

OKLAHOMA HEALTH INSURANCE HIGH RISK POOL SCHEDULE OF BENEFITS
ALTERNATE PLAN

Calendar Year Deductible Amount Options \$1,500 \$3,000 \$5,000 \$7,500

BENEFIT CATEGORY	THE PLAN PAYS	YOU PAY
Overall Deductible	None of the chosen deductible amount.	All eligible expenses up to the deductible chosen
Coinsurance Percentage for eligible expenses* * see note below	60% of Allowable Charges in-network, 50% of Allowable Charges out-of-network, and for eligible expenses over \$10,000 (after the deductible) the plan pays 80% of Allowable Charges.	40% of Allowable Charges in-network, 50% of Allowable Charges out-of-network, 20% of Allowable Charges for eligible expenses over \$10,000. You pay all of the non-covered charges you incur.
Lifetime Benefit Maximum	\$1,000,000	All eligible expenses once OHRP has paid \$1,000,000 in benefits to you in your Lifetime (the policy will terminate).

BENEFIT CATEGORY

The benefits shown below are just a few of the many benefits with special limits or restrictions. For full details of benefits, see the Policy.	SPECIAL BENEFIT LIMITS OR RESTRICTIONS	Does the deductible apply before this benefit is payable?	Does the regular coinsurance apply to this benefit?	Notes
Outpatient Prescription	\$20 Co-pay for generic drugs; \$30 Co-pay for Preferred drugs;	Generic No	No	For Preferred and
Drugs Program at network pharmacies and mail order** separate co-pay for Biotech (as listed by PBM)	\$50 Co-pay for Non-Preferred drugs*** biotech-drugs see below in network	Others are Subject to drug Deductible		Non-Preferred there is a \$500 annual drug deductible For Biotech drugs
Retail (30 day supply)	\$100 copay	Yes	No	there is \$500 annual drug deductible
Mail Order (60 day supply)	\$150 copay	No	No	
Mental and Nervous, Alcoholism and Drug Addiction: Inpatient or Outpatient Combined	50% co-payment up to a maximum of \$2,000 annually	No	No	
Mammograms	Benefits are limited to \$115 per screening. 1 screening per insured age 35 - 39; 1 annual screening per insured age 40 and older.	No	No	

SURGERY, HOSPITAL AND OTHER SERVICES NEED TO BE PRE-CERTIFIED FOR BENEFITS, see the policy for details.

*Benefits are payable at the 60% of Allowable Charges level for:

(1) Services provided by First Health network providers and (2) emergency services
Care from non-network providers is payable at 50% of Allowable Charges.

**The prescription drug program is provided through a Pharmacy Benefit Manager Network (PBM).

***Mandatory Generic Program: At dispensing, based on the availability of a generic drug, should there, in fact, be a generic drug available and yet the plan participant requests the dispensing be filled with a name brand drug, then he/she pays the generic co-pay plus the difference between the generic and the name brand drug. This co-pay applies to both retail and mail service dispensings.