



BlueChoice Healthcare Plan
Blue Open Access HMO – Plan 620
Georgia Bankers Association Insurance Trust
 January 1, 2011

Out-of-Pocket Calendar Year Maximum

– Individual	\$2,500
– Family	\$5,000
Deductible:	
– Individual	\$0
– Family	\$0
Coinsurance: the percentage of eligible charges for which you are responsible	Plan pays 80%

Lifetime Maximum Unlimited

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

Office Visits: Preventive Care

• Well-child care, immunization	100%
• Periodic health examinations	100%
• Annual gynecology examination	100%

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%

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) Plan pays 80% after \$500 copayment
- Physician services (surgery, anesthesia, radiology, pathology, etc.) Plan pays 80%

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

- Therapy Services
 - Speech Therapy \$40 copayment; 20-visit calendar year maximum
 - Physical, Occupational Therapy \$40 copayment; 20-visit calendar year maximum
 - Respiratory Therapy Plan pays 80%; 40-visit calendar year maximum
 - Radiation Therapy, Chemotherapy Plan pays 80%

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

- Inpatient (facility and physician fee) Plan pays 80% after \$500 copayment per admission
- Outpatient \$40 copayment
- Inpatient alcohol or substance abuse detoxification Plan pays 80% after \$500 copayment per admission

Other Services

- Skilled Nursing Facility Plan pays 80%; 30-day calendar year maximum
- Home Health Care Plan pays 80%; 120-day calendar year maximum
- Hospice Care Plan pays 80%
- Ambulance Plan pays 80% when medically necessary

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

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

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 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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