

**OKLAHOMA HEALTH INSURANCE HIGH RISK POOL SCHEDULE OF BENEFITS
ORIGINAL POLICY**

Calendar Year Deductible Amount Options: \$500 \$1,000 \$1,500 \$2,000 \$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	80% of Allowable Charges in-network, 60% of Allowable Charges out-of-network	20% of Allowable Charges in-network; 40% of Allowable Charges out-of-network
Out-of-Pocket Expense Amount	For Eligible Expenses over \$10,000 (after deductible) the plan pays 100% of Allowable Charges	0% of the 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
This is a brief description see the policy for details		

BENEFIT CATAGORY	SPECIAL BENEFIT LIMITS OR RESTRICTIONS	Does the deductible apply before this benefit is payable?	Does the regular coinsurance apply to this benefit?	Do your Co-payments help satisfy the Out of Pocket Expense Amount?
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.				
Outpatient Prescription Drugs Program Retail-- 30 day supply In network only	\$10 Co-pay for generic drugs; \$20 Co-pay for Preferred drugs; 30% of drug cost or \$30 Co-pay, whichever is greater, for Non-Preferred drugs. ***	No	No	No
Mail order drugs (90 day supply) In network only	\$20 Co-pay for generic, \$40 Copay for Preferred, 30% of drug cost or \$30 co pay, whichever is gre ater, for NonPreferred	No	No	No
the copays above do not apply to Biotech drugs- are as follows Retail (30 day supply) Mail Order (60 day supply)	to biotech drugs - listed as such by the pbm (in network only) \$100 copay \$150 copay	No	No	No
Mental and Nervous Alcoholism and Drug Addiction: Inpatient or Outpatient Combined	50% copay up to a maximum of \$4,000 annually	No	No	No

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

*Benefits are payable at the 80% of Allowable Charges level for.

(1) Services provided by network providers and (2) Emergency services
Care from non-network providers is payable at 60% 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.