



BlueOptions® PPO

Questions and Answers

Q. How does a BlueOptions member choose a doctor?

- A. With the BlueOptions plan, you can go to any doctor or hospital. However, you receive the highest level of benefits when you use BluePreferred PPO network health care providers.

Q. How do BlueOptions benefits work?

- A. When you use BluePreferred PPO network health care providers, you receive the highest level of benefits: 80% for most covered services after the annual deductible is met.

Benefits also are paid for covered services from other Blue Cross and Blue Shield network providers, but at a lower level: 70% (after deductible) for BlueChoice PPO network provider services; 60% (after deductible) for BlueTraditional network provider services.

Benefits for out-of-network health care provider services, after deductible, are paid at only 50% of pre-negotiated, BlueChoice PPO network rates. Members also must file their own claims.

Keep in mind that all covered services (including inpatient and outpatient hospitalization, and ancillary services such as X-ray, laboratory, anesthesia, etc.) must be performed by a BluePreferred PPO network provider to receive the highest level of benefits.

Q. What if a BluePreferred PPO Network doctor sends a BlueOptions member to a hospital that is not in the BluePreferred PPO Network?

- A. BluePreferred PPO network doctors have agreed to use BluePreferred PPO network hospitals whenever possible. Make sure your doctor knows you would like a BluePreferred PPO network hospital so that you receive the highest level of benefits.

Q. What claims does a member have to file?

- A. When you use a provider from a Blue Cross and Blue Shield network, your claim will be filed for you. If you use an out-of-network provider, you will probably need to file claims.

Q. What are my prescription drug options?

- A. Employers can choose from one of the following:

1. 50/50 Drug Card

- 50% coinsurance applies at network pharmacies
- Not subject to deductible
- Additional \$10,000 annual stop-loss – paid at 100% after stop-loss is reached

2. \$12/30%/25/30% Drug Card

- Generic brand: 30% of allowable charge with a minimum copay of \$12
- Preferred brand: \$25 copay
- Non-preferred brand: 30% of allowable charge with minimum copay of \$25

3. \$10/\$25/\$50/\$150 Specialty Tier Drug Card

- Generic brand: \$10 copay
- Preferred brand: \$25 copay
- Non-preferred brand: \$50 copay
- Specialty tier brand: \$150 copay

4. \$20/\$40/\$60/\$150 Specialty Tier Drug Card

- Generic brand: \$20 copay
- Preferred brand: \$40 copay
- Non-preferred brand: \$60 copay
- Specialty tier brand: \$150 copay

Q. Do I need precertification to go to an out-of-network doctor or hospital?

- A. When you use Blue Cross and Blue Shield network health care providers, they take care of the precertification process for you. This means that network providers have agreed to consult with Blue Cross and Blue Shield's medical staff to determine the most appropriate setting for your treatment. This is one of the cost containment features of BlueOptions that helps keep costs in line.

When you got to an out-of-network provider, it's your responsibility to make sure your doctor gets precertification from Blue Cross and Blue Shield of Oklahoma.

Sometimes you can't plan ahead, and you might need emergency care or immediate hospitalization. When there's no time for precertification - go ahead and get treatment right away. But remember, you must notify Blue Cross and Blue Shield of Oklahoma within two working days if you are hospitalized.