

Blue Cross and Blue Shield: Qualified Health Plans

Small Group 1-50

Health Plan Name	BCBSOK Blue Preferred PPO \$500/\$1,250 Blue Preferred Platinum PPO 401 P710PFR
O-EPIC Health Plan ID	H01981
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,250 – includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$500/\$1,250 Blue Advantage Platinum PPO 101 P710ADT
O-EPIC Health Plan ID	H01980
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,250 – includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice PPO \$1,500/\$3,000 Blue Choice Gold PPO 201 G730CHC-19
O-EPIC Health Plan ID	H02063
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 – includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1,500/\$3,000 Blue Preferred Gold PPO 402 G730PFR-19
O-EPIC Health Plan ID	H02062
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 – includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options PPO \$1,750 Blue Options Gold PPO 302 G721OPT-19
O-EPIC Health Plan ID	H02064
Individual Annual Deductible (in-network)	\$1,750
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Blue Cross and Blue Shield: Qualified Health Plans

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Health Plan Name	BCBSOK Blue Options PPO \$2,000 Blue Options Gold PPO 303 G722OPT
O-EPIC Health Plan ID	H01972
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$1,500 Blue Advantage Gold PPO 102 G740ADT-19
O-EPIC Health Plan ID	H02065
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000- includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$2500 Blue Preferred Gold PPO 403 G731PFR
O-EPIC Health Plan ID	H01982
Individual Annual Deductible (in-network)	\$2,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000- includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$2500 Blue Advantage Gold PPO 103 G741ADT
O-EPIC Health Plan ID	H01978
Individual Annual Deductible (in-network)	\$2,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000- includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Advantage PPO \$2500 Blue Advantage Gold PPO 110 G745ADT-19
O-EPIC Health Plan ID	H02066
Individual Annual Deductible (in-network)	\$2,500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000- includes deductible and RX
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	BCBSOK Blue Options Gold PPO \$1000 Blue Options Gold PPO 309 G723OPT
O-EPIC Health Plan ID	H02000
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Blue Cross and Blue Shield: Qualified Health Plans

Mid-Market Group 51 - 150

Health Plan Name	BCBSOK Blue Choice PPO \$200/\$1,000
O-EPIC Health Plan ID	H01295
Individual Annual Deductible (in-network)	\$200
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice \$500/\$1,000
O-EPIC Health Plan ID	H01299
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy (2 Options)	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice Workforce Blue \$500/\$1,000
O-EPIC Health Plan ID	H01620
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice PPO \$1,000/\$1,000
O-EPIC Health Plan ID	H01301
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice Workforce Blue \$1,000/\$1,000
O-EPIC Health Plan ID	H01621
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Blue Cross and Blue Shield: Qualified Health Plans

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Health Plan Name	BCBSOK Blue Preferred PPO \$500/\$1,000
O-EPIC Health Plan ID	HO1307
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred Workforce Blue \$500/\$1,000
O-EPIC Health Plan ID	HO1622
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1,000/\$1,000
O-EPIC Health Plan ID	HO1309
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred Workforce Blue \$1,000/\$1,000
O-EPIC Health Plan ID	HO1623
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$1,000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options \$500/2,000
O-EPIC Health Plan ID	HO1311
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - with Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options Workforce Blue \$500
O-EPIC Health Plan ID	HO1488
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Blue Cross and Blue Shield: Qualified Health Plans

Mid-Market Group 51 - 150

Health Plan Name	BCBSOK Blue Options \$750
O-EPIC Health Plan ID	H01312
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - with Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options \$1,000
O-EPIC Health Plan ID	H01817
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options \$1,000/2,000
O-EPIC Health Plan ID	H01313
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - with Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options Workforce Blue \$1,000
O-EPIC Health Plan ID	H01271
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - with Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options \$2,000
O-EPIC Health Plan ID	H01818
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BlueLincs HMO Plan H - \$0/2,000
O-EPIC Health Plan ID	H01322
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Blue Cross and Blue Shield: Qualified Health Plans

Mid-Market Group 51 - 150

Health Plan Name	BCBSOK BlueLincs HMO Value Option - \$0/\$2,000
O-EPIC Health Plan ID	HO1323
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$1500/\$3000
O-EPIC Health Plan ID	HO1813
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO \$2000/\$3000
O-EPIC Health Plan ID	HO1814
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice ML885
O-EPIC Health Plan ID	HO1884
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Options Select PPO \$500/\$3,000 Blue Options Select PPO
O-EPIC Health Plan ID	HO1889
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Option \$500
O-EPIC Health Plan ID	HO1890
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$3,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	BCBSOK Blue Option \$1000 COMMB010C9
O-EPIC Health Plan ID	HO1891
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Option \$2000 COMMB020D9
O-EPIC Health Plan ID	HO1892
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice RQH685T
O-EPIC Health Plan ID	HO1969
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket maximum (in-network)	\$2000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred MOBPF203
O-EPIC Health Plan ID	HO1983
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 - INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Preferred PPO 213 MOBPF213
O-EPIC Health Plan ID	HO1984
Individual Annual Deductible (in-network)	\$3000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK Blue Choice MOBCH101
O-EPIC Health Plan ID	HO1990
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	BCBSOK Blue Choice MOBCH103
O-EPIC Health Plan ID	H01991
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BLUE OPTIONS 500 MOOPT500
O-EPIC Health Plan ID	H01992
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BLUE OPTIONS 502 MOOPT502
O-EPIC Health Plan ID	H01993
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2750 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BLUE OPTIONS 504 MOOPT504
O-EPIC Health Plan ID	H01994
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BLUE OPTIONS 505 MOOPT505
O-EPIC Health Plan ID	H01995
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BLUE OPTIONS 508 MOOPT508
O-EPIC Health Plan ID	H01996
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket maximum (in-network)	\$2000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	BCBSOK BLUE PREFERRED COMML475
O-EPIC Health Plan ID	H01997
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BCBSOK BLUE OPTIONS COMYB054
O-EPIC Health Plan ID	H01998
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$2000 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOBPF200 BLUE PREFERRED PPO
O-EPIC Health Plan ID	H02036
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500 INCLUDES DEDUCTIBLE
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	BC/BSOK BLUEPREFERRED PPO W/OV COPAY \$500/2000
O-EPIC Health Plan ID	H01308
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2,000 - includes deductible
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOHMO001 BlueLincs HMO
O-EPIC Health Plan ID	H02092
Individual Annual Deductible (in-network)	\$0
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOBCH002 Blue Choice PPO
O-EPIC Health Plan ID	H02093
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	MOBCH004 Blue Choice PPO
O-EPIC Health Plan ID	H02094
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOOPT001 Blue Options PPO
O-EPIC Health Plan ID	H02095
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOOPT003 Blue Options PPO
O-EPIC Health Plan ID	H02096
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2750 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOOPT005 Blue Options PPO
O-EPIC Health Plan ID	H02097
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOOPS001 Blue Options Select PPO
O-EPIC Health Plan ID	H02098
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 – Blue Select Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOBPF001 Blue Preferred PPO
O-EPIC Health Plan ID	H02099
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	MOBPF004 Blue Preferred PPO
O-EPIC Health Plan ID	H02100
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOBPF023 Blue Preferred PPO
O-EPIC Health Plan ID	H02101
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOBPF024 Blue Preferred PPO
O-EPIC Health Plan ID	H02102
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOBAP001 Blue Advantage PPO
O-EPIC Health Plan ID	H02103
Individual Annual Deductible (in-network)	\$1250
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	COMMOBCH002 COMA Blue Choice PPO
O-EPIC Health Plan ID	H02104
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	COMOBCH004 COMA Blue Choice PPO
O-EPIC Health Plan ID	H02105
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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Health Plan Name	COMMOOPT001 COMA Blue Options PPO
O-EPIC Health Plan ID	H02106
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket maximum (in-network)	\$2500 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	COMMOOPT003 COMMA Blue Options PPO
O-EPIC Health Plan ID	H02107
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$2750 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	COMMOBPF004 COMA Blue Preferred PPO
O-EPIC Health Plan ID	H02108
Individual Annual Deductible (in-network)	\$1000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	OPTION 750
O-EPIC Health Plan ID	H02109
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket maximum (in-network)	\$3000
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	COMMOOPT008 COMA Blue Options PPO
O-EPIC Health Plan ID	H02110
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

Health Plan Name	MOOPT008 Blue Options PPO
O-EPIC Health Plan ID	H02111
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket maximum (in-network)	\$3000 – Blue Preferred Network
Primary Office Visit Copay	Up to \$50
Pharmacy	Pref. RX copay

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