




**BlueCross BlueShield of Oklahoma**

*Experience. Wellness. Everywhere.®*



Chamber  
*Choice*  


Affordable coverage for  
Oklahoma small businesses



# Chamber *Choice*

Blue Cross and Blue Shield of Oklahoma and the Tulsa Metro Chamber are working together to make it easy for small businesses to provide affordable group health coverage to employees. With Chamber Choice, businesses and their employees can choose the right health care plan, priced within their budget, with the physicians and health care providers they trust.

Chamber Choice, for employers with two to 50 employees, is available to members of participating chambers in Tulsa, Creek, Muskogee, Okmulgee, Osage, Pawnee, Rogers, Wagoner or Washington county.

## Chamber Choice features

- **No medical underwriting:**  
Coverage is guaranteed for Chamber members who meet contribution and participation requirements.
- **BlueOptions® PPO:** More in-network choices than any other Oklahoma PPO plan, with four deductible options.
- **BlueOptimize<sup>SM</sup> PPO:** This new set of flexible choices includes three deductible options.
- **BlueLincs HMO<sup>SM</sup>:** Coverage available with or without an annual deductible. (Not available in some areas.)
- **Prescription drug coverage:**  
**PPO and HMO** — 50 percent coinsurance applies at network pharmacies up to a \$10,000 stop loss. Then allowable prescription drugs charges are paid at 100 percent.
- **Network availability in all 50 states.**
- **Office visit copayments:** \$20 or \$30 copayments, depending on the plan you choose.
- **Dental coverage available.**
- **Group Term Life, Accidental Death & Dismemberment and disability coverage available.**



Annual Deductible	\$500    \$1,000    \$1,500    \$2,500	\$500    \$1,000    \$2,500
<b>Coinsurance</b>	80% BluePreferred® network 70% BlueChoice® network 60% BlueTraditional® network 50% Out-of-network (to BlueChoice allowed amount)	70% BluePreferred® network 60% BlueChoice® network 50% BlueTraditional® network 50% Out-of-network (to BlueChoice allowed amount)
<b>Out-of-pocket Limits*</b>	\$2,000 per family member, plus deductible, for BluePreferred providers \$3,000 per family member, plus deductible, for BlueChoice providers \$4,000 per family member, plus deductible, for BlueTraditional providers \$5,000 per family member, plus deductible, for out-of-network providers and charges above BlueChoice network allowable	\$6,000 per family member, plus deductible, for BluePreferred providers \$8,000 per family member, plus deductible, for BlueChoice providers \$10,000 per family member, plus deductible, for BlueTraditional providers \$10,000 per family member, plus deductible, for out-of-network providers and charges above BlueChoice network allowable
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visits</b>	\$30 OVC includes office visit, lab and radiology. Limit six per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit.	\$30 OVC includes office visit and lab only. <b>Radiology excluded.</b> Limit six per adult; unlimited for children. Deductible/Coinsurance will apply after sixth visit.
<b>Prescription Drugs</b>	50/50 Drug Card	50/50 Drug Card
<b>Routine Child Care</b>	Paid at 100 percent in-network for members under age 19	Paid at 100 percent in-network for members under age 19
<b>Preventive Care</b>	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network	Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network
<b>Immunizations</b>	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).	Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).
<b>Inpatient Care</b>	\$250 for \$500 deductible \$500 for \$1,000 deductible \$750 for \$1,500 deductible \$1,250 for \$2,500 deductible (in addition to deductible and coinsurance)	\$250 for \$500 deductible \$500 for \$1,000 deductible \$750 for \$2,500 deductible (in addition to deductible and coinsurance)
<b>Outpatient Care</b>	\$200 (in addition to deductible and coinsurance)	\$200 (in addition to deductible and coinsurance)

\*Some items will not be applied to the out-of-pocket expense limit including office visit copayments, deductibles including per-occurrence deductible on inpatient, outpatient, ER or mental health/substance abuse covered charges, reductions in benefits due to non-compliance with utilization management program requirements and mental health and chemical dependency treatment services (groups 50 and fewer).

## BlueLincs HMO<sup>SM</sup> Special Option

## BlueLincs HMO<sup>SM</sup> Value Option

<p>\$500 individual/\$1,500 family (If the copayment is based on a percentage, deductible applies before the copayment. If the copayment is a dollar amount, deductible applies after the copayment.)</p>	<p>No deductible</p>
<p>No coinsurance, but copayment applies for some services</p>	<p>No coinsurance, but copayment applies for some services</p>
<p>\$3,000 maximum per individual per year (does not include some copayments)</p>	<p>\$2,000 maximum per individual per year (does not include some copayments)</p>
<p>Unlimited</p>	<p>Unlimited</p>
<p>\$20 copayment for visits to Primary Care Physician (PCP) \$30 copayment for visits to Specialists</p>	<p>\$20 copayment for visits to Primary Care Physician (PCP)</p>
<p>50% coinsurance in-network</p>	<p>50% coinsurance in-network</p>
<p>Paid at 100 percent in-network for members under age 19</p>	<p>Paid at 100 percent in-network for members under age 19</p>
<p>Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network</p>	<p>Services rated "A" or "B" in U.S. Preventive Services Task Force recommendations, including routine physical exams, well-child care and routine diagnostic tests, covered at 100% in-network</p>
<p>Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).</p>	<p>Includes MMR, pneumonia, HIB, DPT, tetanus and polio vaccines. Childhood immunizations (under age 19) are paid at 100% (no copay, no deductible and no coinsurance).</p>
<p>30% copayments for surgeon, anesthesiologist and hospital services</p>	<p>20% copayments for surgeon, anesthesiologist and hospital services</p>
<p>30% copayments for diagnostic, radiology, laboratory, surgeon and anesthesiologist services</p>	<p>20% copayment for diagnostic, radiology, laboratory, surgeon and anesthesiologist services</p>

The information noted in the benefit charts is current as of the date of publication for non-grandfathered reform plans; however, BCBSOK 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.

# 2011 Chamber Choice Rates

Effective Jan. 1, 2011 - Dec. 31, 2011

BlueOptions PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$249.21	\$323.96	\$343.34
25-29	\$291.84	\$340.73	\$343.34
30-34	\$354.41	\$389.87	\$343.34
35-39	\$365.50	\$402.04	\$343.34
40-44	\$409.81	\$450.78	\$343.34
45-49	\$465.19	\$511.72	\$343.34
50-54	\$595.34	\$654.86	\$343.34
55-59	\$722.70	\$758.83	\$343.34
60-64	\$960.83	\$980.05	\$343.34
65+	\$1,038.36	\$1,038.36	\$343.34

Market Plan ID# TULR51

BlueOptions PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$223.64	\$290.74	\$308.12
25-29	\$261.90	\$305.78	\$308.12
30-34	\$318.06	\$349.87	\$308.12
35-39	\$328.00	\$360.80	\$308.12
40-44	\$367.77	\$404.53	\$308.12
45-49	\$417.46	\$459.22	\$308.12
50-54	\$534.27	\$587.67	\$308.12
55-59	\$648.56	\$680.98	\$308.12
60-64	\$862.27	\$879.51	\$308.12
65+	\$931.84	\$931.84	\$308.12

Market Plan ID# TULR52

BlueOptions PPO (\$1,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$214.24	\$278.50	\$295.17
25-29	\$250.88	\$292.91	\$295.17
30-34	\$304.67	\$335.16	\$295.17
35-39	\$314.20	\$345.63	\$295.17
40-44	\$352.30	\$387.51	\$295.17
45-49	\$399.92	\$439.91	\$295.17
50-54	\$511.80	\$562.96	\$295.17
55-59	\$621.28	\$652.33	\$295.17
60-64	\$825.99	\$842.52	\$295.17
65+	\$892.65	\$892.65	\$295.17

Market Plan ID# TULR53

BlueOptions PPO (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$196.76	\$255.79	\$271.08
25-29	\$230.42	\$269.02	\$271.08
30-34	\$279.83	\$307.81	\$271.08
35-39	\$288.56	\$317.42	\$271.08
40-44	\$323.56	\$355.90	\$271.08
45-49	\$367.28	\$404.01	\$271.08
50-54	\$470.04	\$517.02	\$271.08
55-59	\$570.59	\$599.11	\$271.08
60-64	\$758.60	\$773.79	\$271.08
65+	\$807.51	\$819.81	\$271.08

Market Plan ID# TULR54

BlueLincs Special Option HMO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$242.18	\$313.50	\$326.38
25-29	\$258.26	\$299.41	\$326.38
30-34	\$321.33	\$348.78	\$326.38
35-39	\$327.23	\$356.23	\$326.38
40-44	\$398.16	\$432.25	\$326.38
45-49	\$461.65	\$505.93	\$326.38
50-54	\$563.54	\$611.33	\$326.38
55-59	\$685.80	\$708.14	\$326.38
60-64	\$872.34	\$880.57	\$326.38
65+	\$935.04	\$935.04	\$326.38

Market Plan ID# TULARSP5

BlueLincs Value Option HMO (no annual deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$298.68	\$386.65	\$402.54
25-29	\$318.51	\$369.27	\$402.54
30-34	\$396.31	\$430.15	\$402.54
35-39	\$403.59	\$439.35	\$402.54
40-44	\$491.07	\$533.12	\$402.54
45-49	\$569.37	\$623.97	\$402.54
50-54	\$695.04	\$753.99	\$402.54
55-59	\$845.81	\$873.37	\$402.54
60-64	\$1,075.89	\$1,086.03	\$402.54
65+	\$1,153.23	\$1,153.23	\$402.54

Market Plan ID# TULAROP

BlueOptimize PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$226.61	\$294.57	\$312.20
25-29	\$265.37	\$309.82	\$312.20
30-34	\$322.27	\$354.50	\$312.20
35-39	\$332.35	\$365.57	\$312.20
40-44	\$372.64	\$409.89	\$312.20
45-49	\$423.00	\$465.30	\$312.20
50-54	\$541.35	\$595.46	\$312.20
55-59	\$657.15	\$689.99	\$312.20
60-64	\$873.69	\$891.16	\$312.20
65+	\$944.18	\$944.18	\$312.20

Market Plan ID# TULROMX505

BlueOptimize PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$203.61	\$264.70	\$280.52
25-29	\$238.45	\$278.38	\$280.52
30-34	\$289.57	\$318.54	\$280.52
35-39	\$298.62	\$328.49	\$280.52
40-44	\$334.84	\$368.30	\$280.52
45-49	\$380.08	\$418.09	\$280.52
50-54	\$486.41	\$535.04	\$280.52
55-59	\$590.48	\$619.99	\$280.52
60-64	\$785.04	\$800.74	\$280.52
65+	\$835.66	\$848.38	\$280.52

Market Plan ID# TULROMX506

BlueOptimize (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$179.57	\$233.42	\$247.39
25-29	\$210.28	\$245.51	\$247.39
30-34	\$255.36	\$280.91	\$247.39
35-39	\$263.35	\$289.69	\$247.39
40-44	\$295.29	\$324.80	\$247.39
45-49	\$335.19	\$368.71	\$247.39
50-54	\$428.96	\$471.85	\$247.39
55-59	\$520.73	\$546.75	\$247.39
60-64	\$692.32	\$706.18	\$247.39
65+	\$736.95	\$748.17	\$247.39

Market Plan ID# TULROMX507

For employee and spouse, premiums change the month following a change in age range.



**BlueCross BlueShield of Oklahoma**

*Experience. Wellness. Everywhere.®*

## Insure Oklahoma

### Health Care Premium Assistance Program

Insure Oklahoma helps small businesses save up to 60 percent on health care coverage costs for eligible employees. To be eligible to participate in Insure Oklahoma, a business must:

- Have 99 or fewer full-time employees
- Be located in Oklahoma
- Offer a qualified health plan
- Complete an application packet
- Contribute at least 25 percent of premiums for eligible employees



An eligible employee must be between the ages of 19 and 64, be an Oklahoma resident, have a gross annual household income at or below the annual household guidelines, and contribute up to 15 percent of their monthly premium cost and up to 15 percent of the premium cost for their eligible spouse (not to exceed 3 percent of gross annual household income).

BlueOptions PPO with \$500 and \$1,000 deductibles and BlueLincs Value Option HMO plans are qualified Insure Oklahoma health plans. For more information, visit [insureoklahoma.net](http://insureoklahoma.net).



## Call today for more information.

To find out more about **Chamber Choice**, contact your Blue Cross and Blue Shield of Oklahoma representative, call **1-800-281-0446** or visit our website at [bcbsok.com](http://bcbsok.com).

**TULSA METRO CHAMBER** To learn more about the Tulsa Metro Chamber, call 1-918-560-0249 or visit [tulsachamber.com](http://tulsachamber.com).

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.  
\* Registered Marks Blue Cross and Blue Shield Association.

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.  
71135.1010