2022 OKHEEI Medical Plans

BlueCross BlueShield of Oklahoma

Plan Highlights	Plan A	Plan B	Plan C	Plan F
Network	Blue Preferred	Blue Preferred & Blue Choice	Blue Preferred	Blue Choice
General Plan Information	FSA Eligible PPO (traditional) Plan	FSA Eligible PPO (traditional) Plan	FSA Eligible PPO (traditional) Plan	HSA Eligible High Deductible Health Plan
Calendar Year Deductible (CYD)	$750 Ind / $2,250 Family	$1,250 Ind / $3,750 Family	$1,500 Ind / $4,000 Family	$3,000 Ind / $6,000 Family
Calendar Year Out of Pocket Max Includes deductibles and pharmacy/medical copays	$3,000 Ind / $9,000 Family	$3,500 Ind / $10,500 Family BP $4,000 Ind / $12,000 Family BC	$4,000 Ind / $12,000 Family	$6,650 Ind / $1,3000 Family
Member Coinsurance	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
Primary Care Office Visit Specialty Care Office Visit	$20 Copay $40 Copay	$25 BP / $35 BC Copay $40 BP / $50 BC Copay	$35 Copay $50 Copay	20% after CYD
Preventive Care Visits (Well Baby, Immunizations, Routine Health Screenings)	No Charge	No Charge	No Charge	No Charge
Diagnostics Lab & X-Ray	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
In-Patient Hospitalization & Out-Patient Surgery	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
Allergy Treatment/Testing	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
Emergency Room	$100 Copay, then 20% after CYD (waived if admitted)	$150 Copay, then 20%/30% after CYD (waived if admitted)	$150 Copay, then 20% after CYD (waived if admitted)	20% after CYD
Urgent Care	$40 Copay	$40 BP / $50 BC Copay	$50 Copay	20% after CYD
Health Risk Assessment (HA)	HA $250 deductible credit applies to 2022 plan year and must be completed between 1/1/2022 and 12/31/2022. HA must be completed and credited prior to claims payment. No retroactive claim adjustments will be allowed.			HSA $200 deductible credit. Same rules as Plans A, B & C.

Mental Health Substance Abuse	Plan A	Plan B	Plan C	Plan F
In-Patient	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
Out-Patient	$20 Office Visit Copay 20% after CYD for other services	$25 BP / $35 BC Copay 20% / 30% after CYD for other services	$35 Office Visit Copay 20% after CYD for other services	20% after CYD

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Plan Highlights (continued)	Plan A	Plan B	Plan C	Plan F
Networks	**Blue Preferred**	**Blue Preferred & Blue Choice**	**Blue Preferred**	**Blue Choice**
Rehabilitation Services (outpatient): Separate 60 visit limits per benefit period for speech and occupational therapies.	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Rehabilitation Services (Inpatient): 30 day limit per benefit period. PA required.	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Physical and Chiropractic Therapy (combined limited to 60 visits per CY)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Durable Medical Equipment (DME)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Skilled Nursing Facility (100 days per CY)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Home Health Care (100 days per CY)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Hospice (PA Required)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Pharmacy	**Plan A**	**Plan B**	**Plan C**	**Plan F**
Generic Drugs	**Retail:** 25% of allowed amount; $25 Min / $50 Max **Mail Order:** 25% of allowed amount; $75 Min / $150 Max			20% after CYD
Preferred Brand Name Drugs	**Retail:** 25% of allowed amount; $25 Min / $50 Max **Mail Order:** 25% of allowed amount; $75 Min / $150 Max			20% after CYD
Non-Preferred Brand Name Drugs	**Retail:** 50% of allowed amount; $50 Min / $100 Max **Mail Order:** 50% of allowed amount; $150 Min / $300 Max			20% after CYD
Specialty Drugs	50% of allowed amount; $50 Min / $100 Max (Limited to 30 day supply) Must be ordered through Prime Therapeutics (no mail order available)			20% after CYD
Supply Limits	30 Day Supply Limit Retail. Up to 90 Day Supply of Maintenance Drugs. Up to 90 Day Supply Mail Order, In-Network Only			

CYD = Calendar Year Deductible