



BlueCross BlueShield of Oklahoma

Experience. Wellness. Everywhere.®

Between jobs? COBRA too expensive? Need coverage temporarily?

Blue Transitions plan features:

- ▶ Benefits for office visits, lab and X-ray services, emergency care, hospital stays, surgery, prescription drugs, and more
- ▶ No paperwork; simply show your card in most cases

Coverage options:

- ▶ Plans for individuals, children and families
- ▶ 6 deductible levels, from \$500 to \$5,000
- ▶ Choose the length of coverage you need — from one to six months

Eligibility:

Oklahoma residents who are:

- ▶ At least 60 days of age and under 65 years of age
- ▶ Not currently pregnant or anticipating the birth or adoption of dependent children, unless required by court order
- ▶ Unmarried or dependent children between 60 days and 25 years of age



If you need
temporary insurance,
Blue TransitionsSM
is the solution.

Now's the time to apply for a Blue Transitions short-term policy for up to six months.

Our Blue Transitions plans cover a majority of the most costly health care services, and give you access to one of the largest contracting networks of doctors and hospitals in Oklahoma.

For even faster service,
apply online today!
bcbsok.com

You can pay with a credit card, and be covered
as early as tomorrow!*



Plan Benefits

Basic Provisions	Participating / Non-Participating Provider Coverage		
Doctor Medical / Surgical Services Inpatient/Outpatient	80% / 60%		
Hospital Services (Inpatient/Outpatient) Includes surgery, pre-admission testing and services received in a skilled nursing facility, coordinated home care program and hospice	80% / 60%		
Hospital Diagnostic Testing X-ray and Laboratory (includes, but not limited to, X-rays, lab tests, EKGs, ECGs, pathology services, pulmonary function studies, radioisotope tests, and electromyograms)	80% / 60%		
Physical, Occupational, and Speech Therapist Services (\$1,000 maximum combined benefit)	80%** / 60%**		
Emergency—Accidental Injury/Medical Emergency Room, Emergency Room Physicians	80% of allowable charge after \$100 Deductible per visit*** and Benefit Period Deductible 80% of allowable charge after Benefit Period Deductible		
Ground and Air Ambulance Services	80% of allowable charge after Benefit Period Deductible Up to \$500 Benefit Period Maximum		
Benefit Period Options	1 month	2 months	3 months
	4 months	5 months	6 months
Deductible Per individual (if two or more family members receive covered services as a result of injuries received in the same accident, only one Deductible will apply)	\$500**	\$1,000**	
	\$1,000**	\$2,000**	
	\$1,500**	\$3,000**	
	\$2,000**	\$4,000**	
	\$2,500**	\$5,000**	
	\$5,000**	\$10,000**	
Coinsurance The level of coverage provided by the plan after the Deductible has been satisfied	80% / 60%		
Lifetime Maximum (per member)	\$2,000,000		

Outpatient Prescription Drug Program

Benefit Period Deductible	- \$200 per Subscriber
Benefit Period Maximum	- \$750 per Subscriber
Outpatient Prescription Drug Benefit	- 50% of allowable charge after Benefit Period Deductible up to Benefit Period Maximum
Retail Pharmacy – 30-day supply	
Mail Service – Maintenance drugs only; 90-day supply	

Benefits for covered services are provided at either the Eligible Charge or the Maximum Allowance. Consult the Policy for definitions and your financial responsibility. Durable Medical Equipment (DME) providers, Orthotic providers and Prosthetic providers are participating providers. Please refer to your Policy Book for details.

*Coverage is subject to eligibility requirements.

**Does not apply to out-of-pocket limit.

***Waived if admitted to the Hospital through the emergency room visit.

Have Questions?

Call us toll-free at 1-866-303-2583
or contact your local authorized
independent agent.