



BlueCross BlueShield of Oklahoma



# Cameron University

## Medical Benefits Guide

### 2021

# WELCOME

**Welcome to Blue Cross and Blue Shield of Oklahoma, and to your benefit enrollment period. This is your opportunity to select health benefits for you and your family for the coming year.**

For years, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has delivered high value products and unrivaled customer service to more Oklahomans than any other health insurance plan. And our nationwide network of physicians and hospitals, coupled with local resources and friendly service, keeps you connected to your health care coverage no matter where you are.

Through Cameron University, we are pleased to offer benefits that give you and your family the best care possible and services that allow you to put your health care decisions and health education closer to your fingertips. Please take a few minutes to look through this summary guide and review the options that are available to you. You may also visit **[bcbsok.com](http://bcbsok.com)** for more information. It is our desire during the enrollment period that you gain a clear understanding of each option and to help you decide what is best for your health care needs.

BCBSOK members don't just have access to traditional insurance coverage; you also have a complete suite of health and wellness resources and tools at your fingertips, to encourage healthier living and smarter health decisions. Blue Cross and Blue Shield of Oklahoma is a health care industry leader in creating and promoting wellness programs that you and your family can conveniently integrate into your daily life. Merging technology and medical management with online resources, education, one-on-one coaching, rewards and multiple touch points, aim to ultimately improve you and your family's health and wellness.

Our goal at Blue Cross and Blue Shield of Oklahoma is to provide you with first class service, and to do the job right the first time, every time. We appreciate the opportunity to serve you.

Sincerely,



Travis Johnson  
Vice President, Sales and Account Management  
Blue Cross and Blue Shield of Oklahoma





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This enrollment guide highlights CU's Benefits plans. A complete description of each plan can be found in your Certificate of Benefits Booklet or Member Handbook. Every effort has been made to provide an accurate summary of the plans. However, this is a summary guide. If there is a conflict between this material and the Certificate of Benefits or Member Handbook, the Certificate of Benefits Booklet or Member Handbook will govern. If you have any questions after reviewing your enrollment materials, please contact BCBSOK customer service.

## Benefit Enrollment & Making Changes During the Year

During the open and new member enrollment period, you can add or delete dependents from your health care coverage without a “qualifying event”. The enrollment period is the time to make sure all of your eligible dependents are enrolled and that Human Resources has all the correct information about your dependents on file.

The health care plan options you select during the enrollment period will remain in effect during the calendar year.

In order to change benefit elections outside of the enrollment period, the employee must have:

1) Experienced an Applicable Qualifying Event, as defined by the Internal Revenue Service (IRS). Changes based on financial reasons alone are not allowed under the current IRS regulations.

AND

2) The request for a change of benefits must be made within 31 days of the Applicable Qualifying Event.

Within the context of changing benefits, “Applicable” refers to a change that is directly related to the individual experiencing the qualifying event.

### A qualifying event includes:

- A birth or adoption
- Marriage, divorce or legal separation
- Death
- Child loses eligibility because of age
- Employee's spouse gains or loses coverage through employment
- Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier

Except for coverage of a newborn or adopted child, all other changes in coverage begin the first day of the month following the qualifying event. Coverage for the newborn is effective on the child's date of birth. Coverage for an adopted child is effective on the date of placement. In both instances, the employee must initiate and complete the appropriate paperwork.

Changes in provider networks (for example, your doctor leaving the network) are not considered acceptable reasons for you to be able to change your product election outside of the enrollment period.

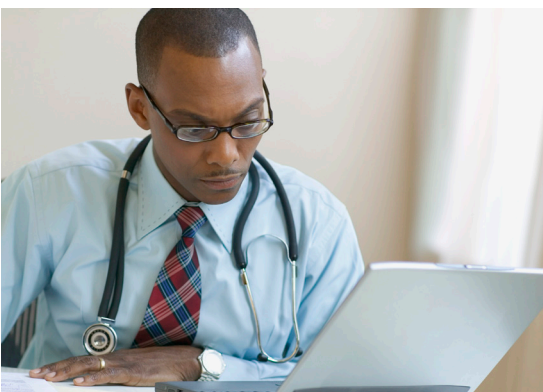
## Medical Plan Options

The following pages provide an overview of the health benefits. These are only summaries – not the actual plan descriptions. If you have questions that aren't answered in the summary information in this guide, please contact customer service using the phone number found on the back of your card or review the detailed Certificate of Benefits or Member Handbook. Dental care benefits are offered separately, and are not highlighted in this benefit guide.

The medical plan you select during the enrollment period will apply for the calendar year. You will not be able to make changes to your medical plan during the year **UNLESS YOU HAVE A QUALIFYING EVENT.**

## BlueOptions

BlueOptions is a preferred provider organization (PPO) plan, which gives you the flexibility to choose your provider and network at the time of service. BlueOptions gives you the freedom to select any health care provider (whether they are in-network or not). You do not need to select a primary care physician. Your choice of health care providers can affect the level of health care benefits (including copayment and deductible amounts) – based on the network your provider is in. With the BlueOptions plan, you can choose from two different networks each time you



need health care. Or, you may choose to see providers that are not in a network (out-of-network).

- The Blue Preferred PPO<sup>SM</sup> network provides the biggest discount and pays your benefits at the highest level, which means you will have the lowest out-of-pocket costs when you use providers in the Blue Preferred PPO network.
- The Blue Choice PPO<sup>SM</sup> network will pay your benefits at the second highest level, although some aspects of coverage are the same with the Blue Preferred PPO and Blue Choice PPO networks.
- If you see out-of-network providers, you will receive no discounts and your benefits will be paid at the lowest allowed amount.

Finding out which network your providers are located in is easy. Simply visit **bcbsok.com** and click on your plan type in the Find a Doctor section. You can search for a doctor by name, location, network, or specialty, such as dermatology or cardiology.

The office copayments, coinsurance, and deductible are lower for the Blue Preferred PPO network than the Blue Choice PPO network.

Most preventive care services for in-network providers are fully covered under the BlueOptions plan, which means you will pay no copayment or coinsurance for services such as well child and adult immunizations, routine exams, gynecological exams, mammograms and prostate specific antigen (PSA) tests.

### BlueOptions Frequently Asked Questions

**How do I find a doctor in the Blue Preferred PPO or Blue Choice PPO network?** Go to **bcbsok.com** and use the provider directory, or call BCBSOK customer service.

#### **How do my benefits work when I am out-of-state?**

BlueOptions members have nationwide access to contracting providers through the BlueCard Program when you or your covered family members live, work, or travel anywhere in the country. Your benefits will generally be paid at the highest benefit level, since Blue Preferred PPO providers are mostly located in Oklahoma. You can search for BlueCard providers in the online provider directory at **bcbsok.com**.

**Do I need a referral from my doctor to see a specialist?** No. With the BlueOptions plan you can see any doctor at any time without a referral. If you see a specialist who is part of the Blue Preferred PPO network,

your benefits will be paid at the highest level and your out-of-pocket costs will be lowest. You can also see a specialist in the Blue Choice PPO network or not part of the network, but your benefits will be paid at a lower level.




**Can I see providers in both the Blue Preferred PPO and Blue Choice PPO networks?** Yes, with BlueOptions, you have the freedom to see any doctor you choose at any time. You can choose different networks for different health care services and/or for different members of your family. For example, you can see a physician in the Blue Preferred PPO network while your spouse and children see a physician in the Blue Choice PPO network. Your benefits are determined at the point of service, which means that your copayment and deductible amounts depend on which network you choose. Your choice can affect the amount of benefits you receive. You will have the lowest out-of-pocket expense when you see providers in the Blue Preferred PPO network. Keep in mind that deductibles vary depending on the network you choose. The deductibles update each other, which means that at one point during the year, you may have satisfied your Blue Preferred PPO deductible but still have more to satisfy for the Blue Choice PPO network. If you were to continue to see Blue Preferred PPO providers, then your deductible is met. If you visit a Blue Choice PPO (or out-of-network) provider, you will first have to satisfy the difference between the deductible for that network and the Blue Preferred PPO deductible before coinsurance applies again.



**Can my doctor be a part of both networks? What happens if this is the case?** Be sure to ask your provider which network(s) they are in. They may be in more than one network. If that is the case, your benefits will be applied at the highest network level. For example, your doctor is in the Blue Preferred PPO and Blue Choice PPO network. If you visit your doctor, your benefits will be applied for the Blue Preferred PPO network, which means that you will have the lowest out-of-pocket expense.

**Can I see a doctor or use a service that is out of network?** Yes. However, the amount your plan pays for covered services is based on the allowed amount described in your Certificate of Benefits. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

## ID Cards

You should present your ID card when visiting a physician's office or hospital, and verify that they have the correct insurance information on file for you. Your card will resemble the card below, and will be customized with your name and plan information. Additional cards can be ordered through BCBSOK customer service or by logging in to the Blue Access for Members (BAM<sup>SM</sup>) website at **bcbsok.com**.

	
Subscriber: <b>John Q. Sample</b> Identification Number: <b>ABC12345678</b>	Cameron University
Group Number Effective Date Benefit Network	Office Visit Copay:  Specialist Copay:  Rx Copay:
 	

<a href="http://www.bcbsok.com">www.bcbsok.com</a>													
													
													
<small>This card is for identification only and is not to be used for benefit eligibility. Submit all Medical claims to your local Blue Cross and Blue Shield plan. Some services must be preauthorized, including Mental Health (MH) and Chemical Dependency (CD). Refer to your benefits booklet for additional information.</small>	<table> <tr> <td>Customer Service</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>Preauthorization</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>Provider Locator</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>24/7 Nurseline</td> <td>1-800-XXX-XXXX</td> </tr> <tr> <td>RX Tech Support</td> <td>1-877-XXX-XXXX</td> </tr> <tr> <td>RX Cust Svc*</td> <td>1-877-XXX-XXXX</td> </tr> </table>	Customer Service	1-800-XXX-XXXX	Preauthorization	1-800-XXX-XXXX	Provider Locator	1-800-XXX-XXXX	24/7 Nurseline	1-800-XXX-XXXX	RX Tech Support	1-877-XXX-XXXX	RX Cust Svc*	1-877-XXX-XXXX
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<small>*Not a BCBS product.</small>													
<small>BlueCross BlueShield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of BlueCross BlueShield Association.</small>													
<small>Pharmacy Benefits Manager</small>													

## Tools for Healthy Living

### Well onTarget® – A Dynamic Wellness Program

At Blue Cross and Blue Shield of Oklahoma, we believe in supporting your health and well-being. Well onTarget offers personalized tools and resources to help all members— no matter where you may be on the path to health and wellness. Program highlights include:

#### Member Wellness Portal

The Well onTarget Member Wellness Portal uses the latest technology to offer you an enhanced online experience. This engaging, user-friendly portal links you to a suite of innovative programs and tools:

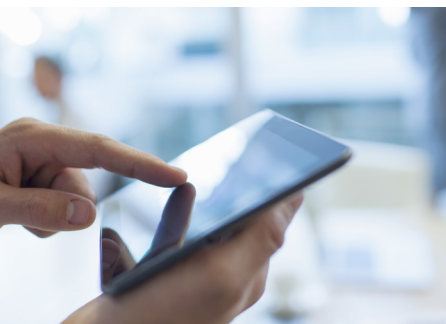
- Self-directed courses: Learn about nutrition, fitness, weight loss, quitting smoking and managing stress.
- Health and wellness content: The health library teaches and empowers through evidence-based, reader-friendly articles.
- Blue Points<sup>SM</sup> program: Earn points for participating in wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- Tools and trackers: These interactive resources help keep you on track while making wellness fun.
- Health Assessment: Answer some questions to learn more about your health and receive a personal wellness report.
- Fitness tracking: Get Blue Points for tracking physical activity with popular fitness devices and mobile apps.

### Tobacco Cessation

#### Support for tobacco users who want to quit

The program provides personal coaching, online tools and discounts for wellness-related products and services. To participate call BCBSOK customer service. There is also a tobacco cessation benefit described on the plan comparison chart.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.



If you lose or misplace your ID card, you can print a temporary ID card and order a replacement card by logging in to Blue Access for Members<sup>SM</sup> at **bcbsok.com**.



### 24/7 Nurseline

Health concerns don't always follow a 9-to-5 schedule. Fortunately, you can call the toll-free 24/7 Nurseline 24 hours a day, 7 days a week to get the information you need...when you need it.

The 24/7 Nurseline is staffed by registered nurses who can answer your general health questions, direct you to your doctor or encourage you to seek emergency services if necessary. A nurse can help identify options and provide information to help you choose the appropriate care for your concerns. Plus, when you call, you also have the option to access an audio library of more than 1,000 health topics.

**Call your Health Advocate toll free at 855-649-9614.**

### Maternity & Family Health

If you are expecting, this prenatal program can help guide you through your pregnancy and postpartum care. The program provides support and education, pregnancy risk assessment and ongoing attention/monitoring.

Enrolled members receive frequent, personal contact from obstetrical nurses who can help them better understand and manage their pregnancies. Educational materials promote healthy behaviors, preventive care, and identify warning signs of complications. Topics also include nutrition, fetal development and newborn care. Additionally, members can call a 24-hour toll-free BabyLine staffed by maternity nurses.

**For more information or to enroll, please call your Health Advocate at 855-649-9614.**

### Health Advocates

Are you ready for health care made easy? We think you are — that's why you have a BCBSOK health advocate\* waiting to help with your benefits questions and health care needs. Health advocates can help you and your covered family members:

- Get personal assistance with your health care matters
- Understand your health benefits
- Talk to your BCBSOK clinician about health questions
- Sort out a new diagnosis and what to do next
- Shop for quality, lower-cost health care

### Other Resources to Help You

Blue Cross and Blue Shield of Oklahoma also provides other health and wellness information.

**Preventive Health Care Guidelines** are published each year and made available via **bcbsook.com**. This is a good source of information on preventive care guidelines, which are based on recommendations set by national health agencies and medical associations. You can learn about recommended screenings, and immunizations and doctor visits for all ages, from prenatal care and infancy through the senior years.

**Glucose Meters** help members with diabetes manage their condition and can be ordered at no charge. For information on available meters and how to place an order, call customer service.

**Start your journey to wellness today!**

## Plan Comparison Chart

The amounts shown below are what you are responsible for paying for each type of service or treatment.

Coverage	BlueOptions		
	Blue Preferred PPO Network	Blue Choice PPO Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-of-Pocket Maximum Individual/Family	\$5,000 / \$10,000 Includes deductible, medical copay, and pharmacy copay amounts	\$6,000 / \$12,000 Includes deductible, medical copay, and pharmacy copay amounts	\$7,000 / \$14,000 Includes deductible, medical copay, and pharmacy copay amounts
Lifetime Health Care maximum (per person)	Unlimited	Unlimited	Unlimited
<b>PHYSICIAN SERVICES</b>			
Office visit & related routine services / consultation / second opinion	\$20 copay per visit (\$30 copay for specialist)	\$30 copay per visit (\$40 copay for specialist)	50% after deductible <sup>†</sup>
Physical, Occupational, Speech, and Chiropractic Therapies (60 visit maximum combined for all therapies)	\$30 copay	\$40 copay	50% after deductible <sup>†</sup>
Allergy Injections	\$30 copay	\$40 copay	50% after deductible <sup>†</sup>
Allergy Testing	\$30 copay	\$40 copay	50% after deductible <sup>†</sup>
Allergy Serum	\$30 copay	\$40 copay	50% after deductible <sup>†</sup>
Inpatient Physician Services	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Outpatient Physician Services / non-routine office services	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Lab & X-ray (Physician Office)	Covered at 100%	Covered at 100%	50% after deductible <sup>†</sup>
<b>PREVENTIVE CARE SERVICES</b>			
Routine Exam	Covered at 100%	Covered at 100%	50% after deductible <sup>†</sup>
Adult Immunizations	Covered at 100%	Covered at 100%	Covered at 100% <sup>†</sup>
Well Child Exams	Covered at 100%	Covered at 100%	50% after deductible <sup>†</sup>
Routine Eye Exam* (does not include hardware)	\$30 copay	\$40 copay	50% after deductible <sup>†</sup>
Routine Hearing Exam* (does not include hardware/ hearing aids)	\$30 copay	\$40 copay	50% after deductible <sup>†</sup>
Routine Ob/Gyn Exam	Covered at 100%	Covered at 100%	Covered at 100% <sup>†</sup>
Routine Mammograms	Covered at 100%	Covered at 100%	Covered at 100% <sup>†</sup>
Routine Prostate Specific Antigen (PSA)	Covered at 100%	Covered at 100%	50%, no deductible <sup>†</sup>
Routine Colonoscopy	Covered at 100%	Covered at 100%	50% after deductible <sup>†</sup>
Well Child Immunizations	Covered at 100%	Covered at 100%	Covered at 100% <sup>†</sup>

\* All family members contribute towards the family Deductible. Coinsurance will not apply until entire family Deductible is satisfied.

\*\* All family members contribute towards the family Out-of-Pocket. Claims will not pay at 100% until entire family Out-of-Pocket has been satisfied.

<sup>†</sup> Up to the allowed amount. If an out-of-network provider charges more than the allowed amount, you may be responsible for the difference.



The amounts shown below are what you are responsible for paying for each type of service or treatment.

Coverage	BlueOptions		
	Blue Preferred PPO Network	Blue Choice PPO Network	Out-of-Network
<b>HOSPITAL SERVICES</b>			
Inpatient Hospital	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Outpatient Surgery	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Emergency Room	10% after \$100 copay and deductible	30% after \$100 copay and deductible	10% after \$100 copay and deductible <sup>†</sup>
Urgent Care Facility	\$50 copay	\$50 copay	50% after deductible <sup>†</sup>
<b>EXTENDED CARE INPATIENT/HOME</b>			
Skilled Nursing Facility	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Skilled Nursing Facility Maximum	90 days per calendar year, combined in- and out-of-network	90 days per calendar year, combined in- and out-of-network	90 days per calendar year, combined in- and out-of-network
Home Health	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Home Health Maximum	120 days per calendar year, combined in- and out-of-network	120 days per calendar year, combined in- and out-of-network	120 days per calendar year, combined in- and out-of-network
Private Duty Nursing	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Private Duty Nursing Maximum	85 visits per calendar year, combined in- and out-of-network	85 visits per calendar year, combined in- and out-of-network	85 visits per calendar year, combined in- and out-of-network
Hospice - Inpatient (no benefit limit)	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Hospice - Outpatient (no benefit limit)	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
<b>MATERNITY &amp; FAMILY PLANNING</b>			
Prenatal & Postnatal visits	\$20 copay/\$30 copay for specialist for initial visit; all other services 10% after deductible	\$20 copay/\$30 copay for specialist for initial visit; all other services 30% after deductible	50% after deductible <sup>†</sup>
Inpatient Hospital	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Infertility Testing & Treatment	\$20 copay per visit (\$30 copay for specialist)	\$30 copay per visit (\$40 copay for specialist)	50% after deductible <sup>†</sup>
Voluntary Sterilization	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Pregnancy Termination (therapeutic)	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Contraceptive Devices	Covered with applicable copay	Covered with applicable copay	50% after deductible <sup>†</sup>
<b>MENTAL HEALTH</b>			
Inpatient Hospital/Facility	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Outpatient Charges	\$20 copay	\$30 copay	50% after deductible <sup>†</sup>
<b>SUBSTANCE ABUSE</b>			
Inpatient Hospital/Facility	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Outpatient Charges	\$20 copay	\$30 copay	50% after deductible <sup>†</sup>

\* Routine vision and hearing exams limited to once every 24 months.

<sup>†</sup> Up to the allowed amount. If an out-of-network provider charges more than the allowed amount, you may be responsible for the difference.

The amounts shown below are what you are responsible for paying for each type of service or treatment.

Coverage	BlueOptions		
	Blue Preferred PPO Network	Blue Choice PPO Network	Out-of-Network
<b>PRESCRIPTIONS</b>			
Retail Pharmacy Care Generic (Tier I)/Preferred Brand (Tier II)/Non-Preferred Brand (Tier III) (30 day supply with one copay or 31-90 day supply with two copays)	\$10/\$30/\$60	\$10/\$30/\$60	30% after \$10/\$30/\$60 <sup>†</sup>
ESN/Mail Order Rx Generic (Tier I)/Preferred Brand (Tier II)/Non-Preferred Brand (Tier III) (90 day supply)	\$20/\$60/\$120	\$20/\$60/\$120	Not covered
Specialty Pharmacy Medications (limited to 30 day supply)	Covered	Covered	Covered up to the allowed amount <sup>†</sup>
Prescription Tobacco Cessation Products	Covered	Covered	Covered up to the allowed amount <sup>†</sup>
Individual/Family Out-of-Pocket Maximum	N/A Pharmacy and Medical Out-of-Pocket are combined	N/A Pharmacy and Medical Out-of-Pocket are combined	N/A Pharmacy and Medical Out-of-Pocket are combined
Oral Contraceptives	Covered	Covered	Covered up to the allowed amount <sup>†</sup>
Sexual Dysfunction Drugs (limited to eight doses per 30 days - no mail order)	Covered	Covered	Covered up to the allowed amount <sup>†</sup>
Diabetic Supplies – Most	Covered	Covered	Covered up to the allowed amount <sup>†</sup>
Step Therapy	Applies	Applies	Applies
Pre-Authorization	Applies	Applies	Applies
<b>OTHER SERVICES &amp; SUPPLIES</b>			
MRI, CT, PET, EEG, and other similar imaging tests	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Diagnostic Lab & X-ray	Covered at 100% of allowed amount	30% after deductible	50% after deductible <sup>†</sup>
Tobacco Cessation Benefit (non-Rx) – 100% member reimbursement for over-the-counter medications, hypnosis, stop smoking aids, etc., to a maximum of 20 visits/services per calendar year (per person)	Applies	Applies	Applies
Bariatric/Weight Loss Surgery	Only covered at specified medical facilities*	Only covered at specified medical facilities*	Not covered
Durable Medical Equipment	10% after deductible	30% after deductible	50% after deductible <sup>†</sup>
Ambulance (Ground/Air)	Covered at 100%	Covered at 100%	Covered at 100% <sup>†</sup>
Routine Audiological Exam	Covered at 100%	Covered at 100%	50% after deductible <sup>†</sup>

<sup>†</sup> Up to the allowed amount. If an out-of-network provider charges more than the allowed amount, you may be responsible for the difference.

\* Contact Blue Cross and Blue Shield of Oklahoma for additional details.

## Online Benefit Resources

Resource	Purpose	HOW TO ACCESS
BCBSOK website	<ul style="list-style-type: none"> <li>• Log in to Blue Access for Members to access the Well onTarget portal or view claims</li> <li>• View/print benefit brochures</li> <li>• Locate a doctor or hospital</li> </ul>	Go to <b>bcbsok.com</b>
Blue Access for Members	Website provides: <ul style="list-style-type: none"> <li>• Ability to print a temporary member ID card and order a new card</li> <li>• Claim Status</li> <li>• Find a doctor or hospital</li> <li>• Access to Well onTarget</li> <li>• Explanation of Benefits (EOB)</li> </ul>	Go to <b>bcbsok.com</b> <ul style="list-style-type: none"> <li>• Enter Blue Access for Members user ID and password</li> <li>• If you do not have a user ID and password, click on "Register Now"</li> </ul>
Blue Points	Earn points, redeemable for rewards, for health-related activities	Go to BAM at <b>bcbsok.com</b> <ul style="list-style-type: none"> <li>• Click on Well onTarget</li> </ul>
Locate a Health Care Provider	Find a doctor, specialist, or hospital in your area	Go to <b>bcbsok.com</b> <ul style="list-style-type: none"> <li>• Click on your plan type in the <b>Find a Doctor</b> section</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>• Compare drugs</li> <li>• Find generic alternatives</li> <li>• Obtain cost estimates</li> <li>• View drug formulary</li> </ul>	Go to <b>myprime.com</b>

Prime Therapeutics LLC, a separate company, is a pharmacy benefit management company. Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSOK and contracting pharmacies is that of independent contractors. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

## Contact

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**BlueCross BlueShield of Oklahoma**

**[bcbsok.com](https://bcbsok.com)**