

Get the Blues
Behind You.



HealthCheck

BASIC • SELECT • HSA



BlueCross BlueShield
of Oklahoma



Get the Blues Behind Blue Cross and Blue S

Let's face it, we all need insurance. Whether you need to go for a simple doctor's checkup or you get seriously injured, there are a lot of unexpected costs that we don't think about – and it can really add up.

And if you're like me, the thought of choosing the right insurance can be a little intimidating, but thanks to Blue Cross and Blue Shield of Oklahoma, I found the plan that was right for me and my budget. Believe it or not, it was really easy and affordable. Just follow these simple steps like I did and you're on your way to getting the blues behind you.



Blue Cross Blue Shield
of Oklahoma

Step 1: Who is covered?

Decide who needs insurance. Is it just you? Maybe your son or daughter? How about your husband or wife? Or possibly your whole family?

Thanks to Blue Cross and Blue Shield's flexibility, you can choose any combination of family members to be covered – or if you're like me, just get coverage for yourself.

You with individual coverage from field of Oklahoma.

Step 2: Which plan?

Now that you've decided who needs coverage, it's time to pick the plan that's right for you. Here are your choices:

HEALTH CHECK BASIC – This is the plan that I chose and I have to say, the only thing that's basic about it is the price. Health Check Basic provides great coverage at a price that can fit into a budget without breaking the bank. In fact, Health Check Basic can be less than other plans available. This could save you a lot of money!

HEALTH CHECK SELECT – Think of Health Check Select as adding additional enhancements to Basic coverage, so you have less out-of-pocket expense for covered services.

HEALTH CHECK HSA – Unlike traditional plans, Health Check HSA offers a new way to cover your health care costs.

HSA stands for Health Savings Account, allowing you to place money into a personal bank account that can be used to pay for medical expenses. Here's what's really neat about HSAs:

- the money you put into your account, that you set up at a participating bank is tax deductible;
- interest earned is tax-free, giving you more money to use for your health care needs;
- when you need to withdraw money for qualified expenses, it's income tax-free; and,
- any money that you don't use by the end of the calendar year moves into the next year and continues to earn interest, so you don't have to worry about "using it or losing it."

HSAs are combined with a high-deductible insurance plan (we'll get to that part in Step 3) and the Internal Revenue Code and IRS sets the rules, including the limit on how much money you can put into your HSA account each year.

Of course, Blue Cross and Blue Shield is not offering tax or investment advice (they can't be experts on everything), so make sure you talk to a qualified tax and/or investment advisor for details.

Some things you need to know about Health Check Basic:

Provider networks Most covered services are paid at the following amounts after you meet your annual deductible.	<ul style="list-style-type: none"> • Blue Preferred® PPO, 80% • Blue Choice® PPO 70% • Blue Traditional® 60% • Out-of-network 50%
Doctor's office copayment	\$35 for most visits, not subject to deductible
Prescription Drug Coverage	Begins immediately at 50% of allowable charges when you use a network pharmacy. If you spend more than \$20,000 in one year on prescriptions, Health Check Basic will reimburse 100% of allowable charges for the rest of the calendar year.
Inpatient deductible (when you have to stay in the hospital)	\$500 each time
Emergency room deductible	\$100 each time; however, if you are admitted to the hospital for treatment, this fee is waived
Outpatient deductible (for surgeries that don't happen inside a hospital)	\$200 each time
Stop-loss	Benefits are paid at 100% after you've reached your annual deductible and have incurred \$10,000 in out-of-pocket expenses for covered services during the year. A separate stop-loss applies for prescription drug coverage.

Some things you need to know about Health Check Select:

Provider networks Most covered services are paid at the following amounts after you meet your annual deductible.	<ul style="list-style-type: none"> • Blue Choice PPO 80% • Blue Traditional 70% of Blue Choice PPO allowance • Out-of-network 70% of Blue Choice PPO allowance
Doctor's office copayment	\$15 for most visits to a Blue Choice PPO network provider, not subject to deductible
Prescription Coverage	After you meet your annual deductible, benefits are reimbursed at 70% of allowable charges when you use network pharmacies
Inpatient deductible (when you have to stay in the hospital)	\$0, if you use the Blue Choice PPO network, \$300 if you don't.
Emergency room deductible	\$0
Outpatient deductible (for surgeries that don't happen inside a hospital)	\$0
Stop-loss	Benefits are paid at 100% of allowable charges after you've reached your annual deductible and have incurred \$5,000 in out-of-pocket expenses for covered services through the Blue Choice PPO network. For services received from any other network (including out-of-network), your out-of-pocket expense for covered services must reach \$10,000 in a calendar year before benefits will be paid at 100%.

Some things you need to know about Health Check HSA:

Provider network and coinsurance amount	Blue Choice PPO, most covered services are paid at 80% after you meet your annual deductible. Options 6 and 12 are covered at 100% <ul style="list-style-type: none"> • Blue Traditional 60% of Blue Choice PPO allowance • Out-of-network 60% of Blue Choice PPO allowance
Prescription Drug Coverage	After you meet your annual deductible, Health Check HSA generally reimburses 70% of allowable charges when you use network pharmacies. Options 6 and 12 are reimbursed at 100% of allowable charges.
Preventive care benefit	\$300 per year
Doctor's office copayments, inpatient and outpatient surgeries, emergency room deductibles, etc.	The money you place in your HSA account can be used to pay charges subject to deductible and coinsurance in addition to other covered expenses.



Now that you know about the plans, you can make a smart choice about which one is right for you and your health care needs.

Which plan did you choose?

Step 3: What deductible?

So you've figured out who needs insurance and which plan best covers your needs, now it's time to decide what deductible is right for you and your budget.

The word "deductible" refers to the amount of money that each insured person pays for Health Check Basic or Select covered services each calendar year. Once you've reached that amount, Blue Cross and Blue Shield begins paying a percentage of additional health care costs.

Most of the time, your deductible amount will control what your insurance premium (the monthly amount you pay for insurance)

is. In other words, the lower your deductible – the higher your premium or the lower your premium – the higher your deductible.

$$\text{Deductible} \downarrow = \uparrow \text{Premium} \quad \text{OR} \quad \text{Deductible} \uparrow = \downarrow \text{Premium}$$

Don't worry about not finding a deductible that's right for you, Blue Cross and Blue Shield of Oklahoma has a lot of choices.

Health Check Basic Annual Deductibles			
\$500	\$1,000	\$2,500	\$5,000

Health Check Select Annual Deductibles					
\$200	\$500	\$1,000	\$1,500	\$2,500	\$5,000

Health Check HSA

HSA deductibles are grouped into two categories: Options 1 – 6 are for individuals and Options 7 – 12 are for families (two or more people). HSAs are designed to work with qualified high deductible plans determined by the federal government. It’s important to remember that your yearly maximum contribution to your HSA is determined by the deductible amount you choose and is set by the federal government. Whatever you don’t spend from your HSA is automatically rolled-over into next year, so there’s no worries about “using it or losing it.”

	Deductible*	Coinsurance†	Out-of-pocket max‡	Maximum annual deposit to HSA
Option 1 (individual)	\$1,500	80%	\$3,000	\$2,900
Option 2 (individual)	\$1,500	80%	\$5,000	\$2,900
Option 3 (individual)	\$2,000	80%	\$3,000	\$2,900
Option 4 (individual)	\$2,500	80%	\$3,000	\$2,900
Option 5 (individual)	\$3,000	80%	\$5,000	\$2,900
Option 6 (individual)	\$5,000	100%	\$5,000	\$2,900
Option 7 (family)	\$3,000	80%	\$6,000	\$5,800
Option 8 (family)	\$3,000	80%	\$10,000	\$5,800
Option 9 (family)	\$4,000	80%	\$6,000	\$5,800
Option 10 (family)	\$5,000	80%	\$6,000	\$5,800
Option 11 (family)	\$6,000	80%	\$10,000	\$5,800
Option 12 (family)	\$10,000	100%	\$10,000	\$5,800

* Family deductibles are calculated on an aggregate basis. †The percentage for coinsurance is based on allowable charges for covered services received from in-network providers. ‡Out-of-pocket maximum includes deductible.



What deductible
or HSA Option
did you choose?

Still not sure about your decision? Here's more reasons to Get the Blues Behind You.

You can customize your plan. Are you a non-smoker? Blue Cross and Blue Shield recognizes your healthy choice and provides non-tobacco users with preferred member rates. (To qualify, you must be tobacco free for more than 12 months).

Thinking that a visit from the stork might be in your future? With Health Check you also have the option of enrolling with maternity benefits (maternity coverage must be in effect for 365 days or more before benefits are available).

Large network of doctors, hospitals and other health care providers located throughout Oklahoma. But even if your doctor isn't in your network, you'll still receive some covered benefits.

Includes a lifetime maximum of \$5 million per person, including \$25,000 limit for psychiatric care*

Traveling security. Unfortunately you can't guarantee that you won't get sick when you travel, but thanks to Blue Cross and Blue Shield's Blue Card®, you'll receive in-network benefits from doctors and other health care providers in all 50 states and in more than 200 foreign countries.

Blue Extras® provide you with special discounts on health and wellness products and services including gym memberships, car insurance and lasik surgery discounts.

Quality, reliable coverage from a company that's been in the health insurance business for more than 65 years.

Trusted by more than 60,000 Oklahomans who rely on Health Check to keep them covered.

Now don't you feel better knowing that
you have the Blues Behind You?

Step 4: Now You're ready to apply!

You've completed the steps to finding the right Health Check plan to meet your needs. Now all you need to do is apply for coverage by filling out and returning the enclosed application. Or to make it really easy, you can use the secure on-line application found at www.bcbsok.com. If you have questions, call your agent and let them help you choose the plan that's right for you.

Congratulations on making a smart, informed decision about health insurance. Doesn't it feel good to know that you're protected from the unexpected?





BlueCross BlueShield of Oklahoma

www.bcbsok.com

TULSA

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Tulsa, OK 74102-3283

OKLAHOMA CITY

3401 N.W. 63rd
P.O. Box 60545
Oklahoma City, OK 73146-0545

MAIL APPLICATIONS TO

Blue Cross and Blue Shield of Oklahoma
P.O. Box 3236
Naperville, IL 60566-7236

Additional information concerning some applicable limitations (aka legal stuff):

Blue Cross and Blue Shield's Health Check coverage is age rated, this means that your premium will be adjusted at the first of the month in which you enter a new age category, categories are broken up into five-year age groups for adults (19-24, 25-29, etc.). This helps ensure that premiums are fair for all members. Rates are also determined by group usage, not individually. In other words, you won't be penalized if you see the doctor a lot, your rate will increase the same amount as a person who may only have one or two doctor's visits in a year.

Benefits are subject to pre-existing condition limitations. No benefits will be provided for pre-existing conditions for a period of 12 months after coverage becomes effective. This provision applies to any condition or any charges relating to a condition, existing during the 12 months immediately before the effective date of coverage.

To apply, each person must be an Oklahoma resident, under age 65 and must submit suitable "evidence of insurability" by answering health questions on the enclosed application. If additional medical information is required, Blue Cross and Blue Shield of Oklahoma will contact you.

This is not a contract. The product description in this brochure is not intended to be more than a summary of the benefits available to you through the program. This brochure does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown, nor does it contain additional benefits that are available to you. Full information can be found, including medical necessity and preexisting condition provisions, in the specific product's contract or the member's certificate of benefits booklet.

* \$25,000 limit does not apply to certain "severe mental illnesses," which are treated as any other physical disease or disorder.