



# BlueChoice Healthcare Plan

## Blue Open Access HMO – Plan 639 – Early Retiree

### Georgia Bankers Association Insurance Trust

January 1, 2010

<b>Out-of-Pocket Calendar Year Maximum</b>	
– Individual (includes deductible)	\$2,500
– Family (includes deductible)	\$5,000
<b>Deductible: one deductible for employee, one for spouse, one for all children combined</b>	
– Individual	\$500
– Family	\$1,500
<b>Coinsurance: the percentage of eligible charges for which you are responsible</b>	Plan pays 80%

<b>Lifetime Maximum</b>	Unlimited
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<b>Office Visits</b>	<b>In-Network Benefit Level (no coverage for out-of-network)</b>
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**Office Visits: Preventive Care**

• Well-child care, immunization	\$40 copayment
• Periodic health examinations	\$40 copayment
• Annual gynecology examination	\$40 copayment

**Illness or Injury**

• Primary Care Physician (PCP) office visit (includes lab, radiology and office surgery)	\$40 copayment
• Primary care physician after hours office visit	\$45 copayment
• Specialty care physician office visit	\$40 copayment
• Second surgical opinion	\$40 copayment
• Maternity services (prenatal, delivery and post-partum)	All physician charges related to prenatal, delivery and post-partum care are covered by \$500 copayment at first office visit
• Allergy care (primary care physician office visit, specialty care, allergy shots, serum and testing)	\$40 PCP copayment \$40 Specialist copayment
• Vision care services provided by network ophthalmologist or optometrist for the treatment of acute conditions	\$40 copayment
• Services provided by a network dermatologist	\$40 copayment

**Emergency/Urgent Care Services**

• Life-threatening illness, serious accidental injury	\$150 copayment, waived if admitted
• Non-emergency use of the emergency room	Not covered
• Treatment of urgent illness or injury in network urgent care center	\$60 copayment

**Inpatient Services**

• Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Plan pays 80% after \$500 copayment per admission
• Physician services (surgery, anesthesia, radiology, pathology, etc.)	Plan pays 80%

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**Outpatient Services**

- Facility/hospital charges (including diagnostic X-ray and lab services) Plan pays 80%
- Outpatient surgery outside a physician's office (facility component only) \$500 copayment
- Physician services (surgery, anesthesia, radiology, pathology, etc.) Plan pays 80%

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**Outpatient Services**

- Therapy Services
  - Speech Therapy
  - Physical, Occupational Therapy
  - Respiratory Therapy
  - Radiation Therapy, Chemotherapy

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**In-Network Benefit Level (no coverage for out-of-network)**

- \$40 copayment; 20-visit calendar year maximum
- \$40 copayment; 20-visit calendar year maximum
- Plan pays 80%; 40-visit calendar year maximum
- Plan pays 80%

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**Behavioral Health / Substance Abuse Services**

- Inpatient (facility and physician fee)
- Outpatient
- Inpatient alcohol or substance abuse detoxification

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**Services must be authorized by Behavioral Health at 1-800-292-2879.**

- Plan pays 80% after \$500 copayment per admission
- \$40 copayment
- Plan pays 80% after \$500 copayment per admission

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**Other Services**

- Skilled Nursing Facility
- Home Health Care
- Hospice Care
- Ambulance

- Plan pays 80%; 30-day calendar year maximum
- Plan pays 80%; 120-day calendar year maximum
- Plan pays 80%; \$10,000 lifetime maximum
- Plan pays 80% when medically necessary

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**Prescription Drugs**

- Participating pharmacies include: Bi-Lo, CVS, Kmart, Kroger, Publix, Rite-Aid, Walgreens, WalMart, Winn-Dixie and many independent pharmacies.
- Mail order maintenance drugs

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**Prescriptions must be written by a network physician or an emergency room physician**

- \$15 copayment for generic (up to 30-day supply); if generic alternative available to a brand name Rx, must choose generic; otherwise, \$60 copay will apply
- \$35 copayment for preferred name brands (up to 30-day supply)
- \$60 copayment for non-preferred brands (up to 30-day supply)
- \$30 copayment for preferred generics (up to 90-day supply)
- \$70 copayment for preferred name brands (up to 90-day supply)

### Primary Care Physician

Under the Blue Open Access HMO plan, you are not required to select a Primary Care Physician, or PCP, nor must a PCP coordinate your care with network specialist physicians.

For purposes of administering your benefits, a PCP is defined as a physician with a specialty of Internal Medicine, General Practice, Family Practice or Pediatrics.

### In-Network versus Out-of-Network Services

As a BlueChoice Healthcare Plan member, covered services must be provided inside the BlueChoice Healthcare Plan network. Services provided outside the Blue Open Access HMO network are not covered.

- **In-Network Services** are those services provided by providers within the *Blue Open Access HMO* network.
- **Out-of-Network Services** are those services provided by a provider not participating in the *Blue Open Access HMO* network. These services are not covered under Blue Open Access HMO.

### Pre-Existing Condition Limitation and Credit for Prior Coverage

Under Blue Open Access HMO, there are no pre-existing condition limitations. All in-network, covered services are eligible for benefits from your first day of coverage.

### Emergencies

If you have a medical emergency, call 911 or proceed immediately to the nearest hospital emergency room. A “medical emergency” is defined as, “a condition of recent onset and sufficient severity, including but not limited to severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate medical care could result in their health being in serious jeopardy, serious impairment to bodily functions, or serious dysfunctions of any bodily organ.”

### Prescriptions

BlueChoice Healthcare Plan offers prescription drug coverage through a pharmacy network that includes many national pharmacy chains and select local pharmacies. Coverage is provided according to our preferred drug formulary for prescriptions written by a network physician and filled at a network pharmacy. We have included in the *Prescription Drug Program* section of the *Provider Directory/Member Guide* a listing of some of the most commonly used drugs along with a notation of whether they are covered or non-covered. If you have specific questions about this benefit, please contact customer service at 1-800-441-2273.

### Summary of Limitations and Exclusions

Your *Certificate Booklet* will provide you with complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

- Care or treatment that is not medically necessary
- Cosmetic surgery, except to restore function altered by disease or trauma
- Dental care and oral surgery; except for accidental injury to natural teeth, treatment of TMJ and extraction of impacted teeth
- Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
- Occupational related illness or injury
- Treatment, drugs or supplies considered experimental or investigational
- Surgical or medical care for: artificial insemination, in-vitro fertilization, reversal of voluntary sterilization, radial keratotomy, learning disabilities, mental retardation, hyperkinetic syndrome or autistic disease of childhood
- Smoking cessation products
- Care provided for spinal manipulation/chiropractic care

### Prior Authorization

A PCP or the specialist you have selected to provide services will be responsible for ensuring that any surgical procedures or inpatient admissions obtain the necessary prior authorization.

### Additional Information

Should you need additional information, the best sources are your *Provider Directory/Member Guide* and your *Certificate Booklet*. You may also visit our web site at [www.bcbsga.com](http://www.bcbsga.com) for more information. If you have a specific question that require an answer from our representatives, please call one of the following numbers:

- Customer Service ..... 1-800-441-2273
- Behavioral Health (Behavioral Health/Substance Abuse Services)..... 1-800-292-2879
- Mail Order Prescriptions..... 1-800-441-2273
- BlueChoice On-Call..... 1-888-724-2583

### See Certificate Booklet for Complete Details

It is important to keep in mind that this material is brief outline of benefits and covered services and is not a contract. Please refer to your Certificate Booklet Form #F-1681.782 (the contract) for a complete explanation of covered services, limitations and exclusions.



**Blue Cross Blue Shield Healthcare Plan of Georgia • 3350 Peachtree Road, NE • Atlanta, Georgia 30326 • 1-800-441-2273**  
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