

BlueOptions

Group Benefits

Questions and Answers

Q. How does a BlueOptions member choose a doctor?

A. With the Blue Options 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 percent 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 percent (after deductible) for BlueChoice® PPO Network provider services; 60 percent (after deductible) for BlueTraditional® Network provider services.

Benefits for out-of-network health care provider services, after deductible, are paid at only 50 percent 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. How does the BlueOptions prescription drug benefit work?

A. Prescription drug benefits are paid at 50 percent with no annual deductible or maximum. The member pays 100 percent of the pharmacy's charge (at a Blue Cross and Blue Shield network pharmacy). Then Blue Cross and Blue Shield reimburses the member 50 percent of that amount.

Members who go to an out-of-network pharmacy also pay the full amount for the prescription drug, but then must submit a claim to Blue Cross and Blue Shield of Oklahoma for reimbursement.

The reimbursement amount is 50 percent of what a network pharmacy would have charged for the drug.

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

A. It's your responsibility to make sure your doctor gets precertification from Blue Cross and Blue Shield of Oklahoma.

When you use Blue Cross and Blue Shield network health care providers, they take care of the precertification process for you. 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 Blue Options that helps keep costs in line.

Sometimes you can't plan ahead - you might need emergency care and 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 of your hospitalization within two working days.