




**BlueCross BlueShield of Oklahoma**  
*Experience. Wellness. Everywhere.®*

Chamber  
**Choice**  




**G R E A T E R**  
OKLAHOMA CITY  
**C H A M B E R**



Affordable coverage for  
Oklahoma small businesses



# Chamber *Choice*

Blue Cross and Blue Shield of Oklahoma and the Greater Oklahoma City 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 Features

- **No medical underwriting:**  
Coverage is guaranteed for eligible Chamber members who meet contribution and participation requirements.
- **BlueOptions® PPO:** More in-network choices than any other Oklahoma PPO plan, with five deductible options.
- **BlueOptimize<sup>SM</sup> PPO:** This 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 — 50 percent coinsurance applies at network pharmacies up to a \$10,000 stop loss. Blue Cross and Blue Shield of Oklahoma then pays 100 percent of allowable prescription drug charges.  
HMO — \$300 deductible applies, then drug card may be used at network pharmacies, with copayments.
- **Network availability in all 50 states.**
- **Office visit copayments:** \$20 or \$30 copayments, depending on the plan you choose.

Most BlueOptions PPO and BlueLincs HMO plans are qualified as Insure Oklahoma health plans. **Insure Oklahoma** helps small businesses save up to 60 percent on health care coverage costs for eligible employees. The program is funded by the Oklahoma tobacco tax and federal funds. For more information on employer and employee eligibility, visit [bcbsok.com/insureoklahoma.html](http://bcbsok.com/insureoklahoma.html).



<b>Annual Deductible</b>	\$500 \$750 \$1,000 \$1,500 \$2,500	\$500 \$1,000 \$2,500	No annual deductible or \$500 individual/\$1,500 family
<b>Coinsurance</b>	80% BluePreferred® network 70% BlueChoice® network 60% BlueTraditional® network 50% Out-of-network*	70% BluePreferred® network 60% BlueChoice® network 50% BlueTraditional® network 50% Out-of-network*	No coinsurance, but a 20% copayment of the allowable charge applies for some services.
<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 that exceed the allowable amount	\$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 that exceed the allowable amount	\$2,000 maximum per individual/\$6,000 maximum per family - per year (does not include some copayments)
<b>Lifetime Maximum</b>	Unlimited	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.	\$20 copayment for Primary Care Physician (PCP) visits
<b>Prescription Drugs</b>	50/50 Drug Card	50/50 Drug Card	\$300 deductible Generic: 30% coinsurance with a minimum \$12 copayment Preferred Brand: \$25 copayment Non Preferred Brand: 30% coinsurance with a minimum \$25 copayment
<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	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).	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 Per Occurrence Deductible</b>	\$250 for \$500 deductible \$325 for \$750 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)	20% copayments for surgeon, anesthesiologist, and hospital services
<b>Outpatient Care Per Occurrence Deductible</b>	\$200 (in addition to deductible and coinsurance)	\$200 (in addition to deductible and coinsurance)	20% copayments for diagnostic, radiology, laboratory, surgeon, and anesthesiologist services

\*Allowable charge for non-contracting providers for covered services will be the lesser of the provider's billed charges or the Plan's non-contracting allowable charge. The non-contracting allowable charge is developed from base Medicare reimbursements, excluding any Medicare adjustments using information on the claim, and adjusted by a predetermined factor established by the Plan. Such factor will not be less than 100% of the base Medicare reimbursement rate.

\*\*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).

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.

# 2012 Chamber Choice Rates

Effective Jan. 1, 2012 - Dec. 31, 2012

BlueOptions PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$281.73	\$395.61	\$380.17
25-29	\$324.38	\$418.00	\$380.17
30-34	\$350.63	\$446.60	\$380.17
35-39	\$385.85	\$494.57	\$380.17
40-44	\$426.80	\$520.74	\$380.17
45-49	\$511.34	\$597.75	\$380.17
50-54	\$619.28	\$681.67	\$380.17
55-59	\$738.32	\$794.31	\$380.17
60-64	\$882.88	\$914.78	\$380.17
65+	\$1,116.14	\$1,002.38	\$380.17

Market Plan ID# OKCR52H

BlueOptions PPO (\$750 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$263.97	\$370.66	\$356.20
25-29	\$303.92	\$391.63	\$356.20
30-34	\$328.52	\$418.44	\$356.20
35-39	\$361.50	\$463.38	\$356.20
40-44	\$399.87	\$487.89	\$356.20
45-49	\$479.08	\$560.04	\$356.20
50-54	\$580.21	\$638.66	\$356.20
55-59	\$691.75	\$744.22	\$356.20
60-64	\$827.20	\$857.08	\$356.20
65+	\$1,045.74	\$939.16	\$356.20

Market Plan ID# OKCR53H

BlueOptions PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$253.15	\$355.46	\$341.60
25-29	\$291.46	\$375.57	\$341.60
30-34	\$315.06	\$401.28	\$341.60
35-39	\$346.69	\$444.38	\$341.60
40-44	\$383.48	\$467.90	\$341.60
45-49	\$459.45	\$537.10	\$341.60
50-54	\$556.43	\$612.50	\$341.60
55-59	\$663.40	\$713.71	\$341.60
60-64	\$793.30	\$821.95	\$341.60
65+	\$1,002.87	\$900.67	\$341.60

Market Plan ID# OKCR54H

BlueOptions PPO (\$1,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$242.98	\$341.18	\$327.86
25-29	\$279.75	\$360.49	\$327.86
30-34	\$302.40	\$385.15	\$327.86
35-39	\$332.76	\$426.53	\$327.86
40-44	\$368.07	\$449.10	\$327.86
45-49	\$440.99	\$515.52	\$327.86
50-54	\$534.08	\$587.88	\$327.86
55-59	\$636.74	\$685.02	\$327.86
60-64	\$761.41	\$788.91	\$327.86
65+	\$962.57	\$864.47	\$327.86

Market Plan ID# OKCR56H

BlueOptions PPO (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$220.73	\$309.92	\$297.84
25-29	\$254.12	\$329.37	\$297.84
30-34	\$274.70	\$349.87	\$297.84
35-39	\$302.27	\$387.46	\$297.84
40-44	\$334.36	\$407.96	\$297.84
45-49	\$400.58	\$468.26	\$297.84
50-54	\$485.12	\$534.03	\$297.84
55-59	\$578.41	\$622.27	\$297.84
60-64	\$691.65	\$716.64	\$297.84
65+	\$874.38	\$785.27	\$297.84

Market Plan ID# OKCR57H

BlueLincs Value Option HMO (no annual deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$320.40	\$414.76	\$431.79
25-29	\$341.66	\$396.10	\$431.79
30-34	\$425.13	\$461.42	\$431.79
35-39	\$432.91	\$471.28	\$431.79
40-44	\$526.76	\$571.85	\$431.79
45-49	\$610.74	\$669.31	\$431.79
50-54	\$745.54	\$808.77	\$431.79
55-59	\$907.28	\$936.84	\$431.79
60-64	\$1,154.07	\$1,164.95	\$431.79
65+	\$1,237.02	\$1,237.02	\$431.79

Market Plan ID# OKCAROP

BlueLincs Value Option HMO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$280.84	\$363.55	\$378.48
25-29	\$299.47	\$347.18	\$378.48
30-34	\$372.63	\$404.45	\$378.48
35-39	\$379.48	\$413.09	\$378.48
40-44	\$461.72	\$501.25	\$378.48
45-49	\$535.33	\$586.69	\$378.48
50-54	\$653.50	\$708.93	\$378.48
55-59	\$795.28	\$821.17	\$378.48
60-64	\$1,011.59	\$1,021.13	\$378.48
65+	\$1,084.30	\$1,084.30	\$378.48

Market Plan ID# OKCAROP5

BlueOptimize PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$256.31	\$359.91	\$345.87
25-29	\$295.11	\$380.28	\$345.87
30-34	\$319.00	\$406.30	\$345.87
35-39	\$351.03	\$449.94	\$345.87
40-44	\$388.29	\$473.76	\$345.87
45-49	\$465.19	\$543.82	\$345.87
50-54	\$563.40	\$620.16	\$345.87
55-59	\$671.69	\$722.64	\$345.87
60-64	\$803.21	\$832.23	\$345.87
65+	\$1,015.41	\$911.93	\$345.87

Market Plan ID# OKCROMX505

BlueOptimize PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$230.57	\$323.77	\$311.15
25-29	\$265.47	\$342.09	\$311.15
30-34	\$286.97	\$365.51	\$311.15
35-39	\$315.77	\$404.76	\$311.15
40-44	\$349.30	\$426.18	\$311.15
45-49	\$418.48	\$489.20	\$311.15
50-54	\$506.83	\$557.88	\$311.15
55-59	\$604.24	\$650.08	\$311.15
60-64	\$722.56	\$748.66	\$311.15
65+	\$913.45	\$820.36	\$311.15

Market Plan ID# OKCROMX506

BlueOptimize PPO (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$202.75	\$284.71	\$273.61
25-29	\$233.45	\$300.82	\$273.61
30-34	\$252.34	\$321.40	\$273.61
35-39	\$277.68	\$355.93	\$273.61
40-44	\$307.14	\$374.76	\$273.61
45-49	\$367.99	\$430.18	\$273.61
50-54	\$445.68	\$490.58	\$273.61
55-59	\$531.34	\$571.64	\$273.61
60-64	\$635.38	\$658.33	\$273.61
65+	\$803.24	\$721.37	\$273.61

Market Plan ID# OKCROMX507

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

**G R E A T E R**  
**O K L A H O M A C I T Y**  
**C H A M B E R**





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## Chamber Choice Eligibility

Chamber Choice is available to businesses with 2-50 employees. Companies must be a member of the Greater Oklahoma City Chamber and/or a member of a participating chamber in the county where the company is headquartered. Counties with participating chambers include:

### Canadian County

El Reno Chamber of Commerce	(405) 262-1188
Mustang Chamber of Commerce	(405) 376-2758
Piedmont Chamber of Commerce	(405) 373-2234
Yukon Chamber of Commerce	(405) 354-3567

### Cleveland County

Moore Chamber of Commerce	(405) 794-3400
Noble Chamber of Commerce	(405) 872-5535
Norman Chamber of Commerce	(405) 321-7260

### Logan County

Guthrie Chamber of Commerce	(405) 282-1947
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### McClain County

Blanchard Chamber of Commerce	(405) 485-8787
Newcastle Chamber of Commerce	(405) 387-3232

### Oklahoma County

Greater Oklahoma City Chamber	(405) 297-8961
Edmond Chamber of Commerce	(405) 341-2808
<i>(For businesses headquartered within Edmond city limits in Oklahoma County.)</i>	

### Pottawatomie County

Greater Shawnee Area Chamber	(405) 273-6092
McLoud Chamber of Commerce	(405) 964-6566
Tecumseh Chamber of Commerce	(405) 598-8666



For more information about chamber membership, call (405) 297-8961 or visit [okchamber.com/chamberchoice](http://okchamber.com/chamberchoice).

# Call today for more information.

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

Or, contact an approved Blue Cross and Blue Shield of Oklahoma agent. Visit [okchamber.com/chamberchoice](http://okchamber.com/chamberchoice) for a listing of approved agents.

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