

Employer Guide



BlueEdge HCA



BlueCross BlueShield
of Oklahoma

Your Health Is a Personal Matter

And we have taken measures to keep it that way.

We understand that your health care information should be treated confidentially, so we have procedures in place to help ensure that occurs.

Your doctors and other contracting providers must also comply with applicable laws, professional standards and policies regarding the confidential treatment of medical information.



**BlueCross BlueShield
of Oklahoma**

The Choice for Nearly 1 in 3 Americans

Nearly 1 in 3 Americans who have health coverage is covered by a Blue Cross and Blue Shield plan.

With a 79-year history of helping members with health care coverage and a nationwide network of contracting doctors and hospitals, Blue Cross and Blue Shield is the most widely recognized name in health plans.



BlueEdgeSM | Gives You Choices

Your Dollars — Your Choices

Today's employers are concerned about rising health care costs, while employees are demanding more choice and flexibility in their health plans. You want a plan design that best suits your company's needs as well as your budget. Your employees want to decide how their health care dollars are spent. And you and your employees both want tools to help manage health care and health care spending.

BlueEdge is a new kind of health plan — a consumer-driven plan — designed to meet the needs of both employers and employees. By combining the best features of managed care without the hassle, BlueEdge offers many advantages over other health plans. BlueEdge provides health care benefits through a high-deductible, affordable PPO plan that gives your employees the freedom to see the doctors of their choice. With BlueEdge, you establish a Health Care Account (HCA) for each employee. The first dollars that employees spend on covered health care services are paid from this account and are applied toward the deductible. Plus, BlueEdge fully covers preventive care and wellness visits up to the preventive care maximum — when employees see a network provider — even before a deductible is met.

BlueEdge also provides innovative, online tools so your employees can take a more active role in making informed health care decisions, following healthy lifestyle choices and managing their health care dollars.

The combination of the HCA, the high deductible and the online tools gives your employees the incentives and resources to become more aware and responsible health care consumers, without restricting networks or limiting services.

As a result, BlueEdge has the potential to lower health plan costs and save you money over time — while maintaining employee satisfaction.



Flexible | *An Exciting New Option*



Health Care Account

As a fully integrated, consumer-driven health plan, BlueEdge provides a seamless approach to claims processing. When members receive medical services, contracting PPO providers submit their claims to Blue Cross and Blue Shield of Oklahoma as usual. Members do not need to pay for services and then submit claims for HCA reimbursement. Eligible claims are paid from the HCA at the discounted PPO rate like any other Blue Cross and Blue Shield of Oklahoma health plan — with no out-of-pocket expenses, paperwork or hassle for the member.* Employees receive an Explanation of Benefits (EOB) that describes the benefits payable under the plan and shows the HCA payment and remaining balance.

Also, BlueEdge lets you pay as you go — your company only funds claims after they are paid from the HCA. We bill you monthly and any unused HCA balances remain part of your company's cash flow.

At the end of the benefit year, the unused account balances may roll over and are added to your company's annual HCA contribution. To limit your company's liability, you can cap the amount that can accumulate in the account.

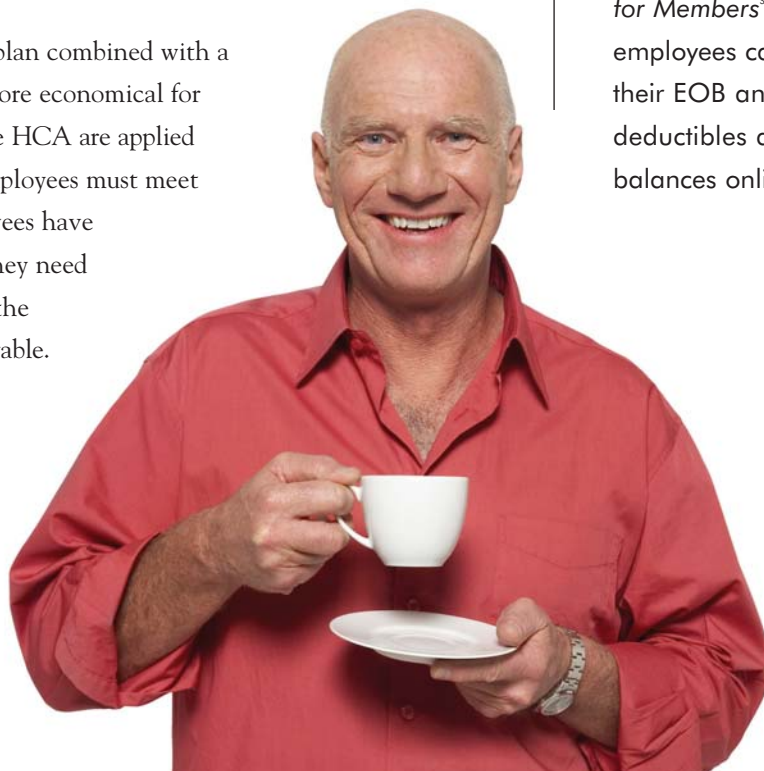
Deductible

BlueEdge — a high-deductible PPO plan combined with a lower monthly premium — can be more economical for your employees. Claims paid from the HCA are applied toward the plan deductible, which employees must meet each benefit year. When your employees have depleted the money in their HCA, they need to satisfy any remaining balance of the deductible before PPO benefits are payable.

* If members see non-contracting providers, only the allowable amounts are applied to the deductible and paid by the HCA. The member may have to pay the difference between the billed and allowable amount.

What's Different About BlueEdge

- The HCA pays for your employees' initial health care expenses that are applied toward the deductible. As long as the employee remains in the BlueEdge plan, any unused HCA balance may roll over and is added to the next annual contribution.
- As a fully integrated consumer-driven health plan, BlueEdge makes claims payments hassle-free for you and your employees.
- Through *Blue Access for Members*SM, your employees can review their EOB and track their deductibles and HCA balances online.



The BlueEdge Plan

BlueEdge provides two plan designs — BluePreferred® and BlueChoice® PPO — so you can select the HCA contribution, deductible amount, coinsurance percentages and pharmacy benefit package that's best for your company.

If you want to do more to manage your company's health care expenses and encourage your employees to be more responsible for how their health care dollars are spent, then BlueEdge may be the right choice for you.



What's Different About BlueEdge

- ▶ Your company helps offset the high deductible through the HCA.
- ▶ The HCA pays for covered health care expenses before employees have to meet any remaining deductible.



Health and wellness resources include:

- ▶ A health risk assessment that evaluates members' health status and gives them personalized health information and guidance
- ▶ Self-management tools for common health care problems, such as asthma, lower back pain and headaches
- ▶ Information about specific conditions, diseases and treatments
- ▶ Interactive health and lifestyle tools to help members lose weight, quit smoking or start an exercise program
- ▶ Decision-making tools to help members understand medical treatments

What's Different About BlueEdge

- ▶ Online decision-making tools can help employers and employees determine the right benefit plan for them.
- ▶ Online tools can help members manage their well-being and their health care dollars.

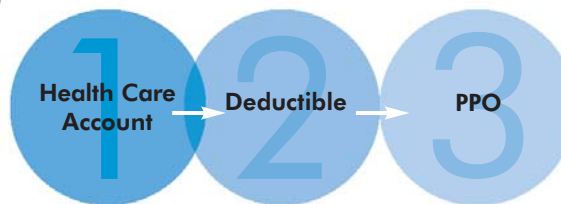
Network | *Direct Access Gives You Control*

PPO Benefits

Once a member has used up the Health Care Account (HCA) and met the deductible, PPO benefits begin. All BlueEdge members have direct access to a large network of providers in Oklahoma, including hospitals, physicians, therapists, chiropractors, behavioral health professionals and other specialists who contract with Blue Cross and Blue Shield of Oklahoma. There is no need for members to select a primary care physician because they may choose any licensed doctor whenever they need care. Unlike some other managed care plans, members do not need a referral to see a specialist or to get another opinion about a medical condition. When members use network providers, they receive the highest level of benefits.

What's Different About BlueEdge

- To encourage your employees to take good care of themselves, BlueEdge covers preventive and well-child care services at 100 percent up to the preventive maximum when going to an in-network provider — members do not need to meet a deductible first.
- Other PPO benefits begin after the member's deductible is met. The HCA helps members meet the deductible before they have to pay out of pocket.



Access | Stay Connected, Stay Healthy



Online Tools to Help You Manage Your Health and Your Health Care

Employers and employees can access online tools to help decide if BlueEdge is right for them and to access resources to help manage their health plan and health care after enrollment.

For Employers

*Blue Access for Employers*SM, another online tool for our clients, lets you review membership, employee eligibility and activity, billing and account summary and product information; make membership changes; and request reports. Go to www.bcbsok.com/employers.html to obtain a password. (This service may not be available to all groups.)

For Employees

Through *Blue Access for Members*SM online, BlueEdge members can review the status of their Health Care Account — including current balance and payments made to date and year-to-year rollover amounts — check the status of a claim, view the EOB and confirm who is covered under their plan. A new feature allows them to receive e-mail notifications when their claims have been finalized. Also, members can use the Treatment Cost Advisor to obtain cost information for common health care services based on demographics and geographic data.

Plus, extensive health and wellness information is available to members online through a Personal Health Manager. Key features of the Personal Health Manager include:

- A health risk assessment to evaluate personal health status
- A personal health record to keep track of and manage health information within one secure web location
- Targeted wellness information via e-mail to help manage specific medical conditions, including alerts for screening tests, and reminders for medical appointments and medication refills
- Access to the online health content, including wellness tracking tools, videos and interactive tutorials
- Access to information on exercise, nutrition and lifestyle issues in the For Your Health area of Personal Health Manager

BlueEdge AdvisorSM

helps your employees define their health plan preferences and anticipate health care expenses.



Freedom | *Benefits Overview*

Members always have the option to receive care from providers outside the network, but covered services will be paid at a lower level, and members may be responsible for charges in excess of the allowable amount.

Freedom of Choice

BlueEdge PPO gives your employees freedom of choice, flexibility and a broad range of benefits. The PPO network is one of the largest in the state, with more than 5,600 physicians and specialists and over 120 hospitals contracting with Blue Cross and Blue Shield of Oklahoma. The national PPO network includes more than 800,000 doctors and 5,000 hospitals contracting with Blue Cross and Blue Shield Plans.

Your employees can check to see if their doctors are in the network or find another network physician by visiting www.bcbsok.com and accessing the Provider Finder® tool, or by calling a customer service representative at the number on their ID cards.

When members receive care from PPO network providers, their covered services are paid at the highest level. They do not have to complete any claim forms or pay up front for medical services, except for coinsurance particular to their benefit plan. They are not responsible for any charges above the Blue Cross and Blue Shield of Oklahoma allowable amount when they stay in the network. (PPO providers agree to the Blue Cross and Blue Shield of Oklahoma maximum allowable amount as full payment.) And employees do not need a referral to see the doctor of their choice.

Once PPO benefits begin, out-of-pocket expenses include any plan-specific coinsurance payments for covered services, as long as members stay in network, plus any charges for non-covered services.



The national PPO network includes more than **800,000** doctors and 5,000 hospitals contracting with Blue Cross and Blue Shield Plans nationwide.





Medical Care

Here are some of the services for which members will receive benefits:

- ▶ Inpatient hospital services
- ▶ Outpatient hospital services
- ▶ Behavioral health and chemical dependency
- ▶ Physician office visits
- ▶ Outpatient surgery
- ▶ Hospital and surgical care
- ▶ Diagnostic testing
- ▶ Emergency care
- ▶ Maternity care
- ▶ Childhood immunizations

Certain limitations may apply.



Decisions | *Benefits Designed to Meet Your Needs*

BlueEdge helps your employees understand and use their benefits. Whenever they have a question or need assistance, they can call Customer Service at the toll-free number on their ID card. They'll also find helpful information at www.bcbsok.com.

Preventive Care

We believe prevention is the best medicine. With the BlueEdge plan, well-child care and certain adult care services, including physical exams, routine diagnostic tests, mammograms and immunizations, are covered to the routine maximum amount — with no deductible.

Emergency Care Anywhere You Go

When a member or a member's covered dependent needs emergency care, they should go immediately to the nearest emergency facility. They don't need to try to find a network physician. However, they should be sure to have someone notify their network physician of any hospital admission or treatment they receive within 48 hours, or as soon as possible.

National and International Coverage

Members have nationwide access to contracting providers through the BlueCard® Program when they or their covered family members live, work or travel anywhere in the country. They can easily locate PPO network doctors and hospitals at www.bcbs.com or by calling BlueCard Access at 1-800-810-BLUE (2583).

When members use BlueCard providers, they receive the highest level of benefits. They usually do not have to pay up front or file claim forms, and they take advantage of the savings the local plan has negotiated with area providers.

When members travel outside the United States, they have access to contracting providers in more than 200 countries through BlueCard Worldwide®. If they receive care from a non-BlueCard Worldwide provider, they will have to pay the doctor or hospital for care at the time of service and then submit a claim for reimbursement.



BlueEdge | How it Works



John

John has individual coverage. While he is generally in good health, he has asthma that requires allergy testing and treatment. He researched asthma using the Personal Health Manager available through the Blue Cross and Blue Shield of Oklahoma Web site. John tracked his Health Care Account and deductible balance online. Unfortunately, John had an appendicitis attack and underwent surgery during his first year of coverage.

Annual Health Care Account = \$750

Annual Deductible = \$1,500

Please note: Any amounts mentioned in these explanations are examples only and may represent your actual cost.

	Health Care Account Balance = \$750	Year 1
John's Medical Care for Year 1	PPO preventive care benefit pays: » physical (\$125) + preventive care lab tests (\$75)	\$200
	Health Care Account pays: » allergy specialist visit + testing (\$175) » appendectomy surgery (of the \$6,000 total, \$575 is paid by the remaining Health Care Account balance, leaving \$5,425 in claims)	\$750 (applied toward deductible)
	John pays: » remaining deductible (\$750) » 20% coinsurance of remaining amount (\$6,000 – \$575 – \$750 = \$4,675 x 20 percent = \$935)	\$1,685
	PPO pays: » 80% of remaining \$4,675 claim (\$3,740)	\$3,740
	Rollover at year end	\$0

	Health Care Account Balance = \$750	Year 2
John's Medical Care for Year 2	PPO preventive care benefit pays: » physical (\$125) + preventive care lab tests (\$75)	\$200
	Health Care Account pays: » asthma specialist visits (\$400)	\$400 (applied toward deductible)
	John pays:	\$0
	PPO pays:	\$0 (deductible not met)
	Rollover at year end (\$750 – \$400 paid by the Health Care Account)	\$350



Jane

Jane has family coverage. She is a single parent with two children. Sarah and Cindy had several visits to the pediatrician, and Sarah also had her eyes checked by an ophthalmologist. When Jane had stomach problems, she visited a specialist. She read about her condition on the Personal Health Manager available to BlueEdge members through the Blue Cross and Blue Shield of Oklahoma Web site. Jane regularly checked her Health Care Account balance and remaining deductible online.

Annual Family Health Care Account = \$1,500

Annual Deductible = \$1,500 per individual or \$3,000 per family

	Health Care Account Balance = \$1,500	Year 1
Jane's Family Medical Care for Year 1	PPO preventive care benefit pays: » physical (\$150) + preventive care lab tests and X-rays (\$100)	\$250
	Health Care Account pays: » pediatrician visits (\$240) » ophthalmology visit (\$120) » specialist visit (\$500) + one diagnostic procedure (\$400)	\$1,260 (applied toward deductible)
	Jane pays:	\$0
	PPO pays:	\$0 (deductible not met by family or any individual)
	Rollover at year end (\$1,500 - \$1,260 paid by the Health Care Account)	\$240

	Health Care Account Balance (\$1,500 + \$240) = \$1,740	Year 2
Jane's Family Medical Care for Year 2	PPO preventive care benefit pays: » physical (\$120) + preventive care lab tests and X-rays (\$150)	\$270
	Health Care Account pays: » pediatrician visits (\$300) » specialist follow-up visit (\$250) + lab test (\$120)	\$670 (applied toward deductible)
	Jane pays:	\$0
	PPO pays:	\$0 (deductible not met by family or any individual)
	Rollover at year end (\$1,740 - \$670 paid by the Health Care Account)	\$1,070



Bill and Jennifer

Bill and Jennifer have family coverage through Bill's employer. Their son is born in the first year of coverage. Jennifer found practical prenatal care information through the Personal Health Manager available to BlueEdge members through the Blue Cross and Blue Shield of Oklahoma Web site. After taking the online Health Risk Assessment, Bill discovered he was at some risk for developing heart disease. He talked to his doctor and then modified his diet and began exercising, using the information he found on the site. Other family medical expenses included Bill's visit to a dermatologist and treatment for the baby's ear infection.

Annual Family Health Care Account = \$1,500

Annual Deductible = \$1,500 per individual or \$3,000 per family

	Health Care Account Balance = \$1,500	Year 1
Bill and Jennifer's Family Medical Care for Year 1	PPO preventive care benefit pays: » physicals (\$150) + preventive care lab tests (\$100) » well-child care + immunizations (\$250)	\$500
	Health Care Account pays: » first prenatal visit (\$320) » maternity care (of the \$9,600 total, \$1,180 — Jennifer's remaining deductible — is paid by the Health Care Account balance, leaving \$8,420)	\$1,500 (Jennifer's deductible is met)
	Bill and Jennifer pay: » 20 percent coinsurance of remaining \$8,420 (\$1,684) » Bill's dermatology specialist visit (\$200) » pediatrician visits for ear infection (\$280)	\$2,164 (\$480 applied toward deductibles)
	PPO pays: » 80 percent of remaining \$8,420 (\$6,736)	\$6,736
	Rollover at year end	\$0

	Health Care Account Balance = \$1,500	Year 2
Bill and Jennifer's Family Medical Care for Year 2	PPO preventive care benefit pays: » physicals (\$200) + preventive care lab tests (\$100) » mammogram (\$120) » well-child care + immunizations (\$250)	\$670
	Health Care Account pays: » pediatrician visits for colds + ear infection (\$400) » dermatology specialist visit (\$210)	\$610 (applied toward deductible)
	Bill and Jennifer pay:	\$0
	PPO pays:	\$0 (deductible not met by family or any individual)
	Rollover at year end (\$1,500 – \$610 paid by the Health Care Account)	\$890

FAQ

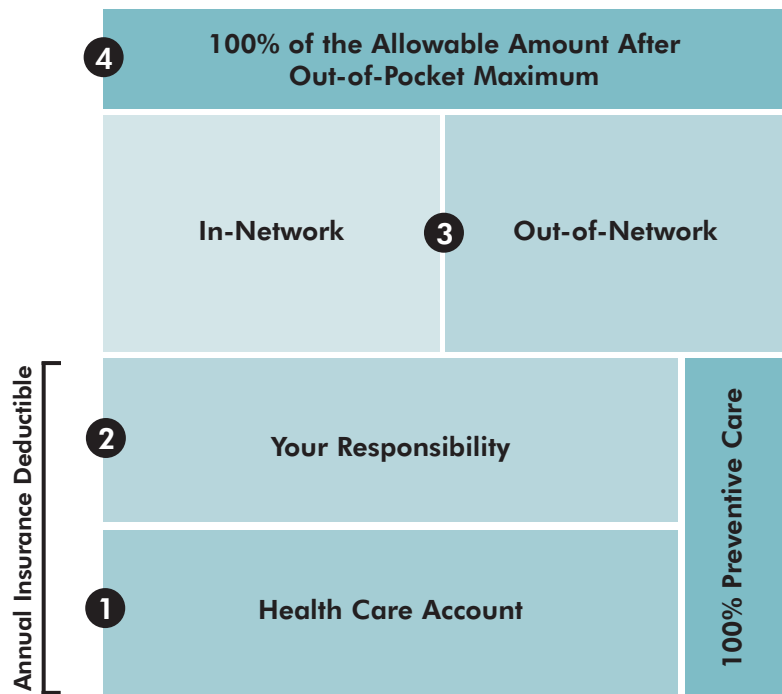
Frequently Asked Questions



BlueEdge also gives members coverage for wellness and preventive services at 100 percent in network without first meeting the deductible, up to their preventive maximum amount.

Q. How is BlueEdge different from a traditional PPO plan?

- A.**
- ❶ With BlueEdge, your company sets aside a specific amount of money each benefit year in a Health Care Account (HCA) – see below, item 1 – for each employee and their dependents. The HCA pays for the member’s initial covered health care expenses each year. The amount paid is then applied to the deductible.
 - ❷ Unused funds – up to a maximum amount – may roll over year to year, as long as the employee remains in the plan. The member pays any remaining amount of the deductible – see below, item 2.
 - ❸ Once the deductible is met, PPO benefits (in- and out-of-network) begin – see below, item 3. As with any PPO, members need to use contracting network providers to receive the highest level of benefits.
 - ❹ Once members’ out-of-pocket maximums are reached – see below, item 4 – their health care services will be covered at 100 percent of the allowable amount for the remainder of the calendar year.



Q. How will my company be billed for BlueEdge?

A. Claims paid from the Health Care Account (HCA) are billed to your company in the same process as a self-insured benefit plan and are integrated into one bill as a separate item. While your company does not need to deposit the full amount of the HCA in advance, you have to account for this liability.

Q. Why should my company consider a consumer-driven health plan like BlueEdge?

A. BlueEdge empowers your employees to become more active in managing their health and health care costs — potentially saving you money over time. As a fully integrated model, BlueEdge provides a seamless approach to claims processing — paying claims from the HCA or the PPO benefit plan. Except for their deductible amount and/or copayment, members do not pay for services or submit claims for HCA reimbursement.

You can choose from a variety of BlueEdge plan designs. When you choose BlueEdge, members have access to the extensive PPO network and discounts, online resources and customer service from the trusted name of Blue Cross and Blue Shield of Oklahoma.



BlueEdge lets you pay as you go. Your company only funds claims as they are paid from the HCA, so unused account balances remain part of your company's cash flow.

Q. How does the Health Care Account (HCA) rollover feature work?

A. Typically if there is any remaining balance in an employee's HCA at the end of the benefit year, it automatically rolls over to the next year and is added to your company's annual contribution. However, there are a variety of rollover options that may be available to the employee. The HCA balance is typically limited to the amount of the annual deductible and remains available to members as long as they participate in the plan.

Q. What happens when employees spend everything in their HCA?

A. When employees' HCA contributions are depleted, they are responsible for meeting any remaining balance of the deductible before PPO coverage begins. However, the amount spent from the HCA is applied toward meeting the deductible, helping meet the deductible sooner.

Q. How can I decide if BlueEdge is right for me?

A. When an employee chooses another health plan or leaves your company without continuing coverage under COBRA, the HCA balance is not portable. Your HCA liability for that employee ends, and that employee does not receive any unused balance.

Q. How can employees decide if BlueEdge is right for them?

A. Employees should compare covered benefits, network providers, cost of premium contributions and other out-of-pocket expenses when deciding on a health plan. Since BlueEdge is a new type of health plan, Blue Cross and Blue Shield of Oklahoma has developed the Health Plan Cost Estimator – an innovative online tool at www.bcbsok.com that features:

- A series of questions to help employees decide if BlueEdge meets their needs
- A budgeting tool to assist in the plan selection process to help ensure that employees' chosen health care coverage fits their budget

Q. How do the Health Care Account (HCA) and deductible work for families?

A. The family HCA pays for covered services received by any eligible family member. No family member has to satisfy more than the individual deductible before receiving PPO benefits, and PPO benefits are paid for the whole family once the family deductible is met.

Q. What happens to the HCA when new employees enroll or employees change to single or family coverage?

A. New employees: When new employees enroll in BlueEdge, the initial HCA contribution may be prorated. There are a variety of prorating options. Typically prorating is done quarterly. A new employee with an effective date in July will receive half the single or family amount, while an effective date in April will receive three quarters the single or family amount.

From single to family coverage: An additional amount will be added to the HCA balance depending on the effective date of the change.

From family to single coverage: If the employee changes to single coverage at any time during the benefit year, the HCA will not be adjusted. The next annual contribution to the account will be based on single coverage.



Important Information | *HIPAA Notice*

Notice of Enrollment Rights. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Notice of Pre-existing Condition Exclusion. Under HIPAA, a “pre-existing condition” is a condition for which medical advice, diagnosis, care or treatment six-month period ending on the enrollment date in a health plan.

Your plan may include a pre-existing condition exclusion. If so, the pre-existing condition exclusion waiting period will not exceed 12 months beginning on the enrollment date. (For a late enrollee, the maximum waiting period is 18 months from the date coverage begins.) A pre-existing. A pre-existing condition exclusion is inapplicable to a pregnancy or to a newborn child or adopted child under the age 18 who becomes covered within 30 days of birth or adoption. A genetic condition without advice, care or treatment is not a pre-existing condition.

If your plan contains a pre-existing condition exclusion, the existence of a pre-existing condition will be determined using information obtained relating to an individual’s health status before his or her enrollment date.

The pre-existing condition waiting period is reduced by any creditable coverage (prior coverage under various plans including, but not limited to, group health plans, individual health policies, Medicare and Medicaid). You may obtain a certificate of creditable coverage from a prior plan sponsor or health insurance issuer. Should you disagree with the length of creditable coverage determined by your current plan, you have the right to appeal that determination and provide evidence of creditable coverage.

You should read and consult your schedule of benefits to see if your health plan contains a pre-existing condition exclusion. For further information, contact your benefits administrator.

In 1996, Congress passed the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA impacts group health plans by improving the availability and portability of health coverage. HIPAA also requires that group health plan participants be given the notices listed on this page.



**BlueCross BlueShield
of Oklahoma**

www.bcbsok.com