

# Affordable Health Insurance Options

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

	Health Check Basic Health Check Basic for Children	Health Check Select Health Check Select for Children	Health Check HSA
<b>Annual deductible options</b>	<ul style="list-style-type: none"> <li>■ \$500 ■ \$1,000</li> <li>■ \$2,500 ■ \$5,000</li> </ul>	<ul style="list-style-type: none"> <li>■ \$200 ■ \$500 ■ \$1,000</li> <li>■ \$1,500 ■ \$2,500 ■ \$5,000</li> </ul>	Individual: ■ \$1,500 ■ \$2,000 ■ \$2,500 ■ \$3,000 ■ \$5,000 Family: ■ \$3,000 ■ \$4,000 ■ \$5,000 ■ \$6,000 ■ \$10,000
<b>Health care provider networks and coinsurance amounts</b> <i>most covered services are paid at the following amounts after you meet your annual deductible</i>	<b>Blue Preferred PPO network:</b> 80%  <b>Blue Choice PPO network:</b> 70%  <b>Blue Traditional network:</b> 60%  <b>Out-of-network:</b> 50%	<b>Blue Choice® PPO network:</b> 80%  <b>Blue Traditional network:</b> 70% of Blue Choice PPO allowance  <b>Out-of-network:</b> 70% of Blue Choice PPO allowance	<b>Blue Choice PPO network:</b> 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%.  <b>Blue Traditional network:</b> 60% of Blue Choice PPO allowance  <b>Out-of-network:</b> 60% of Blue Choice PPO allowance
<b>Doctor's office copayment</b>	\$35 for most visits, not subject to deductible	\$15 for most visits to a Blue Choice PPO network provider, 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.
<b>Hospital inpatient per-occurrence deductible</b>	\$500 per occurrence	None for BlueChoice PPO network admissions. \$300 for Blue Traditional or out-of-network admissions.	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.
<b>Prescription drug coverage</b>	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% of allowable charges for the rest of the calendar year.	After you meet your annual deductible, benefits are paid at 70% of allowable charges when you use network pharmacies.	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.
<b>Individual stop-loss limit</b> Benefits are paid at 100 percent of allowable charges for the remainder of a calendar year after you have met your annual deductible and total charges incurred equal:	\$10,000 during the year for covered services. A separate stop-loss applies for prescription drug coverage.	\$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.	Not applicable.

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Individual out-of-pocket expense	None.	None.	Depends upon the annual deductible option chosen.
Emergency room per-occurrence deductible	\$100	None.	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.
Facility outpatient per-occurrence deductible (for surgical procedures)	\$200	None.	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.

## Definition of 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 services.

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

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

**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.

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



**BlueCross BlueShield  
of Oklahoma**

*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.*

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