



BlueCross BlueShield of Oklahoma

Health Coverage for Individuals and Families

Plans that fit every need, lifestyle and budget.



BlueCross BlueShield
of Oklahoma

Through It All.SM

866-303-BLUE (2583)

bcbsok.com

Call 866-303-BLUE (2583), visit bcbsok.com,
or contact an independent Blue Cross and Blue
Shield of Oklahoma agent to get a quote today.

Life is One Choice After Another.

Some choices require more thought than others. When it comes to health care insurance, it is important to make the right choice. Thankfully, there's one health care insurance provider that has been the right choice for generations of Oklahoma residents for more than 70 years: Blue Cross and Blue Shield of Oklahoma.



Here are some of the advantages of selecting a health plan from Blue Cross and Blue Shield of Oklahoma:

- Freedom to choose doctors and hospitals
- Choice of deductibles
- Prescription drug coverage, including mail order drugs
- 100% coverage for preventive care services¹
- Guaranteed renewability
- Coverage while traveling
- Health and Wellness Programs
 - **24/7 Nurseline**
Call the Nurseline 24/7 for answers to health-related questions
 - **Personal Health Manager**
A resource of online tools to help you make informed health care decisions
 - **Discount Program**
Includes vision, weight management, hearing, and fitness program

You Get Exceptional Choice from Our Industry-Leading Network of Contracting Providers

No matter which Blue Cross and Blue Shield of Oklahoma (BCBSOK) insurance plan you select, you'll have hundreds of providers to choose from. And with a large percentage of Oklahoma doctors and hospitals participating in our network, chances are very good that your current health care providers are included.

That's important, because you get the most value from your benefits by using network providers.

Save money by using BlueChoice® PPO providers!

Within this large group are select providers that participate in our BlueChoice PPO network. Our agreements with these hospitals, doctors and specialists allow you to save on premiums and on the cost of covered services when you are a member of a BlueChoice PPO plan. You do not need to select a primary care physician and referrals to specialists are not needed. Simply use our Provider Finder® at bcbsok.com to view a complete list of contracting providers that participate in our plans.

Don't Forget Dental! BlueCare® Dental PPO

You'll get dental coverage on day one for checkups, cleanings and other preventive services. You can choose any dentist you want, with no referrals needed.

Choose the Plan that Fits You Best.

Nationwide, nearly 100 million Americans put their confidence in us.[†] Blue Cross and Blue Shield of Oklahoma offers a range of health insurance plans with a wide variety of deductibles and benefits. We are confident that you will find a health insurance plan to fit your specific needs and budget. See the Plan Comparison Chart on Page 6 for a side-by-side look at plan benefits.



Our benefit plans include four options: **Simply Blue** as well as our **Health Check Basic**, **Health Check Select®** and **Health Check HSA** plans. Each family offers numerous choices designed to maximize your flexibility in finding the right health insurance plan for you and your family.

Simply Blue

Simply Blue offers you the quality of service you expect from Blue Cross and Blue Shield of Oklahoma at our most affordable rates.

- Access to our large network of health care providers at a lower monthly premium
- 70% coinsurance when you use our network providers
- Your choice of deductibles, from \$1,000 - \$10,000
- Emphasizes the use of generic drugs

Health Check Select	Health Check Basic	Health Check HSA ²
<p>This is our premier family of health insurance plans offering the most comprehensive benefits, convenience and choice, similar to those provided by employer plans.</p>	<p>This family of plans lets you stretch your dollars by offering reliable health care at rates designed to fit your budget.</p>	<p>Health Check HSA allows you to take charge of your health and be responsible for how you spend your health care dollars.</p>
<ul style="list-style-type: none"> • A low copayment for doctor office visits (copayment does not apply for visits for preventive care services) • Outpatient emergency care (accident or illness) • Coverage for hospitalization, surgery and many other services • Prescription drug coverage 	<ul style="list-style-type: none"> • An affordable premium without sacrificing benefits • Important features like outpatient prescription drug benefits and optional maternity benefits • Designed for those who want a high level of benefits and a lower premium 	<ul style="list-style-type: none"> • Our high-deductible health insurance plans include a broad range of deductibles starting at \$1,500 • Provides reliable coverage with lower premiums • HSA-eligible individuals enjoy tax advantages

[†]The Blue Cross and Blue Shield Association; August 2012.

Find the Plan That's Right for You

Nothing is more inevitable in life than change. Families change. Priorities change. Careers change. Needs change. Choose the right health insurance plan for you and your family. Compare our plans to find the coverage you need.

If you're a budget-conscious individual looking for your first insurance policy, Simply Blue can help save you money.

The typical Simply Blue buyer is an individual or family who:

- Is looking for dependable health care coverage at the lowest monthly premium
- Is comfortable with higher deductibles
- Wants the security of being covered
- Would like a lower premium for using generic drugs
- Is comfortable paying full price for brand name drugs

If you're looking for health insurance comparable to that offered by large employers, our Health Check Select family is for you.

The typical Health Check Select buyer is an individual or family who:

- Prefers fixed doctor visit copayments for non-preventive care services
- Regularly visits a doctor

If you're a young couple just starting out, the Health Check Basic family of plans may be for you.

The typical Health Check Basic buyer is a cost-conscious individual or family who:

- Is willing to assume a portion of health care costs in exchange for a lower monthly premium
- Visits doctors primarily for annual checkups

If you want to control how, when and where your health care dollars are spent, then consider a Health Check HSA².

The typical Health Check HSA buyer is an individual or family who:

- Is actively involved in their health care decisions and finances
- Seeks additional tax and retirement planning benefits
- Is willing to fund some of their own health care expenses

All of our plans offer prescription drug coverage. It's important for you to understand how they're different:

- Simply Blue emphasizes the use of generic drugs. You'll pay \$10 for generics and 50% for preferred brand drugs. You can review the Generics Plus Formulary at bcbsok.com.
- If you require a non-preferred brand, you will pay full price — although you'll get a discount when you use a participating pharmacy.³
- Health Check Select, Health Check Basic and Health Check HSA cover generic, preferred, as well as non-preferred brands. What you pay out-of-pocket at the pharmacy is subject to the product's annual deductible and coinsurance (see the Plan Comparison Chart on pages 6 and 7).

Health Check HSAs for Individuals and Families

High-deductible health plans are even more attractive than ever — because they can be used with a Health Savings Account (HSA).² An HSA is a tax-advantaged, individually owned savings account that you can access to cover a wide range of qualified medical expenses, when funded. These expenses may generally include your annual deductible and, if applicable, any out-of-pocket cost sharing for covered services.

Here are the Major Benefits of a Health Savings Account (HSA):

- Control:** The money in an HSA belongs to you. YOU decide how to spend it based on your particular health care needs and budget.
- Flexibility:** You can withdraw your money from your HSA as long as you use it for qualified medical expenses incurred after the establishment of your HSA.
- Ownership:** You never forfeit your HSA balance. Any unused balance in your account rolls over from one year to the next, providing you protection from potential medical expenses.
- Tax Savings:**² An HSA allows you to put away money that may be fully tax deductible to cover future qualified medical expenses. This means that you can set aside tax-free dollars, subject to certain limits, in an HSA to pay for your qualified medical expenses. Interest that accumulates within your HSA is generally tax free. You typically will pay no taxes or penalties when you use funds from your HSA to pay for qualified medical expenses.

Step 1	Step 2	Step 3
Select and apply for one of the Health Check HSA plans.	Research and contact a financial institution to open a Health Savings Account (HSA) after your Health Check HSA health plan is activated if you are otherwise an eligible individual.	Pay for your out-of-pocket qualified medical expenses from your Health Savings Account (HSA).
<ul style="list-style-type: none"> Choose the deductible and level of coverage that best fit your needs. Apply online or complete and mail in your application for the health plan. Research banks offering HSAs to use in conjunction with your health plan, if you are otherwise an eligible individual. 	<ul style="list-style-type: none"> You may choose any HSA available to work in conjunction with your Health Check HSA health plan. Consider the associated fees, investment choices and debit card/ checkbook options to determine which HSA is right for you. Fund your HSA as soon as possible in order to maximize your tax advantages for the year. 	<ul style="list-style-type: none"> Most financial institutions will give you a checkbook and/or debit card so you can pay claims directly out of your HSA. These are convenient ways to pay for prescription drugs. For doctor or hospital visits, we recommend that you ask to be billed later in case adjustments are made to your expenses. While you are not required to open an HSA to be used with your health plan, most customers agree that they get the most out of their plan by taking advantage of the tax benefits, control and flexibility of an HSA.

Plan Comparison Chart

Participating Provider Coverage Shown⁴

	Simply Blue		
Annual deductible options	\$1,000	\$2,000	\$3,000
	\$5,000	\$7,500	\$10,000
Health care provider networks and coinsurance amounts. Most covered services are paid at the following amounts after you meet your annual deductible.	BlueChoice PPO network: 70% Out-of-network: 50%		
Doctor's office copayment	\$40 copayment		
Hospital inpatient per-occurrence deductible	\$500 per occurrence		
Individual stop-loss limits/ out-of-pocket expense	\$10,000 stop-loss limit during the year for covered services.		
Prescription drug coverage	\$10 Generic, 50% preferred brand, 100% member-pay on non-preferred brand. ³		
Prescription Drug Utilization/Benefit Management Programs	Dispensing Limits: Benefits include coverage limits on certain medications. These limits are based on approved guidelines. Specialty Pharmacy Program: Specialty medications must be obtained through the preferred Specialty Pharmacy Provider. Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and/or certain criteria must be met.		
Emergency room per-occurrence deductible	\$200		
Facility outpatient per-occurrence deductible (for surgical procedures)	\$200		
Preventive care benefit	100%		

Health Check Select		
\$200	\$500	\$1,000
\$1,500	\$2,500	\$5,000
BlueChoice PPO network: 80% BlueTraditional network: 70% Out-of-network: 70%		
\$15 for most visits to a BlueChoice PPO network, not subject to deductible.		
None for BlueChoice PPO network admissions. \$300 for BlueTraditional or out-of-network admissions.		
\$1,000 out-of-pocket expense limit during the year for covered services received from BlueChoice PPO network providers. ⁶		
After you meet your annual deductible, benefits are paid at 70% of allowable charges when you use network pharmacies.		
Dispensing Limits: Benefits include coverage limits on certain medications. These limits are based on approved guidelines. Specialty Pharmacy Program: Specialty medications must be obtained through the preferred Specialty Pharmacy Provider.		
These four programs		
None		
None		
100%		

Health Check Basic			Health Check HSA ²			
			Individual			
\$500	\$1,000	\$2,500	\$1,500	\$2,500	\$3,500	\$5,000
			Family			
\$3,500	\$5,000	\$7,500	\$3,000	\$5,000	\$7,000	\$10,000
BluePreferred PPO network: 80% BlueChoice PPO network: 70% BlueTraditional network: 60% Out-of-network: 50%			BlueChoice PPO network: 80% ⁵ BlueTraditional network: 60% Out-of-network: 60%			
\$35 for most visits, not subject to deductible			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.			
\$500 per occurrence			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.			
\$2,500 out-of-pocket expense limit during the year for covered services. A separate \$10,000 out-of-pocket expense limit applies for prescription drug coverage.			Out-of-pocket expense limit depends upon the annual deductible option chosen. See the plan brochure for additional information.			
Begins immediately at 50% of allowable charges when you use a network pharmacy. ⁷			After you meet your annual deductible, benefits are reimbursed at 70% of allowable charges when you use network pharmacies. ⁵			

Member Pay the Difference: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.

Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSOK and/or certain criteria must be met.

Apply to all three plans above.

\$100	The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.
\$200	The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.
100%	100%



BlueCare Dental PPO for Individuals and Families

Now is the time to add Dental Coverage

Choose BlueCare Dental PPO and Enjoy:

- No deductible required for checkups, cleanings and other preventive services
- A maximum annual benefit of up to \$1,500 per person per year

BlueCare Dental PPO Eligibility:

- You must enroll in a Blue Cross and Blue Shield of Oklahoma health plan to be eligible to enroll in the dental plan. This is your only opportunity to add dental coverage to your medical policy—with no medical questions asked
- All members on that health plan must be enrolled in BlueCare Dental PPO
- Once your dental plan is dropped for any reason, you cannot re-enroll unless you re-enroll in a BCBSOK health plan

Benefits ⁸	Participating Dentists	Out-of-Network Dentists ⁹
Deductible Deductible applies to Type III services only	\$50 per member per benefit period; \$150 maximum per family	
Calendar Year Maximum Benefit (per individual)	\$1,500 ⁹	
Type I Services <ul style="list-style-type: none"> • Cleanings • Sealants • Examinations • Space maintainers • X-rays 	100% of Maximum Allowance	70% of Maximum Allowance
Type II Services <ul style="list-style-type: none"> • Fillings • Simple extractions 	80% of Maximum Allowance	50% of Maximum Allowance
Type III Services <ul style="list-style-type: none"> • Bridges¹⁰ • Crowns¹⁰ • Dentures¹⁰ 	50% of Maximum Allowance after deductible	30% of Maximum Allowance after deductible

Monthly premium rates for BlueCare Dental PPO	
Member	\$26.35
Member + Spouse	\$52.65
Member + Child(ren)	\$45.10
Family	\$77.10

Make One of Your Most Important Choices One of Your Easiest

See Why More Than 600,000 People Choose Blue Cross and Blue Shield of Oklahoma

Our Contracting Provider Networks Assure You Freedom of Choice

Blue Cross and Blue Shield of Oklahoma (BCBSOK) health insurance plans provide access to our BlueChoice PPO network, which includes a large percentage of participating Oklahoma doctors and hospitals. In fact, with our extensive BlueChoice network, it's likely that your current health care providers participate.

Blue Cross and Blue Shield of Oklahoma Offers You and Eligible Family Members Choices

Blue Cross and Blue Shield of Oklahoma offers you and eligible family members choices when it comes to your care. Members and eligible dependents have the freedom to visit any physician they choose, with benefits paid at the highest level of benefits when the doctor is in the participating provider network. Members do not need to select a primary care physician to coordinate care, and no referrals are needed to see a specialist.

Travel with Confidence — You're Covered Away from Home

Contracting providers outside of Oklahoma linked through the BlueCard program allow you to receive benefits for covered services when you travel. Simply present your Blue Cross and Blue Shield of Oklahoma ID card to a participating provider wherever you are. To find a participating provider while you're away, just call the toll-free number on the back of your card. It's that easy.

No Paperwork in Most Cases — Your Claims Are Handled for You

Present your Blue Cross and Blue Shield of Oklahoma ID card to your health provider. They will submit a claim, and Blue Cross and Blue Shield of Oklahoma will send you an Explanation of Benefits, which will also show you how much of your deductible and your out-of-pocket maximum you have met to date as well as your applicable share of costs.



- 1 Applies to preventive services as defined under the Affordable Care Act.
- 2 As a reminder, Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Oklahoma does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.
- 3 You are responsible for the entire cost of Non-Preferred Brand Drugs. However, if you use a Participating Pharmacy to fill your Prescription Order, you will be entitled to the negotiated discount applicable to all Blue Cross and Blue Shield of Oklahoma Subscribers. Please be advised that Simply Blue uses Preferred Brand Drugs on the Generic Plus Formulary. The Formulary is available online at bcbsok.com.
- 4 Benefits reduced when non-participating providers are used. This is a summary of highlights only. Please refer to the Outline of Coverage for each plan for additional details.
- 5 Individual deductibles \$2,500 and \$3,500/family deductibles \$5,000 and \$7,000 are covered at an 80% or 100% coinsurance. Individual deductible \$5,000 /family deductible \$10,000 are covered at a 100% coinsurance.
- 6 \$3,000 per calendar year, after deductible, for services received from BlueTraditional or out-of-network providers.
- 7 If total charges incurred equal \$20,000 in a calendar year, Health Check Basic will reimburse 100% for remainder of calendar year.
- 8 Your dental care benefits are highlighted in this chart. To fully understand all the terms, conditions, limitations and exclusions which apply to your benefits, please read the entire BlueCare Dental PPO Rider.
- 9 For services received from a non-participating dentist, the member will be responsible for any difference between the dentist's charges and the maximum allowable charge. The maximum allowable charge is based on our network negotiated fees. Further information regarding the maximum allowable charge and network status of dentists is available by calling the toll-free telephone number on the back of your identification card.
- 10 Benefit Waiting Period – You must be continuously covered under your rider for twelve (12) months before being eligible for the following covered services: (1) Major Restorative Services; (2) Prosthodontic Services; and (3) Miscellaneous Restorative and Prosthodontic Services.



You Can Count on Us to Help You

- Choose a plan that fits your specific needs
- Select copays and deductibles that fit your budget
- Have a wide choice of doctors, hospitals and health care facilities
- Join the approximately 100 million Americans nationwide who put their trust in us[†]
- Have the option of selecting a plan that includes preventive doctor visits and prescription drug, hospitalization and emergency care coverage
- Work with a provider that has more than 70 years of experience, covering generation after generation of families

[†]The Blue Cross and Blue Shield Association; August 2012.

Apply today:



Call us toll-free at 866-303-BLUE (2583)



Visit us on the web at bcbsok.com



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