



Comparison of SoonerCare Plans and Insure Oklahoma (OEPIC)



Please note all covered services must be medically necessary	Adult SoonerCare Traditional (Fee for Service)	Adult SoonerCare Choice (Patient Choice Medical Home - PCMH)	Adult Insure Oklahoma Individual Plan (IP)
Dental Services	Adults limited to emergency extractions. Limited dental benefits for pregnant women.** Copay - \$1.00 per service	Adults limited to emergency extractions. Limited dental benefits for pregnant women.** Copay - \$1.00 per service	Limited dental benefits for pregnant women.**
Durable Medical Equipment and Supplies	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0	Covered as medically necessary / \$15,000 annual max Copay - \$5 per item for durable/non-durable supplies Copay - \$25 per item for DME Exceptions: Oxygen \$5 Copay / Glucometer Copay \$5
Emergency Services	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$30 (waived if admitted)
Inpatient Hospital Services (Acute Care Only)	Covered as medically necessary Copay - \$3 per day up to \$90 max per admission	Covered as medically necessary Copay - \$3 per day up to \$90 max per admission	Covered as medically necessary Copay - \$50 per admission
Laboratory	Covered as medically necessary Copay \$1 per service at Specialist	Covered as medically necessary No copay at PCP office Copay \$1 per service at Specialist	Covered as medically necessary Copay - \$0
Diagnostic X-ray Services	Covered as medically necessary Copay - \$1.00 - \$3.00 per service	Covered as medically necessary Copay - \$1.00 - \$3.00 per service	Covered as medically necessary Copay - \$0 - Standard Radiology (X-ray, Ultrasounds) Copay - \$25 per specialized scan (MRI, MRA, PET, CT)
Optometric or Optical Services - including eyeglasses	Not Covered	Not Covered	Not Covered
Outpatient Hospital Services	Covered as medically necessary Copay - \$3.00 per visit	Covered as medically necessary Copay - \$3.00 per visit	Covered as medically necessary Copay - \$25 per outpatient visit Exception: Chemotherapy or Radiation Therapy Copay - \$10 per visit
PCP Visits	Members do not have an assigned PCP	Unlimited as medically necessary Copay - \$1	4 PCP and Specialty Physician visits max per month Copay - \$10 per visit
Physician Services - including preventive services	Up to 4 Physician visits per month; no preventive visits Copay - \$1.00 per visit	Unlimited PCP office visits and up to 4 Specialty Physician visits and non-PCP visits per month One preventive visit allowed per year; included in 4 visit limit if with provider other than PCP Copay - \$1 at PCP Office / \$1.00 at Non-PCP Office	4 PCP and Specialty Physician visits max per month One preventive visit allowed per year; included in 4 visit limit Copay - \$10 per visit
Prescription Drugs and Insulin	Limited to 6 per month, 3 may be brand name. Prenatal vitamins and smoking cessation products do not count toward the 6 prescription limit. Copay - \$1.00 for drugs up to \$29.99 Copay - \$2.00 for drugs over \$30.00	Limited to 6 per month, 3 may be brand name. Prenatal vitamins and smoking cessation products do not count toward the 6 prescription limit. Copay - \$1.00 for drugs up to \$29.99 Copay - \$2.00 for drugs over \$30.00	Limited to 6 per month, 3 may be brand name. Prenatal vitamins and smoking cessation products do not count toward the 6 prescription limit. Copay - \$5.00 for generic prescription Copay - \$10.00 for brand name prescriptions

** Please note there will be no copays for OB related services to include PDEN (dental services).



Comparison of SoonerCare Plans and Insure Oklahoma (OEPIC)

Please note all covered services must be medically necessary	Child SoonerCare Traditional (Fee for Service)	Child SoonerCare Choice (PCMH)
Dental Services	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
Durable Medical Equipment and Supplies	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
Emergency Services	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
Inpatient Hospital Services (Acute Care Only)	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
Laboratory	Covered as medically necessary Copay \$0	Covered as medically necessary Copay - \$0
Diagnostic X-ray Services	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
Optometric or Optical Services - including eyeglasses	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
Outpatient Hospital Services	Covered as medically necessary Copay - \$0	Covered as medically necessary Copay - \$0
PCP Visits	Unlimited as medically necessary Copay - \$0	Unlimited as medically necessary Copay - \$0
Physician Services - including preventive services	Unlimited as medically necessary Copay - \$0	Unlimited as medically necessary Copay - \$0
Prescription Drugs and Insulin	Unlimited as medically necessary Copay - \$0	Unlimited as medically necessary Copay - \$0

Helpful Numbers
EVS - Eligibility Verification System: 800-767-3949
Insure Oklahoma Helpline: 888-365-3742
Care Management Resources: 877-252-6002
OHCA Call Tree: 800-522-0114 / 405-522-6205
SoonerCare Helpline (Members): 800-987-7767
Patient Advice Line: 800-530-3002
Provider Services (Providers): 877-823-4529, option 2
Child Health Services: 405-522-7188
Behavioral Health: 800-652-2010
SoonerCare Web site: www.okhca.org
Insure Oklahoma Web site: www.insureoklahoma.org
SoonerRide: 877-404-4500

****Some services require Prior Authorization and/or may have limits for both children and adults.**



Thank you for serving our SoonerCare and Insure Oklahoma members!

Please note: This comparison guide is to be used as an example and is in no way all inclusive or a guarantee of benefits. For more information you may call the OHCA Call Tree at 800-522-0114. This publication, printed by O. U. Printing Services is issued by The Oklahoma Health Care Authority as authorized by Title VI and Title VII of the 1964 Civil Rights Act and the Rehabilitation Act of 1973. 1,000 copies have been prepared and distributed at a cost of \$1,285.00. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. [74 O.S.2001 § 3105 (C)] Order additional copies on the OHCA Web site www.okhca.org. 11/08