



Dear Member,

It's more important than ever to stay informed about your health insurance. You can visit bcbsok.com to get information on topics such as:

What is a PPO? PPO stands for Participating Provider Option. It's a type of health plan that lets you choose where you go for care. With a PPO, you don't need a referral from a primary care provider. You aren't limited to using the providers in your plan's network; however, the out-of-pocket expenses are generally less if you stay in your provider network. See bcbsok.com/ppo for more about the PPO plan, such as:

- The PPO network
- How to ask for a pre-notification or preauthorization from Blue Cross and Blue Shield of Oklahoma
- How to access a specialist or behavioral health care provider or get hospital care
- What to do in an emergency or non-emergency
- How to get care after normal business hours

You do not need a referral to see a specialist or behavioral health care provider. You also do not need a referral to visit a hospital. You can get care from an in-network or out-of-network provider, but you will likely pay more for nonemergency services if you do not stay in network.

How do I find a doctor or hospital? To find in-network doctors, hospitals, and other health care providers, use "Find Care" at bcbsok.com. You can look up information such as name, address, telephone numbers, professional qualifications, specialty, medical school, residency completion, and board certification status.

What is a provider? A provider is a licensed health care facility, program, agency, ambulance company, doctor (including Doctors of Medicine, Osteopathy, Chiropractic, and Podiatric Medicine), or other health professional who delivers health care services. You can visit bcbsok.com/ppo to learn how to use primary care services covered under your benefits, including where to go for care. If you need more help, you can call Customer Service.

How do I reach my doctor after hours? Call the doctor's after-hours number. They will either fit you into their schedule or refer you to another doctor or clinic. In some cases, they may have you go to a hospital or urgent care clinic.

How do I get emergency care? To get emergency care when your injury or illness is serious or life threatening, call 911 or go to the nearest emergency room, even when you are traveling out-of-state or abroad.

How do I reach Customer Service? You can call Customer Service toll free at 1-866-520-2507. The phone number is also on your member ID card.

How do I reach the pre-certification or prior authorization staff? You or your doctor's office can call the toll-free Customer Service phone number on the back of your member ID card. For general health questions, call the 24/7 Nurseline.

Where can I find enrollment information? Refer to your Benefit Book for information about benefits coverage (including coordination of care), access to medical services, the complaint/appeal process, confidentiality of personal health information, and new medical technology. You can also log in to your Blue Access for MembersSM account.

How does my health plan work? To understand how your health plan works and to take full advantage of your health insurance benefits, see the helpful tips at the "Making Your Health Insurance Work for You" link under the Member Services tab on bcbsok.com. For example:

BCBSOK regularly evaluates the use of new and existing medical technologies. This allows us to make decisions about what's covered. It also provides access to safe and effective care.

For resources and answers to frequently asked questions about HMO information, claims, payments, membership, finding care, and more, please visit:

bcbsok.com/member/member-resources/faq.

How do I use my member account? Your Blue Access for Members account helps you make the most of your plan benefits and coverage. You can review your health history, view your benefits, check on claim payments, use BCBSOK's online health tools and more.

Health Management Programs Available to You

Blue Cross and Blue Shield of Oklahoma offers Health Management programs to address your medical and behavioral health needs. These programs aim to help:

- Keep you healthy.
- Manage your emerging health risks.
- Assist with your safety and health outcomes.
- Manage chronic illnesses.

Referrals to Health Management Programs can be made by members or caregivers, providers/practitioners, hospital discharge planners, or other medical management programs.

For details on Health Management Programs available to you and how to enroll, see the table starting on page 4 or call the Customer Service number on your member ID card.

Utilization Management

If you have questions about the Utilization Management process, call the prior authorization number on the back of your member ID card. The Utilization Management team will help you answer any questions you may have about whether your PPO plan will approve payment for a test

or procedure your doctor orders or admission to a hospital. After normal office hours, you can leave a message in a confidential voicemail box.

We offer services for members whose first language is not English or who have special communication needs. You may ask to speak to a bilingual (English-Spanish) representative when you call the Customer Service number on the back of your member ID card. Our staff members also use a telephone-based translation service to help with other languages.

Our deaf, hard-of-hearing, or speech-disabled members with questions about the Utilization Management process can communicate with a Customer Service representative through the Relay Oklahoma Network. When dialing 711 or using TTY 800-722-0353 (TTY for Oklahoma City 800-522-8506), the caller is connected to the state transfer relay service for TTY and voice carryover.

Care Decisions

BCBSOK:

- Does not allow decisions about your care to be made in exchange for financial rewards.
- Bases health care decisions only on the care and services that are appropriate for your health needs and coverage.
- Does not reward doctors or other providers or persons for underusing benefits or for denials of coverage.
- Does not give financial incentives to staff members who make medical or coverage decisions that limit or restrict your benefits.

List of Health Management Programs

Email Reminders	Who Is This Program for?	How Can I Access the Program?	How Does This Program Work?
Annual Flu Shot	Adult members ages 18 to 64 with an on-exchange plan*	You will get an annual email from BCBSOK. You can also enroll by calling the Customer Service number on the back of your member ID card.	The email you get from BCBSOK will remind you to talk to your doctor about screenings, immunizations, and tests. Use this information to make an appointment.
Breast Cancer Screenings	Female members with an on-exchange plan* who are ages 40 to 74 and have not had a breast cancer screening-		
Cervical Cancer Screenings	Female members with an on-exchange plan* who are age 21 to 64 and have not had a cervical cancer screening within the last 3 years		
Childhood Immunizations	Members with an on-exchange plan* who are parents of children who are 6 months old		
Colorectal Cancer Screenings	Members with an on-exchange plan* who are age 45 to 75 who have not had appropriate colon cancer screening		
Diabetic Testing	Adult members with an on-exchange plan* who have diabetes		

Home Colorectal Cancer Screening	Who Is This Program for?	How Can I Access the Program?	How Does This Program Work?
Home testing kit for colorectal cancer screening	Members with an on-exchange plan* who are age 45 to 75 who have not had appropriate colon cancer screening	BCBSOK will mail you information related to home testing.	We will mail you a testing kit via the U.S. Postal Service. The kit will have instructions on how to submit it and get results.
Physical Health Disease and Case Management Programs	Who Is This Program for?	How Can I Access the Program?	How Does This Program Work?
Inpatient Readmission Prevention	Members at risk of being admitted to the hospital more than once for the same condition	BCBSOK will contact you to see if you would like to take part in this program. You can also call the Customer Service number on the back of your member ID card to enroll.	<p>A clinician will refer you to community resources and help you:</p> <ul style="list-style-type: none"> • Coordinate care with providers • Learn more about disease, self-management and medication • Navigate the health care system
Avoidable Emergency Room Visits	Members who have been to the ER 2 or more times during the previous 2 weeks		
Holistic Health Management	Members with a single or multiple chronic condition with less complex needs		
Complex Case Management	Members with 2 or more chronic conditions or complex needs with a life-changing event		
Maternity Program	Who Is This Program for?	How Can I Access the Program?	How Does This Program Work?
Special Beginnings®	Members with an on-exchange plan* who are pregnant	BCBSOK will contact you to see if you would like to take part in this program. You can also call the Customer Service number on the back of your member ID card to enroll.	This program provides support and education from early pregnancy to 6 weeks after delivery. You can use online tools and get information on pregnancy and infant care.

Behavioral Health Programs	Who Is This Program for?	How Can I Access the Program?	How Does This Program Work?
<p>Case Management: Low, Moderate, High and Complex</p>	<p>Members are eligible for the program based on many factors. A member's engagement in the tier case management program is based on the member's needs and complexity of issues.</p>	<p>BCBSOK will contact you to see if you would like to take part in this program. You can also call the Customer Service number on the back of your member ID card to enroll.</p>	<p>BCBSOK case managers will provide care coordination or an advocate to help navigate the health care system. They will help you:</p> <ul style="list-style-type: none"> • Access services • Find resources and support • Know your treatment options • Learn more about disease and medication

Please note these programs are subject to change.

* An on-exchange plan is a health plan that you enrolled in through the Health Insurance Marketplace®. These plans follow guidelines set by the Affordable Care Act.