



BlueCross BlueShield of Oklahoma

Experience. Wellness. Everywhere.®



HealthCheck

BASIC • HSA • SELECT

Individual and Family Health Care Coverage

Enrollment Guide

Contents

The Blue Cross and Blue Shield Difference	1
Health Check Gives You Choices.	2
Health Check Basic • Health Check HSA • Health Check Select	
Benefits Overview	3
More information about Health Check HSA	4
BlueCare® Dental PPO	6
Glossary of Common Insurance Terms	7
Your Journey to Wellness	8

Smart choices can have an immediate and positive impact on your health. Blue Cross and Blue Shield of Oklahoma is committed to keeping you well by making you aware of largely preventable safety and health issues through this Web site.

www.besmartbewell.com

where awareness and prevention meet

be smart. be well.™



The Blue Cross and Blue Shield Difference

Value: Blue Cross and Blue Shield of Oklahoma Health Check Plans

Creating value is what Blue Cross and Blue Shield of Oklahoma (BCBSOK) is all about. By focusing on our members and their individual needs, we have earned a solid reputation as a mutual legal reserve company, which means we are owned by our members on Main Street – not Wall Street.

A History of Service

When you choose BCBSOK, you're in good company. About one in three Americans is enrolled in a Blue Cross and Blue Shield plan.

BCBSOK is the largest private and most experienced health insurance company in Oklahoma, providing more than 600,000 members with reliable and affordable health care benefit plans for more than 65 years.

Flexibility

Health Check is a made up of three benefit plans that are each designed to meet the health care needs of you and your family.

Plans allow you to cover your health care costs at an affordable rate.

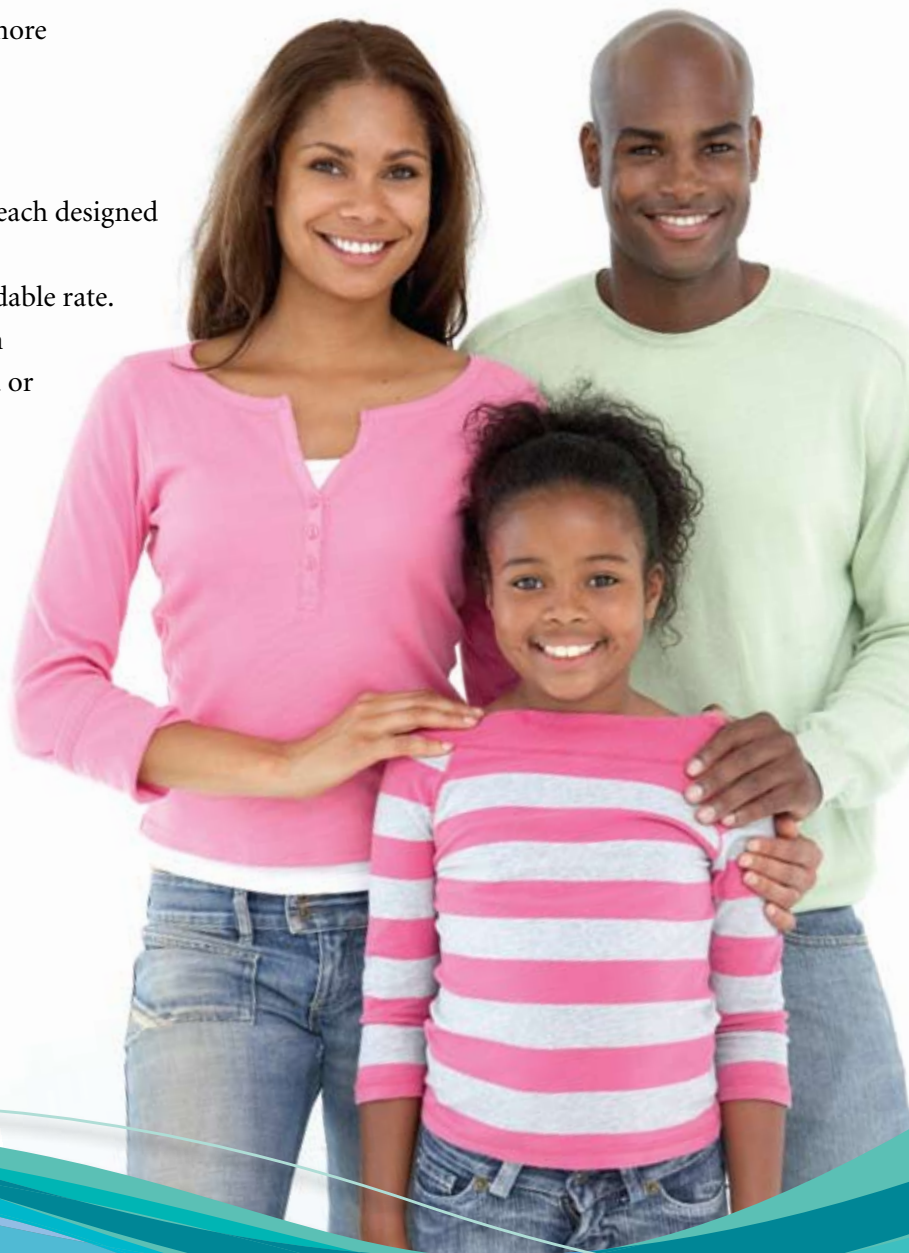
And the flexibility of Health Check is unmatched: you can choose any combination of family members to be covered or just choose coverage for one individual. Dental and maternity coverage can also be added on as additional benefits.

When you choose Health Check you receive:

- A flexible and reliable health care plan
- A broad network of contracting physicians, hospitals and health care providers
- Less out-of-pocket expense through network providers
- Excellent customer service



The value of Health Check—
affordable, dependable
and flexible.



Health Check – Gives You Choices

Health Check is a benefit plan that gives you choices about deductible amounts, networks and benefits. And, you can choose who is covered – one individual, all of the family, or just the children or parents. Here are your Health Check choices:

Health Check Basic – Health Check Basic provides more than basic coverage at an affordable price. In fact, Health Check Basic can be less expensive than other plans available in the market. Enjoy prescription drug coverage that begins immediately after joining BCBSOK, and most office visit copayments are \$35. Coinsurance levels vary depending on the network utilized. Members choose which providers to see, and then benefits are applied at the appropriate level, after the annual deductible is met. Choose from deductibles as low as \$500 up to \$7,500.

Health Check Select – Health Check Select provides a higher level of benefits not available under the Basic plan. Health Check Select gives you access to one of the largest PPO networks in the state and covers expenses at the highest benefit level, when in-network providers are chosen. Health Check Select deductibles range from \$200 to \$5,000, so there is an option that is just right for you and your budget.

Health Check HSA – Unlike traditional plans, Health Check HSA offers a new way to cover your health care costs in a consumer-driven environment. HSA stands for Health Savings Account, which allows you to place

money into a personal bank account that can be used to pay for medical expenses. Health Check HSA gives you a wide range of deductible, coinsurance and out-of-pocket maximum amounts to choose from. Certain preventive care benefits are covered, even when you haven't met your deductible. Also, prescription drug coverage is included with Health Check HSA.

Plan Customization – Are you a non-tobacco user? BCBSOK recognizes your healthy choice and provides non-tobacco users with preferred member rates. (To qualify, you must be tobacco-free for 12 months or more.)

Lifetime Maximum – All Health Check plans include a lifetime maximum of \$5 million per person, including a \$25,000 limit for psychiatric care.

Maternity Benefits – With Health Check you also have the option of enrolling with maternity benefits (maternity coverage must be in effect for at least 365 days or more before benefits are available).

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.

All Health Check plans offer prescription drug coverage, which means you will have access to the Blue Cross and Blue Shield national pharmacy network. The network includes most national chain and independent pharmacies across the country. When you visit a network pharmacy and show your BCBSOK card, the claim is processed immediately at the time of purchase and is based on your medical plan deductible and coinsurance. You are only responsible for your share of the discounted price for the prescription, and will be reimbursed this amount – subject to deductible and coinsurance.

Benefits Overview

	Health Check BASIC			Health Check HSA				Health Check SELECT		
Annual Deductible Options	\$500	\$1,000	\$2,500	Individual				\$200	\$500	\$1,000
	\$3,500	\$5,000	\$7,500	\$1,500	\$2,500	\$3,500	\$5,000	\$1,500	\$2,500	\$5,000
				Family						
				\$3,000	\$5,000	\$7,000	\$10,000			
Health care provider networks and coinsurance amounts Most covered services are paid at the following amounts after you meet your annual deductible.	Blue Preferred PPO network: 80% Blue Choice PPO network: 70% Blue Traditional network: 60% Out-of-network: 50%			Blue Choice PPO network: After you meet your annual deductible, most covered services are paid at 80%. However, Individual \$5,000 and Family \$10,000 options are covered at 100%. Blue Traditional network: 60% of Blue Choice PPO allowance Out-of-network: 60% of Blue Choice PPO allowance				Blue Choice PPO network: 80% Blue Traditional Network: 70% of Blue Choice PPO allowance Out-of-network: 70% of Blue Choice PPO allowance		
Doctor's office copayment	\$35 for most visits, not subject to deductible			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance in addition to other covered expenses.				\$15 for most visits to a Blue Choice PPO network, not subject to deductible.		
Hospital inpatient per-occurrence deductible	\$500 per occurrence			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance in addition to other covered expenses.				None for Blue Choice PPO network admissions. \$300 for Blue Traditional or out-of-network admissions.		
Individual stop-loss limit	\$10,000 during the year for covered services. A separate stop-loss applies for prescription drug coverage.			Not applicable.				\$5,000 during the year for covered services received from Blue Choice PPO network providers; \$10,000 per calendar year, after deductible, for services received from Blue Traditional or out-of-network providers.		
Individual out-of-pocket expense	Not applicable.			Depends upon the annual deductible option chosen. See the plan brochure for additional information.				Not applicable.		
Prescription drug coverage	Begins immediately at 50% of allowable charges when you use a network pharmacy. If total charges incurred equal \$20,000 in one year on prescriptions, Health Check Basic will reimburse 100% for the rest of the calendar year.			After you meet your annual deductible, benefits are reimbursed at 70% of allowable charges when you use network pharmacies. However, Individual \$5,000 and Family \$10,000 options are covered at 100% of allowable charges.				After you meet your annual deductible, benefits are paid at 70% of allowable charges when you use network pharmacies.		
Emergency room per-occurrence deductible	\$100			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance in addition to other covered expenses.				None.		
Facility outpatient per-occurrence deductible (for surgical procedures)	\$200			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance in addition to other covered expenses.				None.		
Preventive care benefit	None.			\$300 per year.				None.		

Health Check HSA

HSAs are a high-deductible insurance plan. HSA stands for Health Savings Account, which allows you to place money into a personal bank account that can be used to pay for medical expenses. The Internal Revenue Code and IRS set the rules on how much money you can put into your HSA account each year. Yearly maximum contribution amounts to your HSA are determined by the deductible amount you choose. Whatever you don't spend from your HSA is automatically rolled-over into next year, so there is no worry about "using it or losing it".



Health Check HSA 2010				
Individual Coverage Options	Deductible*	Coinsurance†	Out-of-pocket max‡	Maximum annual deposit to HSA
	\$1,500	80%	\$3,000	\$3,050
	\$2,500	80%	\$4,000	\$3,050
	\$2,500	100%	\$2,500	\$3,050
	\$3,500	80%	\$5,000	\$3,050
	\$3,500	100%	\$3,500	\$3,050
	\$5,000	100%	\$5,000	\$3,050
Family Coverage Options	\$3,000	80%	\$6,000	\$6,150
	\$5,000	80%	\$8,000	\$6,150
	\$5,000	100%	\$5,000	\$6,150
	\$7,000	80%	\$10,000	\$6,150
	\$7,000	100%	\$7,000	\$6,150
	\$10,000	100%	\$10,000	\$6,150

* 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.

A major benefit of HSAs – triple tax advantage.

Here's how it works:

1. The money you put into your account, which you set up at a participating bank, is tax deductible.
2. Interest earned is tax-free, giving you more money to use for your health care needs.
3. When you need to withdraw money for qualified expenses, the money is income tax-free.

Plus, 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."

BCBSOK is not an expert on tax or investment advice, so please be sure to talk to a qualified tax and/or investment advisor for details on HSA accounts. To be eligible to establish and maintain a Health Savings Account, you must meet the requirements in the regulations established by the Internal Revenue Service. In order to establish a Health Savings Account: you cannot be claimed as a dependent under another person's income tax return; and you cannot be covered by a health plan, other than a qualifying high deductible health plan, which provides any of the same benefits as this Health Check HSA plan.

HSA Examples

Individual

Mark has Health Check HSA single coverage. He may contribute up to \$3,050 into his HSA on a pretax basis, but he chooses to contribute \$2,500. With his high deductible health plan, Mark saves money on premiums, and the money he saves can be used to fund his HSA.



In-network deductible:	\$2,500
Maximum out-of-pocket (including deductible):	\$4,000

During year 1, Mark has in-network health care expenses of \$1,000. Because his deductible is \$2,500, Mark is responsible for all of these costs. He chooses to pay only \$500 of these expenses from the balance in his HSA because he wants to start saving for his future health care needs.

Amount contributed to HSA	\$2,500
Amount paid from HSA	\$500
Amount paid by health plan	\$0
Remaining out-of-pocket expense	\$500
Amount remaining in HSA to carry over to year 2	\$2,000

Family

Sarah enrolled in an HSA plan with family coverage for herself, her husband and two children. She may contribute up to \$6,150 into the HSA on a pretax basis, but she chooses to contribute \$5,000.



In-network deductible:	\$3,000
Maximum out-of-pocket (including deductible):	\$6,000

During year 1, Sarah and her family have in-network health care expenses of \$8,000. Sarah chooses to pay these expenses from the balance of her HSA. Because her deductible is \$3,000, the health plan covers 80 percent of the remaining \$5,000, or \$4,000. This leaves \$1,000 (20 percent) as Sarah's out-of-pocket expense.

Amount contributed to HSA	\$5,000
Amount paid from HSA (\$3,000 deductible + \$1,000 coinsurance)	\$4,000
Amount paid by health plan	\$4,000
Amount remaining in HSA to carry over to year 2	\$1,000

The examples above are for illustrative purposes only and do not represent actual costs or contributions that you may experience under your HSA plan and Health Savings Account. Individual situations will vary depending on the specifics of the HSA health plan and contributions. Health Savings Accounts are subject to rules set out in the Internal Revenue Code and IRS regulations, which are subject to change and interpretation.

Introducing BlueCare® Dental PPO

Monthly premium rates for BlueCare Dental PPO

Member	\$22.90
Member + Spouse	\$45.80
Member + Child(ren)	\$39.20
Family	\$67.05

BlueCare Dental PPO plans can be added to any Health Check plan for just a few more dollars each month. With BlueCare Dental PPO plans, you'll get dental coverage on day one for checkups, cleanings and other preventive services.

You can choose any dentist you want, with no referrals needed. And, when you select a dentist that is part of our network, your out-of-pocket costs will be even lower.

In fact, you'll get more coverage and one of the highest maximum annual benefit levels available – up to \$1,500 per person, per year on our plan.

Benefits	Participating Dentists	Out-of-Network Dentists
Deductible (deductible applies to Type III Services only – see below.)	\$50 per member per benefit period; \$150 maximum per family	
Calendar Year Maximum Benefit (per individual)	\$1,500*	
Type I Services (cleanings, examinations, X-rays, sealants, space maintainers)	100% of Allowable Charges	70% of Allowable Charges
Type II Services (fillings, simple extractions)	80% of Allowable Charges	50% of Allowable Charges
Type III Services (bridges**, crowns**, dentures**)	50% of Allowable Charges after deductible	30% of Allowable Charges after deductible
Orthodontics Not an insured benefit. A 20% discount, up to a maximum savings of \$1,000, is available to you for services received from a participating dentist.	20% Discount, up to a maximum savings of \$1,000	Not available

Orthodontic discounts! Another important BlueCare Dental PPO advantage: orthodontic discounts are available for adults and children. You get a 20% discount for orthodontic services received from a participating dentist, up to a maximum savings of \$1,000.

BlueCare Dental PPO eligibility requirements:

- You must enroll in a BCBSOK health plan in order to enroll in the dental plan.
- All members on that health plan must be enrolled in BlueCare Dental PPO.
- Each individual covered on the dental plan will be charged the appropriate premium.

* For services received from an out-of-network dentist, the member will be responsible for any difference between the dentist's charges and the allowable charges. The allowable charges are based on our network negotiated fees. Further information regarding the allowable charges and network status of dentists is available by calling the toll-free number on the back of your dental ID card. **A 12-month waiting period from the date of enrollment will apply to major restorative services, prosthodontic services, and miscellaneous restorative and prosthodontic services. The above chart is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a participating or out-of-network dentist. This information only provides highlights of this program. Please refer to the BlueCare Dental PPO Addendum to the Certificate of Benefits for additional benefit information. BlueCare Dental PPO is available for members with Blue Cross and Blue Shield of Oklahoma individual health coverage. This dental plan is not available for members on the Blue Transitions PPO temporary health insurance plan.

Glossary of Insurance Terms

Coinsurance – a percentage of the allowable charges for which the member is responsible for payment.

Copayment – a fixed dollar amount required to be paid by or on behalf of a member/subscriber in connection with the delivery of some covered services.

Deductible – a specified amount of covered services an individual must incur before Blue Cross and Blue Shield of Oklahoma will start to pay its share of the remaining covered services. Most of the time, your deductible amount will control what your insurance premium will be. In other words, the lower the deductible, the higher your premium. Or, the higher your deductible, the lower your premium.

High Deductible Health Plan (HDHP) – a health insurance plan with lower premiums and higher deductibles than a traditional health plan. Federal legislation allows you to set up a tax-free health savings account (HSA) when you buy a high-deductible health insurance policy. The HSA and high-deductible plan work in tandem. Once you've met the high deductible, your insurance will cover most or all of the subsequent medical expenses.

Maximum allowable amounts – the maximum amount that network doctors may charge based on pre-negotiated prices.

Out-of-pocket maximum – (applicable to Health Check HSA) the maximum amount Blue Cross and Blue Shield of Oklahoma will require you to contribute out of your pocket toward the cost of your health care. This protects you from very high costs by capping the total amount you will have to spend on your health care each year. You must meet your annual deductible first before the annual out-of-pocket maximum applies.

Premium – the monthly amount you pay in exchange for insurance coverage.

Stop-loss – When you have incurred a certain set amount in excess of any deductible amount for Health Check Basic and Health Check Select covered services during a benefit period, the amount of allowable charges covered by BCBSOK on your behalf will increase to 100% during the remainder of the benefit period after you have met all deductibles and total charges exceed: Health Check Select - \$5,000 during the year for covered services received from Blue Choice PPO network providers; \$10,000 per calendar year, for services received from Blue Traditional or out-of-network providers. Health Check Basic - \$10,000 during the year for covered services. A separate stop-loss applies for prescription drug coverage.



Your Journey to Wellness

Preventive care is essential to maintaining a healthier life, and no one understands this better than BCBSOK. Through our benefit plans, we provide members with the programs and support to create customized wellness action plans, make smarter health care choices and help manage their health care.

Blue Care® Connection is a series of services and programs that integrate technology with online resources, education, one-on-one coaching, rewards and multiple touchpoints to ultimately improve your health and reduce claims. Blue Care Connection is a member benefit of all Health Check plans – at no additional charge to you.

The Personal Health Manager provides interactive and user-friendly access to online health resources and a Health Risk Assessment. Set goals toward a healthier lifestyle, understand and manage a health condition, and keep track of your health care. The Personal Health Manager is accessed through Blue Access® for Members, our secure member Web site.



Key features of the Personal Health Manager include:

- **BluePointsSM** are awarded for healthy activities such as planning and tracking a fitness workout and recording healthy meals. The points can be redeemed online for gift certificates to major retailers or other health-related items.*
- **24/7 Nurseline** provides telephone access to registered nurses at any time, day or night, in English and Spanish.
- **Tobacco Cessation** is support for smokers who want to quit. The program provides personal coaching, online tools, an Audio Health Library and discounts to wellness-related products and services.
- **Weight Management** is a program to help you slim down and feel healthier by offering guidance and support through lifestyle and motivational coaching, personalized goal setting with action plan, online tools, an Audio Health Library and discounts to wellness-related products and services.
- **The BlueExtrasSM** discount program offers savings and discounts for value-added health care products and services that help support healthy lifestyles.
- **Blue Care AdvisorsSM** provides education and coaching from registered nurses to members at risk or with certain chronic conditions.
- Fitness, exercise and weight loss advice from a team of personal trainers at **Ask a Trainer**.
- Nutrition and healthy eating advice from registered dietitians at **Ask a Dietician**.
- Help manage stress, workplace conflicts and other issues with **Ask a Life Coach**.
- Health questions answered by registered nurses with **Ask a Nurse**.
- **The Fitness Program** offers unlimited access to a nationwide network of fitness centers that are available for a onetime enrollment fee and low monthly membership fee.

* The Blue Points Program Rules are subject to change without prior notice.