

Benefit Summary for OK Society of CPA's Benefit Option 4



10/29/2008

| Benefits | HSA Blue |
|---|--|
| 1 <u>Selection of Physician</u> | The BlueChoice Network has nearly 3,500 doctors statewide; nationwide access through BlueCard PPO program. To find the most current provider directory, visit www.bcbsok.com . |
| 2 <u>Deductible</u> | \$1,500 for employee only policy and \$3,000 for family coverage policy. Full family deductible must be met by one or more family members before coinsurance begins. |
| 3 <u>Co-Insurance</u> | Plan pays 80% of allowable amount for most in-network services; Plan pays 60% of allowable amount for most out-of-network services. |
| 4 <u>Out-of Pocket</u> | \$5,000 for employee only policy. \$10,000 for family coverage policy. Deductibles apply to out-of-pocket maximum. |
| 5 <u>Office Visits</u> | Annual deductible and coinsurance apply. |
| 6 <u>Adult Preventive Care</u> | \$300 preventive care benefit, includes routine physicals, tests, and tetanus shots. State mandated benefits will be covered in addition to \$300. |
| 7 <u>Other Physician/Medical Services/Lab and X-Ray</u> | Annual deductible and coinsurance apply. |
| 8 <u>Prescription Drugs</u> | Annual deductible and coinsurance apply. |
| 9 <u>Immunizations</u> | Annual deductible and coinsurance apply for most routine visits to BlueChoice doctors. Deductible and coinsurance waived for covered childhood immunizations up to age 19. |
| 10 <u>Mammography</u> | Deductible and coinsurance will be waived up to a \$115 benefit per year for one baseline routine mammogram between the ages of 35 - 39 and one routine mammogram per year at age 40 and above. Diagnostic mammograms are subject to deductible and coinsurance. |
| 11 <u>Inpatient Care</u> | Annual deductible and coinsurance apply. |
| 12 <u>Outpatient Care/Hospital Services</u> | Annual deductible and coinsurance apply. |
| 13 <u>Emergency Care</u> | Annual deductible and coinsurance apply. |
| 14 <u>Psychiatric Care/Alcoholism/Drug Abuse</u> | Subject to deductible, then: Inpatient: Benefits are provided at 50% for 30 days. Outpatient: Benefits are provided at 50% for 20 visits per calendar year. |
| 15 <u>Lifetime Maximum</u> | \$2,000,000 |
| 16 <u>Age Limit for Dependent Children</u> | To the end of the year a dependent child reaches age 19 or to the end of the month of their 25th birthday if they are a full time student. |

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For groups with more than 50 employees, please see your Group Contract and/or Certificate of Benefits for information about certain state-mandated benefits.

For applicable deductible credit you must submit a recent EOB from your group's previous carrier with your application. For pre-ex credit, see your account representative.

Benefit Summary for OK Society of CPA's Benefit Option 5



10/29/2008

| Benefits | HSA Blue |
|---|--|
| 1 <u>Selection of Physician</u> | The BlueChoice Network has nearly 3,500 doctors statewide; nationwide access through BlueCard PPO program. To find the most current provider directory, visit www.bcbsok.com . |
| 2 <u>Deductible</u> | \$3,000 for employee only policy and \$6,000 for family coverage policy. Full family deductible must be met by one or more family members before coinsurance begins. |
| 3 <u>Co-Insurance</u> | Plan pays 80% of allowable amount for most in-network services; Plan pays 60% of allowable amount for most out-of-network services. |
| 4 <u>Out-of Pocket</u> | \$5,000 for employee only policy. \$10,000 for family coverage policy. Deductibles apply to out-of-pocket maximum. |
| 5 <u>Office Visits</u> | Annual deductible and coinsurance apply. |
| 6 <u>Adult Preventive Care</u> | \$300 preventive care benefit, includes routine physicals, tests, and tetanus shots. State mandated benefits will be covered in addition to \$300. |
| 7 <u>Other Physician/Medical Services/Lab and X-Ray</u> | Annual deductible and coinsurance apply. |
| 8 <u>Prescription Drugs</u> | Annual deductible and coinsurance apply. |
| 9 <u>Immunizations</u> | Annual deductible and coinsurance apply for most routine visits to BlueChoice doctors. Deductible and coinsurance waived for covered childhood immunizations up to age 19. |
| 10 <u>Mammography</u> | Deductible and coinsurance will be waived up to a \$115 benefit per year for one baseline routine mammogram between the ages of 35 - 39 and one routine mammogram per year at age 40 and above. Diagnostic mammograms are subject to deductible and coinsurance. |
| 11 <u>Inpatient Care</u> | Annual deductible and coinsurance apply. |
| 12 <u>Outpatient Care/Hospital Services</u> | Annual deductible and coinsurance apply. |
| 13 <u>Emergency Care</u> | Annual deductible and coinsurance apply. |
| 14 <u>Psychiatric Care/Alcoholism/Drug Abuse</u> | Subject to deductible, then: Inpatient: Benefits are provided at 50% for 30 days. Outpatient: Benefits are provided at 50% for 20 visits per calendar year. |
| 15 <u>Lifetime Maximum</u> | \$2,000,000 |
| 16 <u>Age Limit for Dependent Children</u> | To the end of the year a dependent child reaches age 19 or to the end of the month of their 25th birthday if they are a full time student. |

This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

For groups with more than 50 employees, please see your Group Contract and/or Certificate of Benefits for information about certain state-mandated benefits.

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Benefit Summary for OK Society of CPA's Benefit Option 1



10/29/2008

| Benefits | BlueChoice PPO with Office Visit CoPay with Rx Card Plan K |
|-----------------------------------|---|
| 1 <u>Selection of Physician</u> | Nearly 3,500 doctors statewide; nationwide access through BlueCard PPO program. To find the most current Provider Directories for all of our networks, please visit our website at www.bcbsok.com . |
| 2 <u>Deductible</u> | \$500 per individual and \$1,500 per family. |
| 3 <u>Co-Insurance</u> | Plan pays 80% of allowable amount for in-network services and 60% of allowable amount of out-of-network services. |
| 4 <u>Out-of-Pocket</u> | \$1,000 per family member for most in-network services plus deductible; \$4,000 plus deductible plus charges above in-network allowable maximum per family member for out-of-network services. |
| 5 <u>Office Visits</u> | You pay only a \$20 copayment for most visits to BlueChoice doctors. |
| 6 <u>Office Visits (Children)</u> | You pay only a \$20 copayment for most routine visits to BlueChoice doctors for children up to age 19. |
| 7 <u>Lab/X-ray</u> | Covered in full for most services performed in conjunction with a covered office visit (other than MRI, CT, Pet Scans, & other excluded services). |

Benefits**BlueChoice PPO with
Office Visit CoPay with
Rx Card Plan K**

| | | |
|----|---|--|
| 8 | <u>Adult Preventive Care</u> | \$300 preventive care benefit, includes routine physicals, tests, and tetanus shots. |
| 9 | <u>Other Physician & Medical Services</u> | Plan deductible and co-insurance apply. |
| 10 | <u>Prescription Drugs</u> | 50% coinsurance applies at network pharmacies. Prescriptions drugs are not subject to deductible or out-of-pocket maximum. \$20,000 stop-loss. Plan pays 100% after stop-loss is reached. You pay 50% of the discounted price of the drug at a network pharmacy. |
| 11 | <u>Routine Gynecological Examination</u> | You pay only a \$20 copayment for an annual visit to BlueChoice doctors. Then paid at 100%. |
| 12 | <u>Routine Pap Smear</u> | Included in routine gynecological exam. |
| 13 | <u>Routine DRE (Digital Rectal Exam) & PSA Test</u> | \$20 copay to in-network doctor. Annual screening for early detection of prostate cancer in male Subscribers age 40 or older, including a prostate-specific antigen blood test and a digital rectal examination. Limited to one screening exam per benefit period, not to exceed \$65 per screening. |
| 14 | <u>Immunizations</u> | You pay only a \$20 copayment for most routine visits to BlueChoice doctors. Copayment waived for covered childhood immunizations up to age 19. |
| 15 | <u>Mammography</u> | A \$115 deductible-free benefit is provided once per year past age 40. |
| 16 | <u>Maternity</u> | Plan deductible and co-insurance apply. |

Benefits**BlueChoice PPO with
Office Visit CoPay with
Rx Card Plan K**

| | | |
|----|--|--|
| 17 | <u>Inpatient Care</u> | Plan deductible and co-insurance apply. Additional \$300 deductible per admission for out-of-network hospitalization. |
| 18 | <u>Outpatient Care/Hospital Services</u> | Plan deductible and co-insurance apply. |
| 19 | <u>Emergency Care</u> | Plan deductible and co-insurance apply. Additional per occurrence deductible of \$100 for each emergency room visit, waived if admitted. |
| 20 | <u>Psychiatric Care/ Alcoholism/Drug Abuse</u> | Subject to deductible, then Inpatient: Benefits are provided at 50% for 30 days. Outpatient: Benefits are provided at 50% for 20 visits per calendar year. Coinsurance does not count toward the Out-of-Pocket limit. |
| 21 | <u>Lifetime Maximum</u> | \$5,000,000 per person. |
| 22 | <u>Age Limit for Dependent Children</u> | To the end of the year a dependent child reaches age 19 or to the end of the month of their 25th birthday if they are a full time student. |

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For groups with more than 50 employees, please see your Group Contract and/or Certificate of Benefits for information about certain state-mandated benefits.

You may not change benefit options until your group's renewal.

You cannot choose more than one deductible option.

For applicable deductible credit you must submit a recent EOB from your group's previous carrier with your application. For pre-ex credit, see your account representative.

Benefit Summary for OK Society of CPA's Benefit Option 3



10/29/2008

| Benefits | BlueChoice PPO with Office Visit CoPay with Rx Card Plan L |
|-----------------------------------|---|
| 1 <u>Selection of Physician</u> | Nearly 3,500 doctors statewide; nationwide access through BlueCard PPO program. To find the most current Provider Directories for all of our networks, please visit our website at www.bcbsok.com . |
| 2 <u>Deductible</u> | \$1,000 per individual and \$3,000 per family. |
| 3 <u>Co-Insurance</u> | Plan pays 80% of allowable amount for in-network services and 60% of allowable amount of out-of-network services. |
| 4 <u>Out-of-Pocket</u> | \$1,000 per family member for most in-network services plus deductible; \$4,000 plus deductible plus charges above in-network allowable maximum per family member for out-of-network services. |
| 5 <u>Office Visits</u> | You pay only a \$20 copayment for most visits to BlueChoice doctors. |
| 6 <u>Office Visits (Children)</u> | You pay only a \$20 copayment for most routine visits to BlueChoice doctors for children up to age 19. |
| 7 <u>Lab/X-ray</u> | Covered in full for most services performed in conjunction with a covered office visit (other than MRI, CT, Pet Scans, & other excluded services). |

Benefits**BlueChoice PPO with
Office Visit CoPay with
Rx Card Plan L**

| | | |
|----|---|--|
| 8 | <u>Adult Preventive Care</u> | \$300 preventive care benefit, includes routine physicals, tests, and tetanus shots. |
| 9 | <u>Other Physician & Medical Services</u> | Plan deductible and co-insurance apply. |
| 10 | <u>Prescription Drugs</u> | 50% coinsurance applies at network pharmacies. Prescriptions drugs are not subject to deductible or out-of-pocket maximum. \$20,000 stop-loss. Plan pays 100% after stop-loss is reached. You pay 50% of the discounted price of the drug at a network pharmacy. |
| 11 | <u>Routine Gynecological Examination</u> | You pay only a \$20 copayment for an annual visit to BlueChoice doctors. Then paid at 100%. |
| 12 | <u>Routine Pap Smear</u> | Included in routine gynecological exam. |
| 13 | <u>Routine DRE (Digital Rectal Exam) & PSA Test</u> | \$20 copay to in-network doctor. Annual screening for early detection of prostate cancer in male Subscribers age 40 or older, including a prostate-specific antigen blood test and a digital rectal examination. Limited to one screening exam per benefit period, not to exceed \$65 per screening. |
| 14 | <u>Immunizations</u> | You pay only a \$20 copayment for most routine visits to BlueChoice doctors. Copayment waived for covered childhood immunizations up to age 19. |
| 15 | <u>Mammography</u> | A \$115 deductible-free benefit is provided once per year past age 40. |
| 16 | <u>Maternity</u> | Plan deductible and co-insurance apply. |

Benefits**BlueChoice PPO with
Office Visit CoPay with
Rx Card Plan L**

| | | |
|----|--|--|
| 17 | <u>Inpatient Care</u> | Plan deductible and co-insurance apply. Additional \$300 deductible per admission for out-of-network hospitalization. |
| 18 | <u>Outpatient Care/Hospital Services</u> | Plan deductible and co-insurance apply. |
| 19 | <u>Emergency Care</u> | Plan deductible and co-insurance apply. Additional per occurrence deductible of \$100 for each emergency room visit, waived if admitted. |
| 20 | <u>Psychiatric Care/ Alcoholism/Drug Abuse</u> | Subject to deductible, then Inpatient: Benefits are provided at 50% for 30 days. Outpatient: Benefits are provided at 50% for 20 visits per calendar year. Coinsurance does not count toward the Out-of-Pocket limit. |
| 21 | <u>Lifetime Maximum</u> | \$5,000,000 per person. |
| 22 | <u>Age Limit for Dependent Children</u> | To the end of the year a dependent child reaches age 19 or to the end of the month of their 25th birthday if they are a full time student. |

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You may not change benefit options until your group's renewal.

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Benefit Summary for OK Society of CPA's Benefit Option 2



10/29/2008

| Benefits | BlueChoice PPO with Office Visit CoPay Plan SH |
|-----------------------------------|---|
| 1 <u>Selection of Physician</u> | Nearly 3,500 doctors statewide; nationwide access through BlueCard PPO program. To find the most current Provider Directories for all of our networks, please visit our website at www.bcbsok.com . |
| 2 <u>Deductible</u> | \$2,500 per individual and \$7,500 per family. |
| 3 <u>Co-Insurance</u> | Plan pays 80% of allowable amount for in-network services and 60% of allowable amount of out-of-network services. |
| 4 <u>Out-of-Pocket</u> | \$2,000 per family member for most in-network services plus deductible; \$8,000 plus deductible plus charges above in-network allowable maximum per family member for out-of-network services. |
| 5 <u>Office Visits</u> | You pay only a \$20 copayment for most visits to BlueChoice doctors. |
| 6 <u>Office Visits (Children)</u> | You pay only a \$20 copayment for most routine visits to BlueChoice doctors for children up to age 19. |
| 7 <u>Lab/X-ray</u> | Covered in full for most services performed in conjunction with a covered office visit (other than MRI, CT, Pet Scans, & other excluded services). |

Benefits**BlueChoice PPO with
Office Visit CoPay Plan
SH**

| | | |
|----|---|--|
| 8 | <u>Adult Preventive Care</u> | \$300 preventive care benefit, includes routine physicals, tests, and tetanus shots. |
| 9 | <u>Other Physician & Medical Services</u> | Plan deductible and co-insurance apply. |
| 10 | <u>Prescription Drugs</u> | Plan deductible and co-insurance apply at BlueChoice pharmacies. |
| 11 | <u>Routine Gynecological Examination</u> | You pay only a \$20 copayment for an annual visit to BlueChoice doctors. Then paid at 100%. |
| 12 | <u>Routine Pap Smear</u> | Included in routine gynecological exam. |
| 13 | <u>Routine DRE (Digital Rectal Exam) & PSA Test</u> | \$20 copay to in-network doctor. Annual screening for early detection of prostate cancer in male Subscribers age 40 or older, including a prostate-specific antigen blood test and a digital rectal examination. Limited to one screening exam per benefit period, not to exceed \$65 per screening. |
| 14 | <u>Immunizations</u> | You pay only a \$20 copayment for most routine visits to BlueChoice doctors. Copayment waived for covered childhood immunizations up to age 19. |
| 15 | <u>Mammography</u> | A \$115 deductible-free benefit is provided once per year past age 40. |
| 16 | <u>Maternity</u> | Plan deductible and co-insurance apply. |
| 17 | <u>Inpatient Care</u> | Plan deductible and co-insurance apply. Additional \$300 deductible per admission for out-of-network hospitalization.. |

Benefits**BlueChoice PPO with
Office Visit CoPay Plan
SH**

| | | |
|----|--|--|
| 18 | <u>Outpatient Care/Hospital Services</u> | Plan deductible and co-insurance apply. |
| 19 | <u>Emergency Care</u> | Plan deductible and co-insurance apply. Additional per occurrence deductible of \$100 for each emergency room visit, waived if admitted. |
| 20 | <u>Psychiatric Care/ Alcoholism/Drug Abuse</u> | Subject to deductible, then Inpatient: Benefits are provided at 50% for 30 days. Outpatient: Benefits are provided at 50% for 20 visits per calendar year. Coinsurance does not count toward the Out-of-Pocket limit. |
| 21 | <u>Lifetime Maximum</u> | \$5,000,000 per person. |
| 22 | <u>Age Limit for Dependent Children</u> | To the end of the year a dependent child reaches age 19 or to the end of the month of their 25th birthday if a full time student. |

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