



Quick-Start Guide To Your Health Plan 2017-18 Plan Year

Welcome to the Oklahoma Public Employees Health & Welfare Plan (OPEH&W). Some of the Plan's benefits are outlined below. The Plan year runs from July 1-June 30th. For more detailed information, 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 - **\$5,000** per individual - **\$10,000** max per family of 2 or more.
Out-of-network Claims - **\$10,000** per individual - **\$20,000** max per family of 2 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 - **\$1,500** max per family of 2 or more.
Out-of-Network - **\$1,500** per individual per Plan Year - **\$3,000** max per family of 2 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 also 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 - **\$2,000** per individual - **\$4,000** max per family of 2 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)

Rx Co-Pays - Retail Pharmacy:	30-Day supply	90-Day supply (if available) for 2 1/2 copays
	Generic \$10	Generic \$25
	Brand \$45	Brand \$112.00

Mail Order Rx: Get a 90 Day supply for 2 1/2 Co-pays (doesn't apply to Specialty Drugs)

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 and Nexium
\$5 Generic Diabetic Medications and Diabetic Supplies (or **\$12** for a **90**-day supply)
\$0 Tobacco Cessation Products (limitations & exclusions apply)