



BlueCross BlueShield of Oklahoma

Affordable coverage
for small business



THE PETROLEUM ALLIANCE
OF OKLAHOMA

Blue Cross and Blue Shield of Oklahoma and **The Petroleum Alliance of Oklahoma** are working together to make it easier for small businesses to provide affordable group health coverage to employees. With The Petroleum Alliance of Oklahoma Health & Benefits Plan, businesses and their employees can choose the right health care plan, priced within their budget, with the physicians and other health care providers they trust.



Coverage and more
in-network choices
at an affordable price.



The Petroleum Alliance of Oklahoma Health & Benefits Plan Features:

- Blue Preferred PPOSM, Blue Options PPOSM, Blue Options HSASM and Blue Advantage PPOSM offered by Blue Cross and Blue Shield of Oklahoma
- No medical underwriting
- Available in all 77 counties
- Network availability in all 50 states
- Prescription drug coverage: Six-tier drug card or deductible/coinsurance plans available
- Dental coverage
- Vision coverage
- Basic Life coverage

Eligibility

The Petroleum Alliance of Oklahoma Health & Benefits Plan is available to businesses that meet the following criteria:

- Must be a member of the Petroleum Alliance of Oklahoma
- Must have between two and 50 employees
- Company must be headquartered in Oklahoma
- Must meet the SIC code requirements set forth by The Petroleum Alliance of Oklahoma Association Health Plan

Note: Each employer member enrolling for coverage in the Petroleum Alliance of Oklahoma Association Health Plan must elect all lines of coverage being offered: Medical, Dental, Vision and Basic Life.

BLUE PREFERRED PPO

MARKETING PLAN ID	MOBPF004	MOBPF007
INDIVIDUAL DEDUCTIBLE	\$1,000	\$1,500
INDIVIDUAL OUT OF POCKET	\$3,000	\$6,000
FAMILY DEDUCTIBLE	\$3,000	\$4,500
FAMILY OUT OF POCKET	\$9,000	\$13,000
COINSURANCE	80%	50%
PCP OFFICE VISIT COPAY	\$20	\$30
SPECIALIST OFFICE VISIT COPAY	\$20	\$50
INPATIENT CARE COINSURANCE	DC*	DC*
OUTPATIENT CARE COINSURANCE	DC*	DC*
PREFERRED DRUG COVERAGE**	\$0 / \$10 / \$35 / \$75 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250
NON-PREFERRED DRUG COVERAGE**	\$10 / \$20 / \$55 / \$95 / \$150 / \$250	\$10 / \$20 / \$70 / \$120 / \$150 / \$250

BLUE OPTIONS PPO

MARKETING PLAN ID	MOOPT101 (HSA)	MOOPT002	MOOPT004	MOOPT010
INDIVIDUAL DEDUCTIBLE	\$5,000	\$500	\$1,000	\$2,500
INDIVIDUAL OUT OF POCKET	\$5,000	\$3,500	\$4,000	\$5,200
FAMILY DEDUCTIBLE	\$10,000	\$1,500	\$3,000	\$7,500
FAMILY OUT OF POCKET	\$10,000	\$10,000	\$10,000	\$10,000
COINSURANCE	100%	80%	80%	80%
PCP OFFICE VISIT COPAY	DC*	\$30	\$30	\$35
SPECIALIST OFFICE VISIT COPAY	DC*	\$30	\$30	\$35
INPATIENT CARE COINSURANCE	DC*	DC*	DC*	DC*
OUTPATIENT CARE COINSURANCE	DC*	DC*	DC*	DC*
PREFERRED DRUG COVERAGE**	100% / 100% / 80% / 80% / 70% / 60%	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$35 / \$75 / \$150 / \$250
NON-PREFERRED DRUG COVERAGE**	100% / 100% / 70% / 70% / 70% / 60%	\$10 / \$20 / \$70 / \$120 / \$150 / \$250	\$10 / \$20 / \$70 / \$120 / \$150 / \$250	\$10 / \$20 / \$55 / \$95 / \$150 / \$250

* Deductible / Coinsurance

** Prescription Drug Coverage Tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty

BLUE ADVANTAGE PPO

MARKETING PLAN ID	MOBAP001	MOBAP003
INDIVIDUAL DEDUCTIBLE	\$1,250	\$2,500
INDIVIDUAL OUT OF POCKET	\$3,000	\$6,000
FAMILY DEDUCTIBLE	\$3,750	\$7,500
FAMILY OUT OF POCKET	\$9,000	\$12,000
COINSURANCE	70%	80%
PCP OFFICE VISIT COPAY	\$35	\$30
SPECIALIST OFFICE VISIT COPAY	\$60	\$50
INPATIENT CARE COINSURANCE	DC*	DC*
OUTPATIENT CARE COINSURANCE	DC*	DC*
PREFERRED DRUG COVERAGE**	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	\$0 / \$10 / \$50 / \$100 / \$150 / \$250
NON-PREFERRED DRUG COVERAGE**	\$10 / \$20 / \$70 / \$120 / \$150 / \$250	\$10 / \$20 / \$70 / \$120 / \$150 / \$250

* Deductible / Coinsurance

** Prescription Drug Coverage Tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty

The information noted above is current as of the date of publication for non-grandfathered reform plans; however, Blue Cross and Blue Shield of Oklahoma reserves the right to amend this information at any time without notice. This is only a brief description of some of the plan benefits. For more complete details, including benefits, limitations and exclusions, please refer to your certificate of coverage. This information is not intended nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

BLUECARE DENTAL PPO SM		
MARKETING PLAN ID	DONHR03	DONLR06
DEDUCTIBLE	\$50	\$50
ANNUAL MAXIMUM	\$1,500	\$1,000
ORTHO LIFETIME MAX	\$1,500	N/A
DIAGNOSTIC AND PREVENTIVE	100%	100%
MISC PREVENTIVE SERVICES	100%	100%
BASIC RESTORATIVE	80%	80%
NON-SURGICAL EXTRACTIONS, NON-SURGICAL PERIODONTICS, AND ADJUNCTIVE SERVICES	80%	80%
ENDODONTICS	80%	50%
ORAL SURGERY	80%	50%
SURGICAL PERIODONTAL	80%	50%
MAJOR RESTORATIVE AND PROSTHODONTICS	50%	50%
IMPLANTS	50%	N/A
ORTHODONTICS	50%	N/A

Featuring a Benefits Administration Platform That's Seamless and Intuitive

The Petroleum Alliance of Oklahoma Health & Benefits Plan groups now have the advantage of an employee benefits administration portal called SIMON®. It delivers a seamless experience for employers and brokers to more easily maintain membership and billing for their group.

SIMON is a sophisticated, yet user-friendly way to simplify the process of enrollment, benefits, management and billing. With the use of SIMON, you can access and manage employee benefits and group bill payment from one online portal - anywhere and anytime. The result? A much more streamlined and efficient process, which allows you to accomplish more in less time and to do so confidently knowing that the data is current, accurate and secure with SIMON.

VISION PLAN	
FREQUENCY	
EYE	ONCE EVERY 12 MONTHS
LENSES	ONCE EVERY 12 MONTHS
FRAMES	ONCE EVERY 12 MONTHS
CONTACT LENS EVALUATION/FITTING	ONCE EVERY 12 MONTHS
EXAM COPAY	\$10
LENS COPAY	\$10
ALLOWANCE	
FRAME & CONTACT	\$130
FIT & FOLLOW-UP	No
STANDARD PROGRESSIVE LENSES	No
SCRATCH COATING	Yes
KIDS POLYCARB	Yes

BASIC LIFE	
RATE GUARANTEE PERIOD	24 months
PER EMPLOYEE PER MONTH RATE	\$5
BASIC LIFE BENEFIT	\$20,000



BlueCross BlueShield of Oklahoma

The Petroleum Alliance of Oklahoma Health & Benefits Plan Rates

All monthly premiums are effective March 1, 2020, through December 31, 2020.

To obtain a quote, the following must be submitted:

- | | |
|--|--|
| <input type="checkbox"/> Group name | <input type="checkbox"/> Census (with ZIP codes) |
| <input type="checkbox"/> Address | <input type="checkbox"/> Agent/producer number |
| <input type="checkbox"/> Effective date | <input type="checkbox"/> SIC Code |
| <input type="checkbox"/> Current carrier | |

For general questions about the Petroleum Alliance of Oklahoma Association Health Plan, call **405-601-2501** or email benefits@okpetro.com.

Vimly Benefit Solutions, Inc., an independent company, solely responsible for its products and services, administers the SIMON online benefits portal for Blue Cross and Blue Shield of Oklahoma.

This is not a contract. It is intended as a source of general information only. Full benefits, limitations and exclusions can be found in the specific product's contract. Rates are subject to change.