



Quick-Start Guide To Your Health Plan 2016-17 Plan Year

Welcome to the Oklahoma Public Employees Health & Welfare Plan (OPEH&W). The Plan provides a very rich package of benefits, only some of which are outlined below. For more detailed information regarding your benefits, please refer to the Plan's Benefit Book which is available on our website at www.opehw.com.

Medical Coverage Highlights

Vendor: BlueCross BlueShield of Oklahoma (www.bcbsok.com) **Customer Service:** 800.672.2567

Annual Out-of-Pocket Maximum: In-Network Claims - **\$2,500** per individual - **\$7,500** max per family of 3 or more.
Out-of-network Claims - **\$4,000** per individual - **\$12,000** max per family of 3 or more.
Note - Amounts paid for Office Visit Co-pays, Deductibles and Co-Insurance count towards the Annual Out-of-Pocket Maximum. HOWEVER, amounts paid for in-network coverage DO NOT count towards out-of-network coverage and vice versa.

Office Visit Co-pays: In-Network Office Visits with a primary care physician - **\$20**. In-Network Office Visits with a specialist - **\$50**. The Office Visit Co-pay only applies to the Office Visit charge; it does not count towards any additional services received during the visit.

Deductibles: In-Network - **\$750** per individual per Plan Year - **\$2,250** max per family of 3 or more.
Out-of-Network - **\$750** per individual per Plan Year - **\$2,250** max per family of 3 or more.
The Plan offers a Deductible Reimbursement Program for Dependent Children. See the Plan's Benefit Book for details and reimbursement amounts.

Co-Insurance (after deductible has been met): In-Network **Blue Preferred PPO** Providers - member pays **20%** co-insurance.
Out-of-Network Providers - member pays **30%** co-insurance. When using Out-of-Network providers, the member is responsible for any amounts billed above the Plan's allowable charge (also known as balance billing). However, if the member uses a Blue Choice PPO Provider outside the state of Oklahoma, balance billing does not apply.

Prescription Drug (Rx) Coverage Highlights

Vendor: Express Scripts (www.express-scripts.com) **Customer Service:** 855.315.2460

Annual Out-of-Pocket Maximum: In-Network claims - **\$1,900** per individual - **\$5,700** max per family of 3 or more.
Out-of-Network claims - **no** annual out-of-pocket maximum.

Rx Deductible: **\$50** per Plan Year for Brand Name medications only (per person, not per drug)

30 Day Rx Co-Pays: **\$10** Generic Medications - retail pharmacy
\$45 Brand Name Medications - retail pharmacy

Mail Order Service: Get a 90 Day supply for 2 Co-pays instead of 3 (does not apply to Specialty Medications).

Specialty Rx: **\$10** Generic / **\$60** Brand Name / **\$100** Non-Preferred Brand
Mail Order Pharmacy only, 30 day supply

Rx Benefit Enhancements:

- \$0** Oral Contraceptives & Devices
- \$5** OTC Anti-Allergy Medications (Allavert, Claritin, Nasacort, Mucinex, Flonase & Zyrtec)
- \$0** OTC Prilosec, Prevacid, Omeprazole, Nexium & Protonix
- \$10** Brand Name Diabetic Medications
- \$0** Generic Diabetic Medications and Diabetic Supplies
- \$0** Generic Ace Inhibitors (Blood Pressure Medications)
- \$0** Tobacco Cessation Products (limitations & exclusions apply)

Prescription required
OTC = Over-The-Counter