

# Benefit Summary for Oklahoma Society of CPAs

11/02/2007

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 <a href="http://www.bcbsok.com">www.bcbsok.com</a> .
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.
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 23rd 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.