blue Rates

Effective July 1, 2013 - June 30, 2014

All monthly premiums are good July 1, 2013 through June 30, 2014. For employee and spouse, premiums change the month following a change in age range.

BlueOptions PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	287.59	403.81	388.05
25-29	331.10	426.66	388.05
30-34	357.89	455.86	388.05
35-39	393.84	504.83	388.05
40-44	435.64	531.54	388.05
45-49	521.94	610.14	388.05
50-54	632.11	695.80	388.05
55-59	753.62	810.78	388.05
60-64	901.20	933.75	388.05
65+	1,139.28	1,023.17	388.05
Market Plan ID# OKSARYB06			

BlueOptions PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	258.48	362.93	348.79
25-29	297.60	383.47	348.79
30-34	321.67	409.72	348.79
35-39	353.98	453.74	348.79
40-44	391.56	477.75	348.79
45-49	469.11	548.39	348.79
50-54	568.14	625.38	348.79
55-59	677.37	728.73	348.79
60-64	809.99	839.25	348.79
65+	1,023.97	919.62	348.79
Market Plan ID# OKSARYB05			

BlueOptions PPO (\$2,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	234.12	328.73	315.91
25-29	269.54	347.33	315.91
30-34	291.36	371.11	315.91
35-39	320.62	410.97	315.91
40-44	354.65	432.72	315.91
45-49	424.89	496.72	315.91
50-54	514.61	566.44	315.91
55-59	613.52	660.05	315.91
60-64	733.66	760.16	315.91
65+	927.47	832.95	315.91
Market Plan ID# OKSR54			

BlueLincs Value Option HMO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	283.10	366.48	381.52
25-29	301.90	349.99	381.52
30-34	375.65	407.71	381.52
35-39	382.51	416.42	381.52
40-44	465.44	505.30	381.52
45-49	539.64	591.41	381.52
50-54	658.75	714.64	381.52
55-59	801.68	827.80	381.52
60-64	1,019.73	1,029.35	381.52
65+	1,093.04	1,093.04	381.52
Market Plan ID# OKSAROP5			

BlueLincs Value Option HMO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	260.33	336.99	350.82
25-29	277.60	321.82	350.82
30-34	345.41	374.89	350.82
35-39	351.74	382.90	350.82
40-44	427.99	464.63	350.82
45-49	496.22	543.83	350.82
50-54	605.75	657.12	350.82
55-59	737.18	761.19	350.82
60-64	937.68	946.52	350.82
65+	1,005.08	1,005.08	350.82
Market Plan ID# OKSAROP1			

Powerful Combination: Oklahoma Chamber Blue and Insure Oklahoma

Health care premium assistance program

Most Oklahoma Chamber Blue plans are qualified as Insure Oklahoma plans. By combining an 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 in Insure Oklahoma, a business must:

- Have 99 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

For more information, visit
bcbsok.com/employer/insureoklahoma.html



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To find out more about **Oklahoma Chamber Blue**, contact a Blue Cross and Blue Shield of Oklahoma representative at **800-281-0446** or visit **bcbsok.com**.