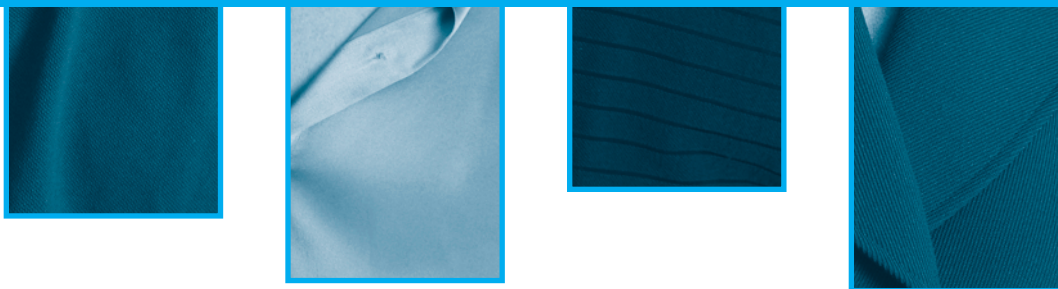




Real Protection
for Real People.



Individual Health Coverage that works
for your life and your budget.



You know you need
health insurance.
But it has to be
affordable.

And you need
benefits that
keep your
out-of-pocket
expenses low.

With health insurance, your options used to be limited. You could get coverage just for yourself or your entire family. Now there are three plans with more options.

You can choose coverage for yourself ... your spouse ... just your children ... or your entire family.

Health Check Select, Health Check Basic and Children's Major Medical are quality health insurance plans. When you enroll, you authorize your participating Oklahoma bank, credit union or savings and loan to deduct your premium automatically from your personal checking or savings account. You're saved the hassle of bill paying because deductions are made at the same time each month.

These are group insurance plans for individuals. Blue Cross and Blue Shield of Oklahoma combines checking or savings account holders at participating Oklahoma banks, credit unions and savings and loans – pooling them together – and providing individuals and families with group benefits at competitive, group-type rates.

With Blue Cross and Blue Shield individual coverage, your membership belongs to you, not an employer. Even if you change jobs, you don't have to give up your health care benefits.

Who is covered?

Applicants choose the coverage that best meets their needs. More choices mean more flexibility. With Blue Cross and Blue Shield individual coverage, you can choose:

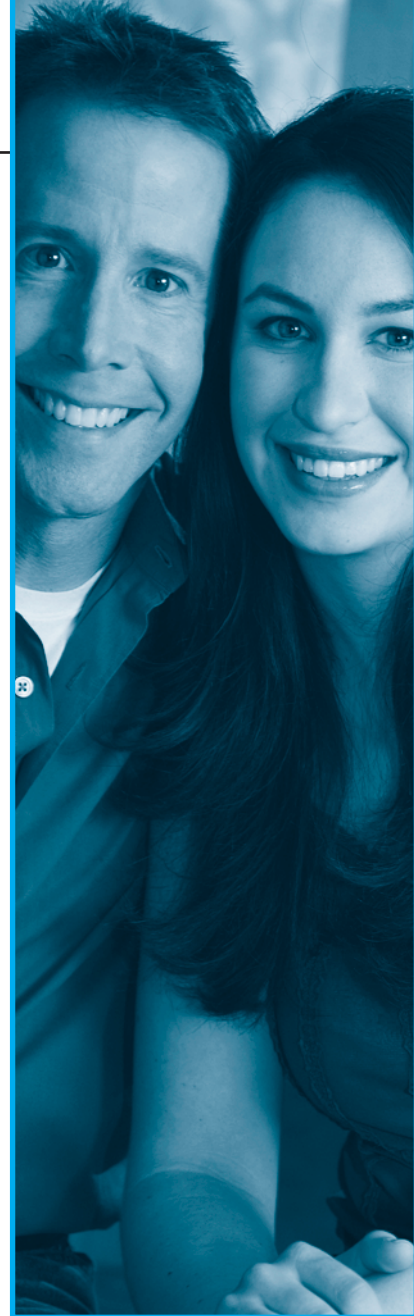
- Coverage for: just yourself ... your spouse ... you and your spouse ... you and your children ... your spouse and your children ... or your entire family.
- Coverage just for children: No parent needs to be on the policy with the child. And you can apply for a separate policy for each person age 18 or under.
- Lower rates for women who don't need maternity benefits.
- Preferred non-tobacco-user's rates if you have not smoked or used tobacco products in the past 12 months.



What is covered?

Among the health care services covered are:

- Emergency accident and medical care
- Outpatient surgery
- Semi-private hospital room
- All necessary hospital services, including operating and delivery rooms, drugs, whole blood, anesthesia and oxygen
- Intensive care unit
- Physician's surgical and medical services, both inpatient and outpatient diagnostic services, including radiology, CAT scan and EKG
- Therapy services, including physical and occupational, dialysis, chemotherapy and radiation
- Ambulance services
- Maternity services (if you purchase coverage with maternity benefits; benefits are available after maternity coverage has been in effect for 365 days or more)
- Routine newborn nursery care
- Allergy testing and allergy injections
- Routine children's physical examinations for covered children through age 18
- Childhood immunizations for covered children through age 18
- Annual gynecological exams and Pap smears
- Prostate cancer screening
- Hospice services
- Durable medical equipment
- Rehabilitation care
- Prosthetic appliances
- Orthotic devices
- Discounts on supplemental health care products and services, including vision and hearing



Choose the annual deductible and monthly premium that best fits your needs and budget.

The deductible is the amount each insured person pays for covered services, per calendar year, before Blue Cross and Blue Shield begins paying a percentage of the health care charges. Family deductibles are three times the amount of an individual's deductible, even if more than three people in the family are covered.

Some people prefer a lower annual deductible and a higher monthly premium, while others prefer a higher annual deductible and a lower monthly premium. (See benefits listings on pages 6 and 7 for details on deductible choices.)



Another
Blue Cross and
Blue Shield
advantage:
The flexibility
to **choose.**



More physician and hospital choices

The Blue Cross and Blue Shield networks include doctors, hospitals and other health care professionals throughout Oklahoma. Choosing from among the thousands of health care providers who participate in the networks will help you make the most of your benefits. (See pages 6 and 7 for details on how you can save with Blue Cross and Blue Shield networks.)

Blue Cross and Blue Shield network doctors and hospitals will:

- File your claims for you and receive payment for your covered services directly from Blue Cross and Blue Shield of Oklahoma. You don't have to worry about filing claims or turning over payments to your doctor.
- Network doctors and hospitals cannot charge more than the pre-negotiated price established with Blue Cross and Blue Shield.
- Take care of required pre-certifications for you if you need to be hospitalized.

Keep the flexibility you need.

You can receive some benefits even if you don't use a Blue Cross and Blue Shield network doctor. That's another Blue Cross and Blue Shield advantage: You have the flexibility to choose the hospitals and doctors you feel most comfortable with ... without giving up your benefits entirely. However, you receive your best benefits when you choose Blue Cross and Blue Shield network doctors and hospitals. And you receive a higher level of benefits for choosing certain networks. (See pages 6 and 7 for more details.)

Blue Card® benefits outside Oklahoma

With the Blue Card program, members can receive their Blue Cross and Blue Shield of Oklahoma benefits while traveling out-of-state. Through Blue Card, Blue Cross and Blue Shield of Oklahoma members receive in-network benefits from doctors and other health care providers in all 50 states and in more than 200 foreign countries. When you see the Blue Card "PPO-in-a-suitcase" on your I.D. card, you know your benefits travel with you.



Prescription drug coverage

In addition to doctors and hospitals, Blue Cross and Blue Shield networks also include pharmacies. Choosing a network pharmacy will help you obtain your maximum prescription drug benefits. When you show your I.D. card at a participating pharmacy, you'll receive discounts and your prescription drug claims will be filed for you. Blue Cross and Blue Shield of Oklahoma will process your claims and send any benefit payment due directly to you. (See page 7 for details.)

Term life coverage and accidental death and dismemberment coverage are included*

Each person who has Blue Cross and Blue Shield individual health coverage receives \$5,000 of term life insurance and \$5,000 of accidental death and dismemberment insurance through Blue Cross and Blue Shield of Oklahoma's life affiliate, Fort Dearborn Life Insurance Co.

Lifetime maximum

\$5 million per person, including \$25,000 limit for psychiatric care. **

Coverage provisions

Blue Cross and Blue Shield individual coverage is age rated. Your rate is adjusted at the first of the month in which you enter a new age category. Age rating assures that premiums are fair for all subscribers.

Rates are based on claims for the subscriber group as a whole. You won't be singled out for a rate increase or cancelled because of high usage. Rates are calculated on a group basis, not individually.

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, you must submit suitable "evidence of insurability" by answering the health questions on the enclosed application. If additional medical information is required, Blue Cross and Blue Shield of Oklahoma will contact you.

Quality, reliable coverage

With the rising cost of health care, you can't afford to be without health insurance. With Health Check Select, Health Check Basic or Children's Major Medical you'll have quality benefits backed by the security that goes with Blue Cross and Blue Shield of Oklahoma.

**Protect yourself from
the unexpected.
Apply today.**



*Rates quoted include premium for term life and accidental death and dismemberment insurance.

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



Count on quality
benefits
 that will
 help protect you
 and your family
 from rising health
 care costs.



Benefits

Blue Cross and Blue Shield of Oklahoma offers quality benefits that will be there when you need them ... benefits that will help protect you and your family from the rising cost of health care services.

This chart describes the differences in benefits for Health Check Select, Health Check Basic or Children's Major Medical.

Choose the plan that works best for your health care needs and budget.

	Health Check Select Children's Major Medical	Health Check Basic Health Check Basic For Children
Annual deductible options	■ \$200 ■ \$500 ■ \$1,000 ■ \$1,500 ■ \$2,500 ■ \$5,000	■ \$500 ■ \$1,000 ■ \$2,500 ■ \$5,000
Health care provider networks and coinsurance amounts	<p>Blue Choice® PPO network: After you meet your annual deductible, most covered services are paid at 80 percent.</p> <p>Blue Traditional® network: After you meet your annual deductible, most covered services are paid at 70 percent of the Blue Choice PPO allowance. You are responsible for any difference between the Blue Traditional and Blue Choice PPO maximum allowable amounts. For hospitalization, a separate \$300 deductible also applies.</p> <p>Out-of network: After you meet your annual deductible, most covered services are paid at 70 percent of the Blue Choice PPO allowance. You are responsible for any difference between the out-of-network health care provider's charges and the Blue Choice PPO maximum allowable amount. For hospitalization, a separate \$300 deductible also applies.</p>	<p>Blue Preferred® PPO network: After you meet your annual deductible, most covered services are paid at 80 percent.</p> <p>Blue Choice PPO network: After you meet your annual deductible, most covered services are paid at 70 percent.</p> <p>Blue Traditional network: After you meet your annual deductible, most covered services are paid at 60 percent.</p> <p>Out-of-network: After you meet your annual deductible, most covered services are paid at 50 percent of the Blue Choice PPO allowance. You are responsible for any difference between the out-of-network health care provider's charges and the Blue Choice PPO maximum allowable amount.</p>

For the most up-to-date listing of Blue Cross and Blue Shield of Oklahoma network doctors, hospitals and other health care providers, go to the Blue Cross and Blue Shield of Oklahoma Web site at www.bcbsok.com and click "Locate a Health Care Provider" or call our customer service representatives.

	Health Check Select Children's Major Medical	Health Check Basic Health Check Basic For Children
Physician office copayment	\$15 for most physician's office visits. You don't have to wait to meet your annual deductible before you get benefits for doctor visits. Even if you haven't met your annual deductible, you still pay only the \$15 copayment for most office visits to a Blue Choice PPO network physician.	\$35 for most physician's office visits. You don't have to wait to meet your annual deductible before you get benefits for doctor visits. Even if you haven't met your annual deductible, you still pay only the \$35 copayment for most physician office visits.
Prescription drug coverage	After you meet your annual deductible, benefits are paid at 70 percent of allowable charges when you use network pharmacies.	First-dollar coverage, no deductible applies. Benefits are paid at 50 percent of allowable charges when you use network pharmacies. (Prescription drug expenditures do not count toward your annual deductible.) If you spend more than \$10,000 out of your pocket in one year on prescription drugs, benefits are paid at 100 percent of allowable charges for the remainder of the calendar year.
Stop-loss Benefits are paid at 100 percent of allowable charges for the remainder of a calendar year after you have met your annual deductible and have incurred:	\$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.	\$10,000 during the year for covered services. A separate stop-loss applies for prescription drug coverage.
Hospital inpatient per-occurrence deductible	None for BlueChoice PPO network admissions. \$300 for Blue Traditional or out-of-network admissions.	\$500
Emergency room per-occurrence deductible	None.	\$100
Facility outpatient per-occurrence deductible (for surgical procedures)	None.	\$200

Health Insurance Terms

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

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.

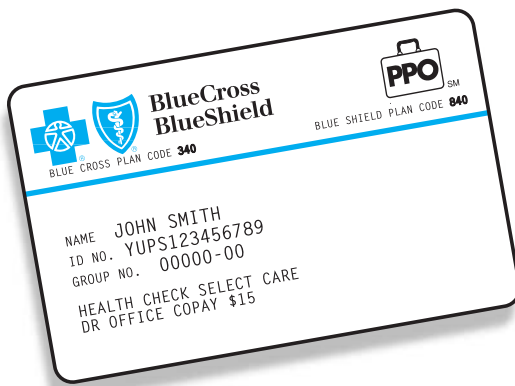
Copayment – a fixed dollar amount required to be paid by or on behalf of a member/subscriber in connection with the delivery of some covered service.

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

PPO (Preferred Provider Organization) – a network of health care providers with which Blue Cross and Blue Shield of Oklahoma has negotiated contracts for its insured population to receive health services at discounted costs. Health care decisions generally remain with the patient as he or she selects providers and determines his or her own need for services. Members have financial incentives to select providers within the PPO network.

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

BlueChoice PPO allowance – the maximum amount that BlueChoice network doctors and hospitals may charge based on pre-negotiated prices.



*Carry the
Caring Card®*

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Tulsa, OK 74102-3283

OKLAHOMA CITY

3401 N.W. 63rd
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**BlueCross BlueShield
of Oklahoma**

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