Aetna Health Inc: Qualified Health Plans

Health Plan Name	OK OAMC PREMIER 1500 80/50 CY V25
O-EPIC Health Plan ID	H02193
Individual Annual Deductible (in-network)	$1500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 1500 80/50 CY V26
O-EPIC Health Plan ID	H02375
Individual Annual Deductible (in-network)	$1500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 500 80/50 CY V26
O-EPIC Health Plan ID	H02377
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 250 90/60 CY V26
O-EPIC Health Plan ID	H02378
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 1000 80/50 CY V26
O-EPIC Health Plan ID	H02379
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 250 80/50 CY V26
O-EPIC Health Plan ID	H02380
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 250 100/70 CY V26
O-EPIC Health Plan ID	H02382
Individual Annual Deductible (in-network)	$250
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 1000 100/70 CY V26
O-EPIC Health Plan ID	H02383
Individual Annual Deductible (in-network)	$1000
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 500 100/70 CY V26
O-EPIC Health Plan ID	H02384
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options

Health Plan Name	OK OAMC PREMIER 500 90/60 CY V26
O-EPIC Health Plan ID	H02385
Individual Annual Deductible (in-network)	$500
Individual Annual Out-of-Pocket Maximum (in-network)	$3000
Non Specialist OV Copay	$20
Specialist Office Visit Copay	$40
Pharmacy	All Filed & Approved Pharmacy Options