

MEDICAL BENEFITS



Administered by 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.



**BlueCross BlueShield
of Oklahoma**

Oklahoma Higher Education Employee Interlocal Group offers you a choice of one (1) HSA and three (3) 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 F
	Blue Preferred	Blue Preferred/Blue Choice*	Blue Preferred	Blue Choice — HSA HDHP
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	\$750 single / \$2,250 family	\$1,250 single / \$3,750 family	\$2,000 single / \$5,000 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum	\$3,000 single / \$9,000 family	\$3,500 single / \$10,500 family	\$4,500 single / \$15,000 family	\$6,650 single / \$13,000 family
Coinsurance	20%	20%	20%	20%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$20 copay per visit	\$25 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	20% after deductible
Preventive Care (screening, immunization)	0%	0%	0%	0%
Diagnostic Test (x-ray, blood work)	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
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	20% after deductible
Inpatient	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
Urgent Care	\$40 copay per visit	\$40 copay per visit	\$50 copay per visit	20% after deductible
OTHER SERVICES				
Physical Therapy, Occupational, Speech Therapy, Chiropractic Services (60 visits)	\$0 copay per visit	\$0 copay per visit	\$0 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: \$180 copay			20% after deductible
Specialty Drugs	Retail: \$90 copay Must be ordered through Prime Oklahoma Specialty Network (no mail order available)			20% after deductible
Supply Limits	30 Day Supply Limit Retail. Up to 90 Day Supply Mail Order			

* Benefits for Blue Preferred and Blue Choice networks are the same

** Copay will be waived if admitted

***Listed copay is per prescription