



Individual and Family Health Care Plans for Georgia

Our plans fit your plans



SmartSense
Premier



Apply for a plan to fit all your needs!

Call me today for a personal quote
or for more information:

bcbsga.com

This brochure is intended as a brief summary of benefits and services; it is NOT your Contract/Certificate. If there is any difference between this brochure and your Contract/Certificate, the provisions of the Contract/Certificate shall prevail. Benefits and premiums are subject to change.

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Make sure you have all the facts

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plans described — including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please see the enclosed Disclosure Document and Benefit Guide. These documents should be included with your information kit, or if you have printed this from your computer, they should be at the end of this document. If you don't have these documents, be sure to contact your sales representative.

Individual & Family Plan Benefits	
Calendar Year Deductible Choices	Individual
<i>(separate deductibles apply for in-network and out-of-network)</i>	Family
Calendar Year Out-of-Pocket Maximum	Individual
	Family
Lifetime Maximum	
<i>(combined for in-network and out-of-network)</i>	

SmartSense

Blue Open Access POS shown (PPO, where different, shown in brackets)

In-Network				Out-of-Network			
\$750	\$1,500	\$2,500	\$3,500*	\$750	\$1,500	\$2,500	\$3,500*
\$5,000	\$7,500*	\$10,000	\$20,000	\$5,000	\$7,500*	\$10,000	\$20,000
\$1,500	\$3,000	\$3,000	\$7,000*	\$1,500	\$3,000	\$5,000	\$7,000*
\$10,000	\$15,000*	\$20,000	\$40,000	\$10,000	\$15,000*	\$20,000	\$40,000
Your deductible plus \$3,000				Your deductible plus \$7,500			
Your deductible plus \$6,000				Your deductible plus \$15,000			
Health Plan pays up to \$5 Million {\$7 Million for PPO} per member							

*Only available with POS

Premier PPO

In-Network			Out-of-Network		
\$750	\$1,500	\$2,500	\$750	\$1,500	\$2,500
\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
\$1,500	\$3,000	\$5,000	\$1,500	\$3,000	\$5,000
\$10,000	\$20,000	\$40,000	\$10,000	\$20,000	\$40,000
Your deductible plus \$2,500 [†]			Your deductible plus \$7,500		
Your deductible plus \$5,000 [†]			Your deductible plus \$15,000		
Health Plan pays up to \$7 Million per member					

† For Premier PPO, if you choose the \$10,000 or \$20,000 individual deductible or the \$20,000 or \$40,000 family deductible, your Calendar Year Out-of-pocket Maximum is your deductible only.

Covered Services
Amounts show your share of costs after deductible, if any
Doctors' Office Visits <i>(including preventive visits; preventive visits for children through age 5 are covered before the deductible)</i>
Child Preventive Services <i>(through age 5; immunizations, laboratory testing)</i>
Preventive Services, Age 6 and over <i>(mammograms, immunizations, PAP tests, PSA tests, and office screenings are not subject to the deductible)</i>
Professional Services <i>(x-ray, lab, anesthesia, surgeon, diagnostics, etc.)</i>
Hospital Inpatient <i>(with overnight stay)</i>
Hospital Outpatient <i>(without overnight stay)</i>
Emergency Room Services <i>(accidental injury or medical emergency, defined by BCBSGA)</i>
Maternity
Chiropractic
Dental
Life

In-Network	Out-of-Network
\$30 copay for first 3 visits per member per year, not subject to deductible After 3 visits and deductible, 30%	50% {40% for PPO} Not covered for preventive, age 6 and over.
30% Not subject to deductible	50% Not subject to deductible {40% for PPO}
30%	Not Covered {40% for PPO}
30%	50% {40% for PPO}
\$500 copayment; waived if admitted {for PPO: deductible then 30%}	
Not covered	Not covered
30%	50%
Optional coverage available	Optional coverage available

In-Network	Out-of-Network
\$35 copayment Not subject to deductible	40% (30% with \$10,000 or \$20,000 deductible)
20% Not subject to deductible	40% Not subject to deductible
20% Not subject to deductible	40%
20% (0% with \$10,000 or \$20,000 deductible)	40% (30% with \$10,000 or \$20,000 deductible)
20% (0% with \$10,000 or \$20,000 deductible)	
NOT COVERED; OPTIONAL COVERAGE AVAILABLE separate 12 month waiting period (see brochure for details)	
20%	40% (30% with \$10,000 or \$20,000 deductible)
Optional coverage available	Optional coverage available

Prescription Drug Coverage

Prescription Drug Coverage

(Generic plus limited brand and specialty drugs on our formulary; see brochure for more information)

Enhanced Prescription Drug Coverage

(Specialty and brand; see brochure for more information)

In-Network

Out-of-Network

In-Network

Out-of-Network

Greater of \$15 or 40%. Not subject to deductible
{For PPO: coverage for Generic ONLY; no brand or specialty coverage}

Greater of \$15 or 40%.
Not subject to deductible

NOT COVERED; OPTIONAL COVERAGE AVAILABLE Separate \$500 deductible per member per calendar year for tiers 2, 3, and 4 brand-name or specialty drugs

\$15, \$30 or \$60 copay or 40% plus difference in allowable charge if brand is chosen over an available generic

Out of pocket maximum
\$4,000 per person per calendar year

{For PPO, Enhanced Prescription Drug option is the same as the Premier PPO}

Separate \$250 deductible per member per calendar year for brand-name or specialty drugs

Greater of \$15 or 40% plus difference in allowable charge if brand is chosen over an available generic

Out of pocket maximum \$300 per prescription and \$4,000 per person per calendar year

You wanted a health plan that gives you more for your money. So we came up with two:

SmartSense and Premier

What they offer:

- **More choices:** A wider range of deductibles makes it easier to find a plan designed to fit different needs and budgets. And with our SmartSense plan, you also have a choice between the Blue Open Access POS and the PPO networks, which will affect your premium and coverage levels.
- **More savings:** Rates and plan options make solid coverage more affordable.
- **More benefits:** From better coverage to fewer copays.

And be sure to keep in mind:

- The Plan Comparison chart lists the benefits that would apply for each person on the policy.
- Your choice of deductible will affect your premium. Some benefits don't require a deductible, but most do.
- In addition to a few benefit differences (as shown above), SmartSense is available with two network options, PPO and Blue Open Access POS. The providers in each network are different, so be sure to check bcbsga.com to see which works for you.
- You and any family members who apply for coverage will need to qualify medically for these health plans. Premiums for qualified applicants will be based on their health history. For more information, please call us.
- Looking for family coverage? Check out our family deductible. Once your family meets two times the individual deductible, no additional deductible amount will be due for that calendar year. However, no one person can contribute more than his or her individual deductible amount to the family deductible.

How to choose the plan that right's for you:

1. Use the Plan Comparison chart to compare the benefits of Premier, and SmartSense Blue Open Access POS and SmartSense PPO option. Discuss any questions you have with your sales representative.
2. Review your personalized rate quote information.
3. Select the plan that best fits your needs and budget.
4. Follow the easy application directions on the back of this brochure.

If you have questions, your Blue Cross and Blue Shield of Georgia agent will be glad to help.

For a listing of Network Providers, go to bcbsga.com >>> Find A Doctor



Individual And Family Health Care
Plans For **Georgia**

Our plans fit your plans



SmartSense
Premier



Our plans fit the way you live.

In a world that's constantly changing, one thing's for certain — you need the reliability and protection of health care coverage. Whether you're self employed, need coverage for your family, just left group coverage, or your job doesn't offer it, we're here to help with dependable, affordable health care plans that save you time and make sense for the way you live.

You're in charge of your health and budget and our plans help keep it that way. Check out our wide range of benefit options and ask your agent for a quote. You'll find just the right fit. Dependable, affordable coverage designed to fit the way you live. Sounds like a plan.

Experience you can rely on

As one of the most trusted names in health coverage, Blue Cross and Blue Shield of Georgia has been providing quality benefits to Georgians for over 80 years. We're committed to simplifying your life and improving your health. In addition, we offer:

- Access to some of the largest provider networks in Georgia; with more than 34,000 providers and 165 hospitals, chances are your doctor is in our network.
- A choice of plans designed to fit different budgets and lifestyles. No matter where you are in life, we've got a plan constructed to fit your health coverage needs.
- Optional dental and life insurance*. To enhance your health and financial future, we also offer popular dental plans and term life coverage and make it easy to enroll.
- All of our plans offer you some level of coverage world-wide. So no matter where life takes you, your health coverage goes with you. With our PPO network plans, through the BlueCard® PPO Program, you have access to health care services while travelling or living anywhere in another Blue plan's service area. We help make it easy to get the care you need.

Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. The financial risk you take without health coverage just isn't worth it. Not only does health care coverage help you stay healthy, it also gives you added security and peace of mind because you know you're covered if you get sick or hurt, or in case you need surgery, emergency care or prescription drugs.

*Life and disability are underwritten by a Greater Georgia Life Insurance Company and not covered under the Healthcare company.

Plan Highlights

Look here to get a general idea of which health coverage plan may be right for you. Then be sure to check your Benefit Guide for more detail.

SmartSense	Premier
These popular plans offer some of our most affordable rates and provide solid coverage for the essentials.	These plans offer a broad range of benefits and are ideal for families with young children or planning to have children.
Plan Features	Plan Features
<ul style="list-style-type: none"> • A choice of two networks, PPO or Blue Open Access POS. Both include a wide variety of doctors and hospitals in Georgia. Of course, your premiums and benefits will vary, depending on which network you choose. See page 4 for details • Coverage for the first three doctor visits (per plan member) before deductible is met. This may include routine wellness visits or sick care 	<ul style="list-style-type: none"> • Access to our extensive PPO network • Easy, predictable copays for an unlimited number of doctor's office visits, annual physical exam, annual vision exam and other preventive care services • Optional maternity benefits are available
Prescription Coverage	Prescription Coverage
<ul style="list-style-type: none"> • Both network options include coverage for generic drugs with no separate deductible • Blue Open Access POS also has coverage for certain brand-name and speciality drugs • Optional enhanced coverage is also available 	<ul style="list-style-type: none"> • Includes coverage for both generic drugs (with no deductible) and brand-name drugs (with separate \$250 deductible)
You Should Know	You Should Know
<ul style="list-style-type: none"> • Maternity benefits are not available with this plan • After the first three doctor visits, all other visits are covered after the deductible 	<ul style="list-style-type: none"> • Since these plans offer broad benefits, the premiums are generally higher than our other plans

How the networks work

POS vs. PPO

The Premier plan is available with the Preferred Provider Organization (PPO) network. The SmartSense Plan is available with two network options: the PPO network or the Blue Open Access POS network. You can find out which doctors are in each network by going to bcbsga.com and go to "Find a Doctor."

Additionally, SmartSense has certain benefit differences, depending on the network option you select. Consult your enclosed Benefit Guide for details. These benefit and network differences also affect your monthly premiums, so ask your Blue Cross and Blue Shield of Georgia authorized sales representative for more information to determine which plan works best for your situation.

Network coverage

With our extensive network of providers, chances are that your doctor is already part of our network. And all our network providers have lower rates for our members. Our plans also offer out-of-network coverage but you'll receive more value (and pay less) when you choose an in-network provider.

How to customize your plan

SmartSense Rx coverage option

SmartSense plans include coverage for generic drugs (with no deductible). When you select the POS network, you also have coverage for limited brand and specialty drugs on our formulary. The formulary can be found at bcbsga.com. With both network options, optional enhanced drug coverage is available at an additional cost. It includes coverage for a wider range of brand-name and specialty drugs after a separate \$500 deductible.

Premier maternity option

Our Premier plan does not include maternity benefits. However, optional maternity coverage can be added for an additional cost. A 12-month waiting period applies. When you visit a network physician for maternity care, your coinsurance will be 20%. It will be 40% if you visit a non-network physician. For network hospital maternity care, you will not be subject to your plan deductible but will have a \$3,000 facility copayment. If you visit a non-network hospital, you will pay 30% of the charges and be subject to your deductible. These benefits are only available if you purchase the optional maternity rider.



Some definitions so we're all on the same page

Deductible: Typically this is the amount you have to pay each calendar year for services that your health care plan covers before the plan begins paying. (Some plans may not have a deductible or may cover certain services before the deductible is met.) Usually, the higher a plan's deductible is, the lower the monthly premiums are.

Coinsurance: After your annual deductible is met, this is the percentage of the cost for which you will be responsible for services that your plan covers.

Copay: A specific dollar amount you have to pay out of your own pocket for covered services

Out-of-Pocket Maximum: This is the maximum amount of money (not counting your premiums and deductibles) that you'll have to pay each year for your covered medical services. Your coinsurance payments for covered services count toward your out-of-pocket maximum. Once you reach the maximum amount, the plan pays 100% for most in-network covered medical services for the rest of the calendar year (excluding copays).

Drug formulary: This is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You can help control the amount you pay for prescriptions by encouraging your doctors to prescribe medications from our formulary at bcbsga.com.

Brand-name drugs: These drugs are manufactured and marketed under a registered trade name.

Generic drugs: These drugs have the same active ingredient as their brand-name equivalent and provide the same clinical benefits. You'll normally save the most when you select generic drugs.

Specialty drugs: High cost, scientifically engineered drugs that are usually injected or infused.



If you have questions or want more details about your options, call your Blue Cross and Blue Shield of Georgia authorized sales representative.

Blue Choice Dental

According to the American Dental Hygienist Association, gum and tooth disease have been linked to a number of major health conditions like heart disease, stroke, respiratory disease and diabetes. That's why it's important to take good care of your oral health. Enroll in dental coverage from Blue Cross and Blue Shield of Georgia and appreciate the convenience of:

- Day one coverage for routine dental care, so no waiting periods for cleanings and x-rays
- No deductible for diagnostic and preventive benefits
- Quality dental benefits up to \$1,000 per member per year
- In and out-of-network coverage (But you get the greatest savings when you choose a dentist from our broad network. To find a provider, visit bcbsga.com and click "Find a Doctor.")

Monthly Dental Rates (rates subject to change)

- Adult \$27/month
- Child \$27/month
- Family \$76/month

Give yourself
every advantage...

Good health, a bright smile
and financial support.

Preventive & Diagnostic Care	Blue Choice Dental pays
Initial Oral Exam	\$16
Periodic Oral Exam - <i>limited to 2 exams per member per year</i>	\$16
Bitewing X-rays - <i>single film</i>	\$9
Bitewing X-rays - <i>two films</i>	\$16
Single (periapical) X-rays - <i>first film</i>	\$9
Single X-rays - <i>additional films</i>	\$9
Bitewing X-rays - <i>four films</i>	\$23
Full mouth X-rays - <i>limited to one set every 3 years</i>	\$47
Routine Cleaning - <i>limited to 2 per adult per year</i>	\$37
Routine Cleaning - <i>limited to 2 per child per year</i>	\$26
Cleaning with Fluoride - <i>limited to 2 per child per year</i>	\$37
Topical Fluoride Only - <i>limited to 2 per child per year</i>	\$14

- Coverage begins on your effective date. Preventive & diagnostic care is not subject to a \$50 deductible. Maximum of three dental deductibles charged per family, per year.
- Two oral examinations and two dental cleanings per member, per year.
- Included single and bitewing X-rays not to exceed \$47.

Basic Dental Care	Blue Choice Dental pays
Filling - <i>one surface, primary</i>	\$35
Filling - <i>one surface, permanent</i>	\$42
Filling - <i>two surfaces, primary</i>	\$47
Filling - <i>two surfaces, permanent</i>	\$52
Filling - <i>three surfaces, primary</i>	\$55
Filling - <i>three surfaces, permanent</i>	\$62
Filling - <i>four or more surfaces, primary</i>	\$68
Filling - <i>four or more surfaces, permanent</i>	\$76
Extraction - <i>single tooth (simple)</i>	\$43
Extraction - <i>each additional tooth (simple)</i>	\$43
Surgical Extraction	\$72
Removal of Impacted Tooth - <i>soft tissue</i>	\$100
Removal of Impacted Tooth - <i>partial bony</i>	\$126
Removal of Impacted Tooth - <i>complete bony</i>	\$150

- Coverage begins after your Plan has been in effect for 6 continuous months.

Major Dental Care	Blue Choice Dental pays
Scaling/Root Planing per Quadrant	\$48
Gingivectomy - <i>per tooth</i>	\$30
Gingivectomy - <i>per quadrant</i>	\$140
Root Canal - <i>1 canal</i>	\$150
Root Canal - <i>2 canals</i>	\$180
Root Canal - <i>3 canals</i>	\$230
Crown (except stainless steel)	\$250
Stainless Steel Crown	\$60
Pontic	\$250
Complete Denture (upper or lower)	\$300
Partial Denture (upper or lower)	\$275
Denture Reline (chair-side)	\$65
Denture Reline (lab)	\$85

- Coverage begins after your Plan has been in effect for 12 continuous months.

Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Give your family extra support with term life insurance from Greater Georgia Life Insurance Company. Plus, there are no medical exams or additional enrollment forms to worry about. It's that simple.

Georgia Individual Term Life Insurance					
Age	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
1-19	\$1.50	\$2.50	N/A	N/A	N/A
20-29	\$2.80	\$4.65	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$5.40	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$12.50	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$34.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$49.00	\$98.00	\$142.50	\$185.00

Additional information

Automatic premium payment saves time

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment. To sign up, just fill out the billing section of the Enrollment Application.

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Individual health coverage. Your plans. Your choices.

Get a free look with a money-back guarantee!

If you're approved for coverage, you'll receive your health plan policy by mail. You'll then have 10 days to review it. If you decide that the coverage isn't right for you, you may cancel your policy within those 10 days and your premiums will be refunded (less any claims that were already paid).

Ready to enroll?

**Call your Blue Cross and Blue Shield of Georgia
Authorized Sales Representative today!**

Make sure you have all the facts

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**For internal use:
GA09 BRO (11/09)**

Disclosures Document

Things You Should Know Before You Buy

Listed below are specific requirements and procedures about our plans that will give you information you need to know when choosing a health care plan as well as after you have coverage. This brochure is included to help you understand how our **SmartSense POS, SmartSense PPO and Premier PPO** plans work. However, keep in mind that this brochure is not your official policy. Please review this important information along with the other materials enclosed.

Enrollment Guidelines For Individual Health Plans:

To Enroll, You Must Be:

- Age 64 or younger;
- A permanent legal resident of Georgia
- Not eligible for Medicare

If Your Application Is Approved:

Your coverage can start on any day of the month. The earliest effective date you may receive is the day after the application is received by Blue Cross and Blue Shield of Georgia (BCBSGA). If the application does not specify an effective date the day BCBSGA approves the application will become the effective date.

Your Qualified Dependents Include:

- Spouse age 64 or younger;
- Domestic Partner age 64 or younger on SmartSense POS plans only.
- Children (under 19 years of age), or the children (under 19 years of age) of your enrolling spouse or qualified domestic partner;
- Unmarried dependent children between the ages of 19 through 25 if a full-time student ("dependent" as defined by the Internal Revenue Service)

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with your expected health care needs and risk factors. That's why we offer various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting.

Depending on the results of the underwriting review:

- You may be offered coverage at the lowest premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure.

If you do not qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Blue Cross and Blue Shield of Georgia representative for information regarding other Individual coverage options.

Waiting Periods

There is a specific twelve-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended by your health care provider or received within twelve months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the twelve-month waiting period. Blue Cross and Blue Shield of Georgia will credit the time you were enrolled on the previous plan. Consult with your Blue Cross and Blue Shield of Georgia agent or representative if you have a question about the underwriting process.

Benefits Which Are Not Covered By These Individual Health Care Plans:

Remember, all health care plans are different and, as with many plans, there are some exclusions. To choose the plan that best meets your needs, it's important to understand not only what it offers, but what it does not.

Your contract does not provide benefits for:

- The 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date unless you have any prior creditable coverage towards this waiting period;
- Services and supplies not medically necessary or not consistent with the diagnosis;
- Treatment for which payment is made by any local, state or federal government (except Medicaid);
- Services paid under Medicare or the Veterans Administration;
- Any injury or disease related to war, declared or undeclared, or military service;
- Convalescent or custodial care;
- Hair transplants;

- Eyeglasses/contact lenses/radial keratotomy and the examinations associated with them (except one annual vision exam under Premier);
- Hearing aids;
- Experimental services;
- Weight reduction or treatment for obesity;
- Physical, occupational or speech therapy for developmental delay;
- Services related to artificial insemination or in-vitro fertilization;
- Cosmetic services, except as otherwise stated in the contract.

In addition, pregnancy related services are not covered unless the optional maternity rider is purchased (only available under Premier and there is a separate 12 month waiting period before maternity benefits are available). Also not covered is dental care and treatment and oral surgery unless the optional dental rider is purchased. Dental care is also subject to specific exclusions and limitations on services, such as two oral or periodontal exams per member per year. A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage or any optional coverage amendments. Please review these carefully upon enrollment.

Selecting health coverage is an important decision. To assist you, we supply the following for the plans under consideration: Brochure, Benefit Guide, Disclosures Document, and Enrollment Application. If you did not receive one or more of these materials, please contact your Blue Cross and Blue Shield of Georgia agent to request them. This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the policy Contract booklet, the provisions of the Contract booklet shall prevail.

For more information, visit our website at bcbsga.com

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