




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

Chamber  
**Choice**  




Heidi Huff  
Maid to Order Cleaning Company  
Chamber Choice member since Feb. 2007

  
**TULSA METRO CHAMBER**

Affordable coverage for  
Oklahoma small businesses



# Chamber *Choice*

The Tulsa Metro Chamber and Blue Cross and Blue Shield of Oklahoma 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<sup>®</sup> PPO:** More in-network choices than any other Oklahoma PPO plan, with four 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 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.**



Dan & Kevin Parker  
John Daniel Footwear  
Chamber Choice member since Sept. 2004

<b>Annual Deductible</b>	\$500 \$1,000 \$1,500 \$2,500	\$500 \$1,000 \$2,500	\$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.)	No deductible
<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 copayment applies for some services	No coinsurance, but copayment 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	\$3,000 maximum per individual per year (does not include some copayments)	\$2,000 maximum per individual per year (does not include some copayments)
<b>Lifetime Maximum</b>	Unlimited	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 visits to Primary Care Physician (PCP) \$30 copayment for visits to Specialists	\$20 copayment for visits to Primary Care Physician (PCP)
<b>Prescription Drugs</b>	50/50 Drug Card	50/50 Drug Card	50% coinsurance in-network	50% coinsurance in-network
<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	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).	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 \$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)	30% copayments for surgeon, anesthesiologist and hospital services	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)	30% copayments for diagnostic, radiology, laboratory, surgeon and anesthesiologist services	20% copayment 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	\$274.78	\$385.82	\$370.78
25-29	\$316.35	\$407.65	\$370.78
30-34	\$341.96	\$435.55	\$370.78
35-39	\$376.31	\$482.34	\$370.78
40-44	\$416.24	\$507.86	\$370.78
45-49	\$498.69	\$582.97	\$370.78
50-54	\$603.95	\$664.81	\$370.78
55-59	\$720.06	\$774.67	\$370.78
60-64	\$861.05	\$892.16	\$370.78
65+	\$1,088.53	\$977.59	\$370.78

Market Plan ID# TULR51

BlueOptions PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$246.90	\$346.68	\$333.15
25-29	\$284.25	\$366.29	\$333.15
30-34	\$307.27	\$391.36	\$333.15
35-39	\$338.12	\$433.40	\$333.15
40-44	\$374.00	\$456.33	\$333.15
45-49	\$448.09	\$523.81	\$333.15
50-54	\$542.66	\$597.35	\$333.15
55-59	\$646.99	\$696.06	\$333.15
60-64	\$773.68	\$801.63	\$333.15
65+	\$978.08	\$878.39	\$333.15

Market Plan ID# TULR52

BlueOptions PPO (\$1,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$236.97	\$332.75	\$319.77
25-29	\$272.83	\$351.57	\$319.77
30-34	\$294.92	\$375.62	\$319.77
35-39	\$324.53	\$415.98	\$319.77
40-44	\$358.98	\$437.99	\$319.77
45-49	\$430.08	\$502.76	\$319.77
50-54	\$520.86	\$573.35	\$319.77
55-59	\$621.00	\$668.09	\$319.77
60-64	\$742.57	\$769.40	\$319.77
65+	\$938.77	\$843.10	\$319.77

Market Plan ID# TULR53

BlueOptions PPO (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$216.52	\$304.02	\$292.16
25-29	\$249.27	\$321.22	\$292.16
30-34	\$269.46	\$343.20	\$292.16
35-39	\$296.51	\$380.07	\$292.16
40-44	\$327.98	\$400.18	\$292.16
45-49	\$392.95	\$459.35	\$292.16
50-54	\$475.88	\$523.85	\$292.16
55-59	\$567.38	\$610.41	\$292.16
60-64	\$678.48	\$702.99	\$292.16
65+	\$857.73	\$770.31	\$292.16

Market Plan ID# TULR54

BlueLincs Special Option HMO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$253.41	\$328.03	\$341.51
25-29	\$270.22	\$313.28	\$341.51
30-34	\$336.24	\$364.94	\$341.51
35-39	\$342.39	\$372.74	\$341.51
40-44	\$416.61	\$452.28	\$341.51
45-49	\$483.04	\$529.38	\$341.51
50-54	\$589.66	\$639.67	\$341.51
55-59	\$717.59	\$740.97	\$341.51
60-64	\$912.77	\$921.38	\$341.51
65+	\$978.39	\$978.39	\$341.51

Market Plan ID# TULARSP5

BlueLincs Value Option HMO (no annual deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$312.54	\$404.58	\$421.19
25-29	\$333.28	\$386.38	\$421.19
30-34	\$414.69	\$450.10	\$421.19
35-39	\$422.29	\$459.72	\$421.19
40-44	\$513.83	\$557.82	\$421.19
45-49	\$595.75	\$652.88	\$421.19
50-54	\$727.24	\$788.93	\$421.19
55-59	\$885.01	\$913.85	\$421.19
60-64	\$1,125.74	\$1,136.36	\$421.19
65+	\$1,206.66	\$1,206.66	\$421.19

Market Plan ID# TULAROP

BlueOptimize PPO (\$500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$249.98	\$351.01	\$337.32
25-29	\$287.81	\$370.87	\$337.32
30-34	\$311.11	\$396.25	\$337.32
35-39	\$342.34	\$438.82	\$337.32
40-44	\$378.68	\$462.04	\$337.32
45-49	\$453.69	\$530.36	\$337.32
50-54	\$549.45	\$604.82	\$337.32
55-59	\$655.09	\$704.77	\$337.32
60-64	\$783.35	\$811.65	\$337.32
65+	\$990.32	\$889.38	\$337.32

Market Plan ID# TULROMX505

BlueOptimize PPO (\$1,000 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$224.88	\$315.76	\$303.45
25-29	\$258.91	\$333.63	\$303.45
30-34	\$279.86	\$356.46	\$303.45
35-39	\$307.97	\$394.75	\$303.45
40-44	\$340.65	\$415.64	\$303.45
45-49	\$408.13	\$477.10	\$303.45
50-54	\$494.27	\$544.09	\$303.45
55-59	\$589.30	\$634.00	\$303.45
60-64	\$704.69	\$730.15	\$303.45
65+	\$890.87	\$800.07	\$303.45

Market Plan ID# TULROMX506

BlueOptimize PPO (\$2,500 deductible)			
Age Range	Employee	Spouse	Children(s)
0-24	\$197.75	\$277.66	\$266.83
25-29	\$227.67	\$293.37	\$266.83
30-34	\$246.10	\$313.46	\$266.83
35-39	\$270.81	\$347.12	\$266.83
40-44	\$299.56	\$365.49	\$266.83
45-49	\$358.89	\$419.53	\$266.83
50-54	\$434.64	\$478.45	\$266.83
55-59	\$518.20	\$557.50	\$266.83
60-64	\$619.66	\$642.05	\$266.83
65+	\$783.39	\$703.54	\$266.83

Market Plan ID# TULROMX507

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



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## Tulsa Metro Chamber

### Membership Information

Chamber Choice is available to Tulsa Metro Chamber members with 2-50 employees in Tulsa, Creek, Muskogee, Okmulgee, Osage, Pawnee, Rogers, Wagoner or Washington county.

As a member of the Tulsa Metro Chamber, you will be part of the largest business leadership organization in the region — serving as an integral part of what makes our community a great place to do business, raise a family and visit.

**Be a part of it.** More than 3,000 organizations — representing 175,000 employees — have taken advantage of the benefits of membership in the Tulsa Metro Chamber. Members are provided with nearly 70 networking and educational opportunities through informative special events held each year. Weekly, monthly and annual publications keep members informed about issues impacting the business community and economic prosperity.

### Chamber Membership Opportunities

Membership is determined by the number of people you employ:

Base membership fee for 1-7 employees	\$395
Plus \$16 per additional employee	+ _____
Total annual investment	= _____

## Insure Oklahoma

BlueOptions PPO with \$500 and \$1,000 deductibles and BlueLincs Value Option HMO plans are qualified **Insure Oklahoma** health plans. Insure Oklahoma helps businesses save 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, visit [bcbsok.com/insureoklahoma.html](http://bcbsok.com/insureoklahoma.html).



# 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 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).

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