

Benefit Summary for Oklahoma Society of CPAs



10/18/2005

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>	\$3,000 for employee only policy. \$6,000 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 year reaching age 19 or to 25th birthday if 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.

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.