

Aetna Health Inc: Qualified Health Plans

Groups: 2-50

Health Plan Name	OK Gold OAMC 750 80/50 14033477
O-EPIC Health Plan ID	H01933
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$75
Pharmacy	\$3/10/45

Health Plan Name	14029458 OK GOLD OAMC 1000 70/50 14033486
O-EPIC Health Plan ID	H01934
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	\$3/10/45

Health Plan Name	14029440 OK GOLD OAMC 2000 80/50 14033488
O-EPIC Health Plan ID	H01935
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	\$3/10/45

Health Plan Name	OK Gold OAMC 1500 50/50 Basic OOP 14033505
O-EPIC Health Plan ID	H01936
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	50 % after DED
Pharmacy	\$3/10/45

Groups: 2-50

Health Plan Name	OK Gold OAMC HMO 750 80% 14033515
O-EPIC Health Plan ID	H01937
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$75
Pharmacy	\$3/10/45

Health Plan Name	OK Gold HMO 1500 50% Basic OOP 14033518
O-EPIC Health Plan ID	H01938
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	50 % after DED
Pharmacy	\$3/10/45

Health Plan Name	OK GOLD HMO 2000 80% 14033519
O-EPIC Health Plan ID	H01939
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	\$3/10/45

Health Plan Name	OK GOLD HMO 1000 70% 14033520
O-EPIC Health Plan ID	H01940
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	\$3/10/45

Groups: 51-100

Health Plan Name	OK Aetna HMO 500 80% (0117) 14036427
O-EPIC Health Plan ID	H01941
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	\$3/\$10/\$50

Health Plan Name	OK Aetna HMO 1000 70% OOP (0117) 14036431
O-EPIC Health Plan ID	H01942
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	\$3 \$10 \$45

Health Plan Name	OK Aetna HMO 1500 50% Basic OOP (0117) 14036432
O-EPIC Health Plan ID	H01943
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	50% after DED
Pharmacy	\$3 \$10 \$45

Health Plan Name	OK Aetna HMO 2000 80 % OOP (0117) 14036433
O-EPIC Health Plan ID	H01944
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	\$3 \$10 \$45

Groups: 51-100

Health Plan Name	OK Aetna OAMC 1500 50/50 SPC OOP (0117) 14036444
O-EPIC Health Plan ID	H01945
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$50
Pharmacy	\$3/\$10/\$50

Health Plan Name	OK Aetna OAMC 500 80/50 (0117) 14036455
O-EPIC Health Plan ID	H01946
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	\$3/\$10/\$50

Health Plan Name	OK Aetna OAMC 1000 70/50 OOP (0117) 14036474
O-EPIC Health Plan ID	H01947
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	\$3 \$10 \$50

Health Plan Name	OK Aetna OAMC 1500 50/50 Basic IIO (0117) 14036475
O-EPIC Health Plan ID	H01948
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	50% after DED
Pharmacy	\$3 \$10 \$50

Groups: 51-100

Health Plan Name	OK Aetna OAMC 2000 80/50 OOP (0117) 14036476
O-EPIC Health Plan ID	H01949
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	\$3 \$10 \$50

Health Plan Name	OK AETNA PPO 1500 50/50 BASIC OOP
O-EPIC Health Plan ID	H01968
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	
Pharmacy	\$3 \$10 \$50

Health Plan Name	OK HMO 500 80%
O-EPIC Health Plan ID	H02016
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$50

Health Plan Name	OK HMO 1000 70% OOP
O-EPIC Health Plan ID	H02017
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$45

Groups: 51-100

Health Plan Name	OK HMO 1500 50% BASIC OOP
O-EPIC Health Plan ID	H02018
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$45

Health Plan Name	OK HMO 2000 80% OOP
O-EPIC Health Plan ID	H02019
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	RX \$10/\$45

Health Plan Name	OK PPO 1500 50/50 Basic OOP
O-EPIC Health Plan ID	H02020
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$50

Health Plan Name	OK OAMC 500 80/50
O-EPIC Health Plan ID	H02021
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$50

Groups: 51-100

Health Plan Name	OK OAMC 1000 70/50 OOP
O-EPIC Health Plan ID	H02022
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$50

Health Plan Name	OK OAMC 1500 50/50 Basic OOP
O-EPIC Health Plan ID	H02023
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$50

Health Plan Name	OK OAMC 1500 50/50 SPC OOP
O-EPIC Health Plan ID	H02024
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$50
Pharmacy	RX \$10/\$50

Health Plan Name	OK OAMC 2000 80/50 OOP
O-EPIC Health Plan ID	H02025
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	RX \$10/\$50

Groups: 51-250

Health Plan Name	OK OAMC \$500 80/60
O-EPIC Health Plan ID	H01836
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Health Plan Name	OK OAMC \$1000 100/70
O-EPIC Health Plan ID	H01837
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Health Plan Name	OK OAMC \$1000 80/60
O-EPIC Health Plan ID	H01838
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Health Plan Name	OK OAMC \$1500 80/60
O-EPIC Health Plan ID	H01839
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Groups: 51-250

Health Plan Name	OK OAMC \$2000 80/60
O-EPIC Health Plan ID	H01840
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Health Plan Name	OK OAMC \$2500 70/50
O-EPIC Health Plan ID	H01841
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Health Plan Name	OK HNONLY \$500
O-EPIC Health Plan ID	H01846
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	RX1 \$3/\$10/\$35 RX2 \$3/\$10/\$25 RX3 \$3/\$15/\$35

Health Plan Name	OK HNONLY \$1000
O-EPIC Health Plan ID	H01877
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX1 \$3/\$10/\$35 RX2 \$3/\$10/\$25 RX3 \$3/\$15/\$35

Groups: 51-250

Health Plan Name	OK HNONLY \$1500
O-EPIC Health Plan ID	H01879
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX1 \$3/\$10/\$35 RX2 \$3/\$10/\$25 RX3 \$3/\$15/\$35

Health Plan Name	OK HNONLY \$2000
O-EPIC Health Plan ID	H01881
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX1 \$3/\$10/\$35 RX2 \$3/\$10/\$25 RX3 \$3/\$15/\$35

Health Plan Name	OK HNONLY \$2500
O-EPIC Health Plan ID	H01883
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	RX1 \$3/\$10/\$35 RX2 \$3/\$10/\$25 RX3 \$3/\$15/\$35

Health Plan Name	OK OAMC \$1500 50/50 BASIC
O-EPIC Health Plan ID	H01951
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	\$50
Pharmacy	RX21 \$3/\$10/\$35 RX22 \$3/\$10/\$25 RX23 \$3/\$15/\$35

Groups: 51-250

Health Plan Name	HNONLY 500
O-EPIC Health Plan ID	H02003
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	HNONLY 500 RX1 VP \$10/\$35 HNONLY 500 RX2 VP \$15/\$40 HNONLY 500 RX3 VP \$15/\$35

Health Plan Name	HNONLY 1000
O-EPIC Health Plan ID	H02004
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	HNONLY 1000 RX1 VP \$10/\$35 HNONLY 1000 RX2 VP \$15/\$40 HNONLY 1000 RX3 VP \$15/\$35

Health Plan Name	HNONLY 1500
O-EPIC Health Plan ID	H02005
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	HNONLY 1500 RX1 VP \$10/\$35 HNONLY 1500 RX2 VP \$15/\$40 HNONLY 1500 RX3 VP \$15/\$35

Groups: 51-250

Health Plan Name	HNONLY 2000
O-EPIC Health Plan ID	H02006
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	HNONLY 2000 RX1 VP \$10/\$35 HNONLY 2000 RX2 VP \$15/\$40 HNONLY 2000 RX3 VP \$15/\$35

Health Plan Name	HNONLY 2500
O-EPIC Health Plan ID	H02007
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	HNONLY 2500 RX1 VP \$10/\$35 HNONLY 2500 RX2 VP \$15/\$40 HNONLY 2500 RX3 VP \$15/\$35

Health Plan Name	OAMC 500 80/50
O-EPIC Health Plan ID	H02008
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	OAMC 500 80/50 RX1 VP \$10/\$35 OAMC 500 80/50 RX2 VP \$15/\$40 OAMC 500 80/50 RX3 VP \$15/\$35

Groups: 51-250

Health Plan Name	OAMC 1000 100/70
O-EPIC Health Plan ID	H02009
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	OAMC 1000 100/70 RX1 VP \$10/\$35 OAMC 1000 100/70 RX2 VP \$15/\$40 OAMC 1000 100/70 RX3 VP \$15/\$35

Health Plan Name	OAMC 1000 80/50
O-EPIC Health Plan ID	H02010
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OAMC 1000 80/50 RX1 VP \$10/\$35 OAMC 1000 80/50 RX2 VP \$15/\$40 OAMC 1000 80/50 RX3 VP \$15/\$35

Health Plan Name	OAMC 1500 50/50
O-EPIC Health Plan ID	H02011
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	\$50
Pharmacy	OAMC 1500 50/50 RX1 VP \$10/\$35 OAMC 1500 50/50 RX2 VP \$15/\$40 OAMC 1500 50/50 RX3 VP \$15/\$35

Groups: 51-250

Health Plan Name	OAMC 1500 80/50
O-EPIC Health Plan ID	H02012
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OAMC 1500 80/50 RX1 VP \$10/\$35 OAMC 1500 80/50 RX2 VP \$15/\$40 OAMC 1500 80/50 RX3 VP \$15/\$35

Health Plan Name	OAMC 2000 80/50
O-EPIC Health Plan ID	H02013
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OAMC 2000 80/50 RX1 VP \$10/\$35 OAMC 2000 80/50 RX2 VP \$15/\$40 OAMC 2000 80/50 RX3 VP \$15/35

Health Plan Name	OAMC INTEGRIS 2500 70/50
O-EPIC Health Plan ID	H02014
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OAMC INTEGRIS 2500 70/50 RX1 VP \$10/\$35 OAMC INTEGRIS 2500 70/50 RX2 VP \$15/\$40 OAMC INTEGRIS 2500 70/50 RX3 VP \$15/\$35

Groups: 51-250

Health Plan Name	OAMC ST. JOHN 2500 70/50
O-EPIC Health Plan ID	H02015
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OAMC ST. JOHN 2500 70/50 RX1 VP \$10/\$35 OAMC ST. JOHN 2500 70/50 RX2 VP \$15/\$40 OAMC ST. JOHN 2500 70/50 RX3 VP \$15/\$35

Health Plan Name	OK OAMC 1000 70/50 OOP Rx1 VP
O-EPIC Health Plan ID	H02040
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OK OAMC 1000 70/50 OOP Rx1 VP \$10/\$60 OK OAMC 1000 70/50 OOP Rx2 VP \$15/\$85 OK OAMC 1000 70/50 OOP Rx3 VP \$15/\$65

Health Plan Name	OK OAMC 2000 80/50 OOP Rx1 VP
O-EPIC Health Plan ID	H02039
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$35
Specialist Office Visit Copay	\$60
Pharmacy	OK OAMC 2000 80/50 OOP Rx1 VP \$10/\$60 OK OAMC 2000 80/50 OOP Rx2 VP \$15/\$85 OK OAMC 2000 80/50 OOP Rx3 VP \$15/\$65

Groups: 51-250

Health Plan Name	OK HNOOnly 500 INTEGRIS
O-EPIC Health Plan ID	H01954
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	OK HNOOnly 500 RX 1 \$10/\$60 OK HNOOnly 500 RX 2 \$15/\$85 OK HNOOnly 500 RX 3 \$15/\$65

Health Plan Name	OK HNOOnly 500 St. John
O-EPIC Health Plan ID	H01955
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	OK HNOOnly 500 RX 1 \$10/\$60 OK HNOOnly 500 RX 2 \$15/\$85 OK HNOOnly 500 RX 3 \$15/\$65

Health Plan Name	OK HNOOnly 500
O-EPIC Health Plan ID	H02058
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$20
Specialist Office Visit Copay	\$40
Pharmacy	OK HNOOnly 500 RX 1 \$10/\$60 OK HNOOnly 500 RX 2 \$15/\$85 OK HNOOnly 500 RX 3 \$15/\$65

Groups: 51-250

Health Plan Name	OK HNOOnly 1000 15/75 Integris
O-EPIC Health Plan ID	H02048
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$15
Specialist Office Visit Copay	\$75
Pharmacy	OK HNOOnly 1000 15/75 RX 1 \$10/\$60 OK HNOOnly 1000 15/75 RX 2 \$15/\$85 OK HNOOnly 1000 15/75 RX 3 \$15/\$65

Health Plan Name	OK HNOOnly 1000 15/75 St. John
O-EPIC Health Plan ID	H02049
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$15
Specialist Office Visit Copay	\$75
Pharmacy	OK HNOOnly 1000 15/75 RX 1 \$10/\$60 OK HNOOnly 1000 15/75 RX 2 \$15/\$85 OK HNOOnly 1000 15/75 RX 3 \$15/\$65

Health Plan Name	OK HNOOnly 1000 15/75
O-EPIC Health Plan ID	H02056
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$15
Specialist Office Visit Copay	\$75
Pharmacy	OK HNOOnly 1000 15/75 RX 1 \$10/\$60 OK HNOOnly 1000 15/75 RX 2 \$15/\$85 OK HNOOnly 1000 15/75 RX 3 \$15/\$65

Health Plan Name	OK OAMC 2500 50/50 15/75 Integris
O-EPIC Health Plan ID	H02050
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$15

Specialist Office Visit Copay	\$75
Pharmacy	OK OAMC 2500 50/50 15/75 RX 1 \$10/\$60 OK OAMC 2500 50/50 15/75 RX 2 \$15/\$85 OK OAMC 2500 50/50 15/75 RX 3 \$15/\$65

Groups: 51-250

Health Plan Name	OK OAMC 2500 50/50 15/75
O-EPIC Health Plan ID	H02057
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$15
Specialist Office Visit Copay	\$75
Pharmacy	OK OAMC 2500 50/50 15/75 RX 1 \$10/\$60 OK OAMC 2500 50/50 15/75 RX 2 \$15/\$85 OK OAMC 2500 50/50 15/75 RX 3 \$15/\$65

Health Plan Name	OAMC 1000 100/70 25/50
O-EPIC Health Plan ID	H02053
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25
Specialist Office Visit Copay	\$50
Pharmacy	OAMC 1000 100/70 25/50 RX 1 \$10/\$60 OAMC 1000 100/70 25/50 RX 2 \$15/\$85 OAMC 1000 100/70 25/50 RX 3 \$15/\$65

Health Plan Name	OAMC 2500 70/50
O-EPIC Health Plan ID	H02054
Individual Annual Deductible (in-network)	\$2500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$25

Specialist Office Visit Copay	\$50
Pharmacy	OAMC 2500 70/50 RX 1 \$10/60 OAMC 2500 70/50 RX 2 \$15/85 OAMC 2500 70/50 RX 3 \$15/65

Health Plan Name	HNONLY 1500 50 BASIC
O-EPIC Health Plan ID	H02055
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Non Specialist OV Copay	\$30
Specialist Office Visit Copay	\$50
Pharmacy	HNONLY 1500 50 BASIC RX 1 \$10/60 HNONLY 1500 50 BASIC RX 2 \$15/85 HNONLY 1500 50 BASIC RX 3 \$15/65