

Benefit Summary for Oklahoma Society of CPAs

11/02/2007

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).
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..
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.

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

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 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.