



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 PPO<sup>SM</sup> and Blue Advantage PPO<sup>SM</sup> 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 participating in The Petroleum Alliance of Oklahoma Association Health Plan must offer all lines of coverage: Medical, Dental, Vision and Basic Life. Medical and Dental plans are subject to minimum employer contribution percentages, Vision can be voluntary and Basic Life is employer paid.

## BLUE PREFERRED PLANS

MARKETING PLAN ID	MOBPF0042 Blue Preferred PPO 0042	MOBPF0072 Blue Preferred PPO 0072	MOBPF0142 Blue Preferred PPO 0142	MOBPF1030 Blue Preferred PPO 1030 (HSA)	MOBPF1040 Blue Preferred PPO 1040 (HSA)
INDIVIDUAL DEDUCTIBLE	\$1,000	\$1,500	\$4,000	\$3,000	\$5,000
INDIVIDUAL OUT OF POCKET	\$3,000	\$6,000	\$7,000	\$3,000	\$5,000
FAMILY DEDUCTIBLE	\$3,000	\$4,500	\$12,000	\$6,000	\$10,000
FAMILY OUT OF POCKET	\$9,000	\$13,000	\$14,000	\$6,000	\$10,000
COINSURANCE	80%	50%	70%	100%	100%
PCP OFFICE VISIT COPAY	\$20	\$30	\$30	DC*	DC*
SPECIALIST OFFICE COPAY	\$20	\$50	\$50	DC*	DC*
INPATIENT CARE COPAY	N/A	\$500	\$750	N/A	N/A
OUTPATIENT CARE COPAY	N/A	\$250	\$250	N/A	N/A
EMERGENCY ROOM COPAY	\$100	\$300	\$300	N/A	N/A
PREFERRED DRUG COVERAGE**	\$0/\$10/\$35/ \$75/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/ \$250	\$0/\$10/\$50/ \$100/\$150/ \$250	100%	100%
NON-PREFERRED DRUG COVERAGE**	\$0/\$10/\$35/ \$75/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/ \$250	\$0/\$10/\$50/ \$100/\$150/ \$250	100%	100%

\* Deductible / Coinsurance

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

## BLUE ADVANTAGE PLANS

MARKETING PLAN ID	MOBAP0072 Blue Advantage PPO 0072	MOBAP0012 Blue Advantage PPO 0012	MOBAP0032 Blue Advantage PPO 0032	MOBAP0112 Blue Advantage PPO 0112	MOBAP1040 Blue Advantage PPO 1040 (HSA)	MOBAP1050 Blue Advantage PPO 1050 (HSA)
INDIVIDUAL DEDUCTIBLE	\$500	\$1,250	\$2,500	\$4,000	\$3,000	\$5,000
INDIVIDUAL OUT OF POCKET	\$1,250	\$3,000	\$6,000	\$7,000	\$3,000	\$5,000
FAMILY DEDUCTIBLE	\$1,500	\$3,750	\$7,500	\$12,000	\$6,000	\$10,000
FAMILY OUT OF POCKET	\$3,750	\$9,000	\$12,000	\$14,000	\$6,000	\$10,000
COINSURANCE	80%	70%	80%	70%	100%	100%
PCP OFFICE VISIT COPAY	\$25	\$35	\$30	\$30	DC*	DC*
SPECIALIST OFFICE COPAY	\$45	\$60	\$50	\$50	DC*	DC*
INPATIENT CARE COPAY	\$150	\$200	\$750	\$750	N/A	N/A
OUTPATIENT CARE COPAY	\$100	\$150	\$250	\$250	N/A	N/A
EMERGENCY ROOM COPAY	\$300	\$400	\$200	\$300	N/A	N/A
PREFERRED DRUG COVERAGE**	\$0/\$10/\$35/ \$75/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/\$250	100%	100%
NON-PREFERRED DRUG COVERAGE**	\$0/\$10/\$35/ \$75/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/\$250	\$0/\$10/\$50/ \$100/\$150/\$250	100%	100%

\* 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 <sup>SM</sup>		
MARKETING PLAN ID	DONHR33	DONLR36
DEDUCTIBLE	\$50 individual / \$150 family	\$50 individual / \$150 family
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<sup>®</sup>. 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 24 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 January 1, 2023, through December 31, 2023.

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](mailto: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.