



**BlueCross BlueShield**  
of Georgia

Individual and Family Health Care Plans  
for **Georgia**

Our plans are designed to fit your plans



Premier Plus POS  
SmartSense® Plus POS



# Our plans help fit the way you live

In a world that's always changing, one thing's certain. It's important to have health care coverage you can depend on. Coverage designed to fit different budgets and lifestyles.

For over 70 years, Blue Cross and Blue Shield Healthcare Plan of Georgia (BCBSHP) has provided health care coverage to our Georgia neighbors. And now, we're pleased to offer Individual health care plans with added benefits of the Affordable Care Act.

You're in charge of your health and budget. Our Individual health care plans help keep it that way. We still offer a wide range of coverage choices as unique as you are. And if you have any questions, we're here to help.

Sounds like a plan.

## Experience you can count on

Blue Cross and Blue Shield Healthcare Plan of Georgia is committed to help improve your health. And simplifying your life. That's why we offer:

- **Access to one of the largest provider networks in Georgia.** With over 15,000 doctors and nearly 150 hospitals\* throughout the state, chances are your doctor is in one of our networks. To find a specific doctor, hospital, pharmacy or dentist, simply go to [bcbsga.com](http://bcbsga.com) and click on "Find A Doctor."
- **A choice of plans designed to fit different budgets and lifestyles.** We have plans that meet a range of health coverage needs and budgets. No matter where you are in life.
- **Optional dental and term life insurance.** To enhance your health and your family's financial future, we also offer dental and term life coverage. And it's easy to sign up.
- **Coverage that travels with you.** Wherever life takes you, your health coverage goes with you. The BlueCard® Program makes it easy to find doctors and hospitals throughout the country.

## Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. Health care coverage not only helps you stay healthy. It also gives you peace of mind to know you have help with your unexpected health care bills.

\*ParCount 2011Q3 Report



# Some definitions so we're all on the same page

**Network Discounts:** With Blue Cross and Blue Shield Healthcare Plan of Georgia, you have access to some of the largest provider networks in the state. These network (or participating) doctors and hospitals have agreed to accept lower costs for their covered services (like volume discounts). These negotiated costs can help lower the cost of covered health care services, including your share of those costs. This is true when you are paying the whole cost for covered services (such as while you are meeting your deductible). And it's also true when we are sharing the cost. With access to over 15,000 providers and nearly 150 hospitals, chances are your provider is already in our network. Just visit a network provider to start enjoying the savings. In Georgia, our Individual plans use two different networks: **The BlueChoice® Preferred Provider Organization (PPO) network** and the **Blue Open Access<sup>SM</sup> Point of Service (POS) network**. Be sure to know which network your plan uses. Your plan's benefits and premium may differ, depending on the product and provider network. You can choose to get services outside the network, but you'll pay more.

**Cost-Sharing:** The costs of health care today can be staggering. Coverage from Blue Cross and Blue Shield Healthcare Plan of Georgia can help protect you against these high costs. With most health care coverage, you pay a monthly premium. Then you share some of the cost of covered care with your insurance company. The level of cost-sharing you choose impacts your premium amount. The more you are willing to share in the cost, the lower your premium. Choose the level of coverage and cost-sharing that meets your health care needs and budget. With BCBSHP, you can choose your level of coverage and the level of cost-sharing that works best for your health care needs and budget.

**Deductible** is the amount you have to pay each calendar year for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Most often, the higher a plan's deductible, the lower the premium. You may also have a separate deductible for certain services. These services could include things like prescription drugs or non-network services.

**Coinsurance** is the percentage of the cost of covered services that you'll need to pay (after your annual deductible is met). With some plans, you have a choice of coinsurance levels. Selecting a higher coinsurance typically lowers your monthly premium. That's because it raises your share of the cost.

**Copay** is a specific dollar amount you have to pay for certain covered services.

**Out-Of-Pocket Maximum** is the most that you'd pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most network services for the rest of the calendar year. There is a separate out-of-pocket maximum for non-network services.

**Prescription Drugs** are medicines that must be approved for use by your doctor. Blue Cross and Blue Shield Healthcare Plan of Georgia offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

**Generic Drugs** are prescription drugs that typically have been in use for some time. They can be made and distributed by many companies. So their cost is often much lower. Generic drugs must, by law, contain the same active ingredients as their brand name equivalent. They must also have the same clinical benefit.

**Brand-Name Drugs** are prescription drugs that are made and marketed under a registered name. They are most often patented. They may be only offered by certain companies.

**Formulary** is a list of prescription drugs our health care plans cover. They may include generic, preferred brand name and specialty drugs. These drugs have been rigorously reviewed and selected by a committee of doctors and pharmacists for their quality and how well they work. We've negotiated lower prices on these formulary drugs. So you'll save money when your doctor prescribes them. There can be different formularies for different health care plans.

# Premier Plus POS

## Is this the right plan for you?

Premier Plus POS health care plans have the highest level of benefits we offer for a number of services. This plan is great for families or for individuals looking for richer benefits. Premier Plus POS provides a number of benefits before the deductible. It also offers strong coverage for prescription drugs.

### Premier Plus POS Plan Highlights

Premier Plus POS offers robust benefits for both routine and unexpected health care. Premier Plus POS has some of the lowest coinsurance levels across all our deductibles. This added value helps lower your share of the cost (once you meet your deductible).

#### Features:

- An unlimited number of doctors' office visits with predictable copays, before the deductible.
- Doctors' office visit copay includes services like labs, X-rays and immunizations given during an office visit.
- Annual eye exam with a \$10 copay.
- Preventive care benefits that help you stay healthy.

#### You should know:

- Our Premier Plus plans have our highest level of benefits. So the premiums are typically more than our other plans.

## Prescription Drug Coverage

Premier Plus POS offers broad prescription drug coverage before the deductible. There are benefits for generic, brand name and specialty drugs. Ask your doctor to prescribe a generic drug when possible. That way, you'll get the highest level of benefits that we offer. If you buy a brand name drug when a generic drug is available, you'll have to pay the cost difference between brand and generic (plus your copay or coinsurance). See your Benefit Guide for more details.

## How to Customize your Premier Plus POS Plan

With Premier Plus POS, you can change the plan to better meet your needs. Premier Plus POS offers a choice of:

**Deductible:** Premier Plus POS deductibles range from \$750 to \$10,000. You can most often lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Coinsurance:** Premier Plus POS offers a choice of coinsurance options. You can even get one with no coinsurance at all for most care, depending on the deductible you choose. The zero coinsurance choices typically have higher deductibles, which can lower your premium.

**Dental Coverage and Life Insurance:** Add these plans to further help protect yourself or your family. See the dental and life information in the back of this brochure for more details.



## Benefits

### Calendar Year Deductible

Individual	NETWORK:	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
	NON-NETWORK:	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Family	NETWORK:	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
	NON-NETWORK:	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
Network Coinsurance Options		20%	20%	20%	20%	20%	0%	0%

### Calendar Year Out-of-Pocket Maximum

Individual	NETWORK:	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$0	\$0
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$0	\$0
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work

### Add Your Chosen Deductible to the Amount Below

For family plans (with two or more members) any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no one person can contribute more than their individual deductible or out-of-pocket maximum.

### Lifetime Maximum

None

## Covered Services

### Your Share of Costs (after deductible, unless waived or not subject to the deductible)

#### Doctors' Office Visits

**NETWORK:** (deductible waived for unlimited number of non-preventive, primary care/specialty visits): **\$35 Copay** for primary care physician; **\$50 Copay** for specialist  
**NON-NETWORK:** **50% Coinsurance**

#### Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)

**NETWORK:** **20% or 0% Coinsurance<sup>1</sup>**  
**NON-NETWORK:** **50% Coinsurance**

#### Inpatient Services (overnight hospital/facility stays)

**NETWORK:** **20% or 0% Coinsurance<sup>1</sup>**  
**NON-NETWORK:** **50% Coinsurance**

#### Outpatient Services (without overnight hospital/facility stays)

**NETWORK:** **20% or 0% Coinsurance<sup>1</sup>**  
**NON-NETWORK:** **50% Coinsurance**

#### Emergency Room Services

**NETWORK or NON-NETWORK:** **\$250 Copay**, not subject to deductible (Copay waived only if admitted)

#### Preventive Care Services

Includes preventive services recommended by the United States Preventive Services Task Force, including well child care, immunizations, PSA screenings, pap tests, and more.

**NETWORK:** **0% Coinsurance**; not subject to deductible  
**NON-NETWORK:** **50% Coinsurance**; not subject to deductible

#### Maternity

Not Covered

#### Optional Coverage (at additional cost)

Dental<sup>2</sup>, Life

## Prescription Drug Coverage

### Premier Plus POS

#### Retail Drugs (and Mail Order Drugs when available)

#### Prescription Drug Coverage:

Retail (up to 34 days supply):

**Tier 1: \$15 copay\***; **Tier 2: \$30 copay\***; **Tier 3: \$60 copay\***; **Tier 4: 25% coinsurance\***; **\$2,500 OOP maximum per member per year**

\*If a brand drug is chosen when generic is available, member pays the applicable copay PLUS the difference between the brand and generic.

#### Optional Drug Coverage (when available)

Premier plans include drug coverage.

#### Other Covered Benefits include but are not limited to:

Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health Care, Hospice Care, Mental Health, Physical/Occupational Therapies, Substance Abuse, Speech Therapy, Vision Exam

**IMPORTANT:** This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.

<sup>1</sup> Coinsurance is designated by the deductible you choose.

<sup>2</sup> Limitations such as waiting periods apply. Please check your Contract/Certificate or ask your agent for details.

**NOTE:** Network and non-network deductibles are separate and do not accumulate toward each other.

# SmartSense<sup>®</sup> Plus POS

## Is this the right plan for you?

SmartSense Plus POS plan offers affordable, solid coverage without a lot of bells and whistles that may not be important to you.

### SmartSense Plus POS Plan Highlights

SmartSense Plus POS covers many essentials. There are even some immediate benefits before the deductible.

#### Features:

- Coverage for the first three doctors' office visits with predictable copays. After the first three visits, doctors' visits are covered after the deductible.
- Preventive care benefits that help you stay healthy.
- Choice of prescription drug coverage options.

#### You should know:

- After the first three doctors' office visits, all other visits apply toward your deductible.
- Generic and select brand name drugs are also available before the deductible, with a copay or coinsurance.

## Prescription Drug Coverage

SmartSense Plus POS includes coverage for generic and select brand name and specialty drugs. For an added cost, you can upgrade the SmartSense Plus POS prescription benefit to include even more coverage for brand name and specialty drugs. Ask your doctor to prescribe a generic drug when possible. That way, you'll get the highest level of benefits that we offer. If you buy a brand name drug on the formulary when a generic drug is available, you'll have to pay the cost difference between brand and generic (plus your copay or coinsurance). See your Benefit Guide for more details.

## How to Customize your SmartSense Plus POS Plan

With SmartSense Plus POS, you can change the plan to better meet your needs. SmartSense Plus POS offers a choice of:

**Deductible:** SmartSense Plus POS deductibles range from \$750 to \$10,000. You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Prescription Drug Benefit:** Customize your plan by selecting the Optional Enhanced Prescription Drug coverage, as described on your Benefit Guide.

**Dental Coverage and Life Insurance:** Add these plans to further help protect yourself or your family. See your Benefit Guide and the dental and life information in the back of this brochure for more details.



Benefits		SmartSense® Plus POS (Blue Open Access <sup>SM</sup> POS Network)						
Calendar Year Deductible		Your Choices						
Individual	NETWORK:	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
	NON-NETWORK:	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Family	NETWORK:	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
	NON-NETWORK:	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
Network Coinsurance Options		30%	30%	30%	30%	30%	30%	30%
Calendar Year Out-of-Pocket Maximum		Add Your Chosen Deductible to the Amount Below						
Individual	NETWORK:	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
How family deductibles and family out-of-pocket maximums work		For family plans (with two or more members) any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum.						
Lifetime Maximum		None						
Covered Services		Your Share of Costs (after deductible, unless waived or not subject to deductible)						
Doctors' Office Visits		<b>NETWORK:</b> • Non-preventive Office Visit Copay for first 3 yearly visits: <b>\$30 Copay</b> , deductible waived, for primary care physician or specialist visits. • Non-preventive Office Visit Coinsurance for 4+ office visits: <b>30% Coinsurance</b> <b>NON-NETWORK:</b> <b>50% Coinsurance</b>						
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)		<b>NETWORK:</b> <b>30% Coinsurance</b> <b>NON-NETWORK:</b> <b>50% Coinsurance</b>						
Inpatient Services (overnight hospital/facility stays)		<b>NETWORK:</b> <b>30% Coinsurance</b> <b>NON-NETWORK:</b> <b>50% Coinsurance</b>						
Outpatient Services (without overnight hospital/facility stays)		<b>NETWORK:</b> <b>30% Coinsurance</b> <b>NON-NETWORK:</b> <b>50% Coinsurance</b>						
Emergency Room Services		<b>NETWORK or NON-NETWORK: \$500 Copay</b> , not subject to deductible (Copay waived only if admitted)						
Preventive Care Services		Includes preventive services recommended by the United States Preventive Services Task Force, including well child care, immunizations, PSA screenings, pap tests, and more. <b>NETWORK:</b> <b>0% Coinsurance</b> ; not subject to deductible <b>NON-NETWORK:</b> <b>Adult: Not covered</b> , member pays 100% <b>Child: 50% coinsurance</b> for preventive office visits, lab & x-ray						
Maternity		Not Covered						
Optional Coverage (at additional cost)		Dental <sup>1</sup> , Life						
Prescription Drug Coverage		SmartSense Plus POS						
Retail Drugs (and Mail Order Drugs when available)		<b>Standard Drug Coverage</b> <b>NETWORK:</b> • <b>For Drugs on Formulary</b> (Generic and Brand Name/Specialty Drugs): <b>\$15 Copay or 40% Coinsurance</b> , whichever is greater. • <b>For Drugs Not on Formulary:</b> Not covered <b>NON-NETWORK:</b> Same benefit as network, however, member is responsible for filing the claim and for the difference between the pharmacy charge and our allowable charge plus applicable copay or coinsurance.						
Optional Drug Coverage (when available)		<b>Enhanced Drug Coverage</b> Retail (up to 30 days supply): <b>Tier 1: \$15 copay*</b> ; <b>Tier 2: \$30 copay*</b> ; <b>Tier 3: \$60 copay*</b> ; <b>Tier 4: 40% coinsurance*</b> ; \$4,000 OOP maximum per member per year *If a brand drug is chosen when generic is available, member pays the applicable copay PLUS the difference between the brand and generic.						
Other Covered Benefits include but are not limited to:		Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Mental Health, Physical/Occupational Therapies, Substance Abuse, Speech Therapy						
IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.		1 Limitations such as waiting periods apply. Please check your Contract/Certificate or ask your agent for details. NOTE: Network and non-network deductibles are separate and do not accumulate toward each other.						

# Blue Choice<sup>®</sup> Dental

In addition to helping you keep a great smile, regular dental check-ups can help find early warning signs of health issues. That's why it's important to take good care of your oral health. Get dental coverage from Blue Cross and Blue Shield of Georgia and enjoy:

- Day one coverage for routine dental care. That means there are no waiting periods for cleanings and X-rays.
- No deductible for diagnostic and preventive benefits.
- \$50 deductible for Basic and Major dental benefits.
- Quality dental benefits up to \$1,000 per member per year.
- Participating and Non-Participating coverage. But you may save more when you choose a dentist from our broad network. To find a provider, visit [bcbsga.com](http://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 and  
a bright smile.

Preventive & Diagnostic Care	Blue Choice Dental pays
Initial Oral Exam	\$16
Periodic Oral Exam - limited to 2 exams per member per year	\$16
Bitewing X-rays - single film	\$9
Bitewing X-rays - two films	\$16
Single (periapical) X-rays - first film	\$9
Single X-rays - additional films	\$9
Bitewing X-rays - four films	\$23
Full mouth X-rays - limited to one set every 3 years	\$47
Routine Cleaning - limited to 2 per adult per year	\$37
Routine Cleaning - limited to 2 per child per year	\$26
Cleaning with Fluoride - limited to 2 per child per year	\$37
Topical Fluoride Only - limited to 2 per child per year	\$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 - one surface, primary	\$35
Filling - one surface, permanent	\$42
Filling - two surfaces, primary	\$47
Filling - two surfaces, permanent	\$52
Filling - three surfaces, primary	\$55
Filling - three surfaces, permanent	\$62
Filling - four or more surfaces, primary	\$68
Filling - four or more surfaces, permanent	\$76
Extraction - single tooth (simple)	\$43
Extraction - each additional tooth (simple)	\$43
Surgical Extraction	\$72
Removal of Impacted Tooth - soft tissue	\$100
Removal of Impacted Tooth - partial bony	\$126
Removal of Impacted Tooth - complete bony	\$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 - per tooth	\$30
Gingivectomy - per quadrant	\$140
Root Canal - 1 canal	\$150
Root Canal - 2 canals	\$180
Root Canal - 3 canals	\$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

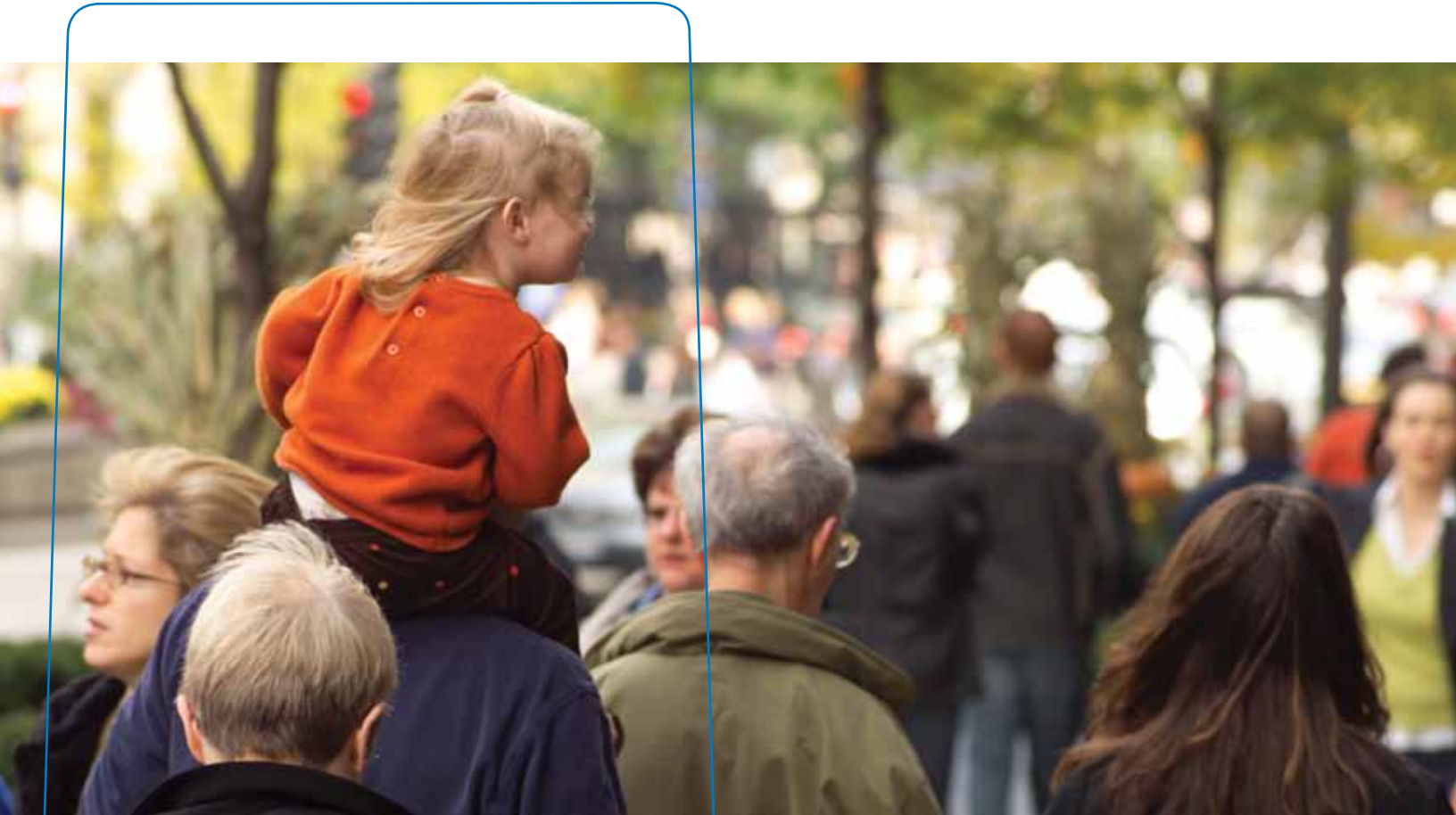
Losing a loved one is painful enough without having to worry about finances. Help protect your family with term life insurance from Greater Georgia Life Insurance Company. Plus, there are no health exams or extra forms to worry about. It's that simple.

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 first 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 save on postage. And you won't have to worry about a lapse in coverage because you forgot to mail your payment. To sign up, just fill out the billing section of the Enrollment Application.



A close-up photograph of a man and a woman laughing together outdoors. The man, on the left, has dark curly hair and a beard, wearing a dark pinstriped jacket and a thick, textured grey scarf. The woman, on the right, has long dark hair and is wearing a dark brown jacket. They are both smiling broadly, showing their teeth. The background is a soft-focus outdoor setting with greenery.

## Get a free look with a money-back guarantee!

If you're approved for coverage, you'll get your health plan policy by mail. You'll then have 30 days to review it. If you decide that the coverage isn't right for you, you may cancel your policy within those 30 days. Your premiums will be refunded (less any claims that were already paid).



A woman with long dark hair, wearing a brown jacket over a plaid shirt, is sitting outdoors. She is holding a large, wrapped gift bag with a white spiral pattern. The background is a blurred outdoor setting with trees and a stone wall.

## Ready to choose a plan?

- First, read all the materials included with this brochure. Then call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent.
- Ask questions. If you aren't sure how a plan works or have other questions, your agent will help you.
- Fill out an application. The quickest and easiest way to do this is online. Your agent can help you. Your agent can also tell you how to mail or fax your application.

**If you have questions or want more details about your choices, call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent today!**



**BlueCross BlueShield**  
of Georgia

Individual and Family Health Care Plans  
for **Georgia**

# Individual health coverage. Your plans. Your choice.

## **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 these plans. Know what's covered, and what isn't. To learn more about exclusions (services that are not covered), limitations and terms of coverage, please see the Coverage Details and Benefit Guide. These materials should be in your information kit. If you printed this from your computer, they should be at the end of this document. If you don't have these materials, call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent.

This brochure is a brief summary of benefits and services. It is not your Contract/Certificate. If anything is different between this brochure and your Contract/Certificate, the Contract/Certificate is correct. Benefits and premiums can change.

This summary of benefits follows federal and state rules. This includes applicable rules of federal health care reform laws. As we get more guidance on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may have to make more changes to this summary of benefits.

## Ready to enroll?

**Call your Blue Cross and Blue Shield Healthcare Plan of Georgia sales representative or agent today!**

To view a Summary of Benefits and Coverage please visit [www.healthcare.gov](http://www.healthcare.gov).

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Blue Cross and Blue Shield Healthcare Plan of Georgia or visit us on the web.

Life and Disability products underwritten by Greater Georgia Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



# Coverage Details

Things you need to know before you buy...



**BlueCross BlueShield**  
of Georgia

## SmartSense® Plus POS, SmartSense® Plus PPO, Premier Plus POS, Premier Plus PPO and ForwardFocus HSA POS

Before choosing a health care plan, please review the following information along with the other materials enclosed.

### Enrollment Guidelines For Individual Health Plans:

#### To Enroll, You Must Be:

- Age 19-64;
- 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 ;
- Children (under 26 years of age), or the children (under 26 years of age) of your enrolling spouse or qualified domestic partner.

### 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.

### Access to the MIB

Information regarding your insurability will be treated as confidential. Blue Cross and Blue Shield of Georgia or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 886-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is

50 Braintree Hill Park, Suite 400  
Braintree, MA 02184-8734

Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Blue Cross and Blue Shield of Georgia, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

### Waiting Periods

For applicants age nineteen (19) and older 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.

### Utilization Management and Case Management

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

### Prospective Review/Pre-Admission Review

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that:

1) the procedure is medically necessary and 2) the procedure meets your health care plan's specific guidelines prior to being performed.

Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment



Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

### Concurrent Review

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

### Retrospective Review

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

### Case Management

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

### 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 is 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. The pre-existing condition limitation does not apply to applicants under age nineteen (19).
- 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.
- Pregnancy related or maternity services

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.

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.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

### Selecting health coverage is an important decision.

To assist you, we supply the following for the plans under consideration: Brochure, Benefit Guide, Coverage Details 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.