



BlueCross BlueShield of Oklahoma

Experience. Wellness. Everywhere.®

Individual Health Insurance

Plans with a Wide Range of Options
to Fit Your Budget



Apply Today!



Call us toll-free at 1-866-303-2583



Visit us on the web at bcbsok.com



Contact your authorized independent
Blue Cross and Blue Shield of Oklahoma agent



All for You

For over 70 years, Blue Cross and Blue Shield of Oklahoma has been helping Oklahoma residents with their health care coverage needs. As the largest health insurer in Oklahoma, more than 600,000 members place their trust in us for our reliability, financial strength and stability.

Our individual and family health insurance plans are specifically designed to help protect you and your loved ones from today's high health care costs. Cover yourself or your family with any of our plans. Here are some of the advantages of coverage from Blue Cross and Blue Shield of Oklahoma:

- ▶ **Freedom to choose doctors and hospitals**
- ▶ **Choice of deductibles**
- ▶ **Prescription drug coverage, including mail order drugs**
- ▶ **100% coverage for preventive care services¹**
- ▶ **Guaranteed renewability**
- ▶ **Coverage while traveling**
- ▶ **Health and Wellness Programs**
 - **24/7 Nurseline**
Call the Nurseline 24/7 for answers to health - related questions
 - **Personal Health Manager**
A resource of online tools to help you make informed health care decisions
 - **BlueExtrasSM Discount Program²**
Includes vision, weight management, fitness club, hearing and complementary medicine discounts
 - **Care Comparison Tool[®]**
Compare hospitals based on performance and services available
 - **Treatment Cost AdvisorTM**
Learn about health and health care expenses

You Get Exceptional Choice from Our Industry-Leading Network of Contracting Providers

No matter which Blue Cross and Blue Shield of Oklahoma insurance plan you select, you'll have hundreds of providers to choose from. And with a large percentage of Oklahoma doctors and hospitals participating in our network, chances are very good that your current health care providers are included.

That's important, because you get the most value from your benefits by using network providers.

Save money by using Blue Choice PPO providers!

Within this large group are select providers that participate in our Blue Choice PPO network. Our agreements with these hospitals, doctors and specialists allow you to save on premiums and on the cost of covered services when you are a member of a Blue Choice PPO plan. You do not need to select a primary care physician, and referrals to specialists are not needed. Simply use our Provider Finder[®] at bcbsok.com to view a complete list of contracting providers that participate in our plans.

Don't Forget Dental! BlueCare[®] Dental PPO

You'll get dental coverage on day one for checkups, cleanings and other preventive services. You can choose any dentist you want, with no referrals needed.

Which Plan Fits You Best?



Blue Cross and Blue Shield of Oklahoma offers a range of health insurance plans with a wide range of features and benefits for individuals and families. See the Plan Comparison Chart for a side-by-side look at plan benefits. We are confident that you will find a health insurance plan to fit your specific needs and budget.

Our benefit plans include four options: **Simply Blue** as well as our **Health Check Basic**, **Health Check Select** and **Health Check HSA** plans. Each family offers numerous choices designed to maximize your flexibility in finding the right health insurance plan for you and your family.

Simply Blue

Simply Blue offers you the quality of service you expect from Blue Cross and Blue Shield of Oklahoma at our most affordable rates.

- Access to our large network of health care providers at a lower monthly premium
- 70% coinsurance when you use our network providers
- Your choice of deductibles, from \$1,000 - \$10,000
- Emphasizes the use of generic drugs

Health Check Select

This is our premier family of health insurance plans offering the most comprehensive benefits, convenience and choice, similar to those provided by employer plans.

- A low copayment for doctor office visits (copayment does not apply for visits for preventive care services)
- Outpatient emergency care (accident or illness)
- Coverage for hospitalization, surgery and many other services
- Prescription drug coverage

Health Check Basic

This family of plans lets you stretch your dollars by offering reliable health care at rates designed to fit your budget.

- An affordable premium without sacrificing benefits
- Important features like outpatient prescription drug benefits and optional maternity benefits
- Designed for those who want a high level of benefits and a lower premium

Health Check HSA³

Health Check HSA allows you to take charge of your health and be responsible for how you spend your health care dollars.

- Our high-deductible health insurance plans include a broad range of deductibles starting at \$1,500
- Provides reliable coverage with lower premiums
- HSA-eligible individuals enjoy tax advantages

To enroll in **Simply Blue** or a **Health Check plan**, please follow the application instructions on page 9.

Find the Plan That's Right for You

Choosing the right individual health insurance plan to fit your needs is important to you and your family. Compare our plans to find the coverage you need.

If you're a budget-conscious individual looking for your first insurance policy, **Simply Blue** can help save you money.

The typical Simply Blue buyer is an individual or family who:

- ▶ Is looking for dependable health care coverage at the lowest monthly premium
- ▶ Is comfortable with higher deductibles
- ▶ Wants the security of being covered
- ▶ Would like a lower premium for using generic drugs
- ▶ Is comfortable paying full price for brand name drugs

If you're looking for health insurance comparable to that offered by large employers, our **Health Check Select** family is for you.

The typical Health Check Select buyer is an individual or family who:

- ▶ Prefers fixed doctor visit copayments for non-preventive care services
- ▶ Regularly visits a doctor

If you're a young couple just starting out, the **Health Check Basic** family of plans may be for you.

The typical Health Check Basic buyer is a cost-conscious individual or family who:

- ▶ Is willing to assume a portion of health care costs in exchange for a lower monthly premium
- ▶ Visits doctors primarily for annual checkups

If you want to control how, when and where your health care dollars are spent, then consider a **Health Check HSA**³.

The typical Health Check HSA buyer is an individual or family who:

- ▶ Is actively involved in their health care decisions and finances
- ▶ Seeks additional tax and retirement planning benefits
- ▶ Is willing to fund some of their own health care expenses

All of our plans offer prescription drug coverage. It's important for you to understand how they're different:

- ▶ **Simply Blue** emphasizes the use of generic drugs. You'll pay \$10 for generics and 50% for preferred brand drugs. You can review the Generics Plus Formulary at bcbsok.com.
- ▶ If you require a non-preferred brand, you will pay full price — although you'll get a discount when you use a participating pharmacy.⁴
- ▶ **Health Check Select, Health Check Basic** and **Health Check HSA** cover generic, preferred, as well as non-preferred brands. What you pay out-of-pocket at the pharmacy is subject to the product's annual deductible and coinsurance (see the Plan Comparison Chart on pages 5 and 6).

Health Check HSAs for Individuals and Families

High deductible health plans are even more attractive than ever — because they can be used with a Health Savings Account (HSA).³ An HSA is a tax-advantaged, individually owned savings account that you can access to cover a wide range of qualified medical expenses, when funded. These expenses may generally include your annual deductible and, if applicable, any out-of-pocket cost sharing for covered services.

Here are the Major Benefits of a Health Savings Account (HSA):

- Control:** The money in an HSA belongs to you. YOU decide how to spend it based on your particular health care needs and budget.
- Flexibility:** You can withdraw your money anytime without a tax penalty as long as you use it for qualified medical expenses.
- Ownership:** You never forfeit your HSA balance. Any unused balance in your account rolls over from one year to the next, providing you protection from potential medical expenses.
- Tax Savings³:** An HSA allows you to put away money that may be fully tax deductible to cover future qualified medical expenses. This means that you can set aside tax-free dollars, subject to certain limits, in an HSA to pay for your qualified medical expenses. Interest that accumulates within your HSA is generally tax free. You typically will pay no taxes or penalties when you use funds from your HSA to pay for qualified medical expenses.

Step 1	Step 2	Step 3
Select and apply for one of the Health Check HSA plans.	Research and contact a financial institution to open a Health Savings Account (HSA) after your Health Check HSA health plan is activated.	Pay for your out-of-pocket qualified medical expenses out of your Health Savings Account (HSA).
<ul style="list-style-type: none">• Choose the deductible and level of coverage that best fit your needs.• Apply online or complete and mail in your application for the health plan.• Research banks offering HSAs to use in conjunction with your health plan.	<ul style="list-style-type: none">• You may choose any HSA available to work in conjunction with your Health Check HSA health plan. Consider the associated fees, investment choices and debit card/checkbook options to determine which HSA is right for you.• Fund your HSA as soon as possible in order to maximize your tax advantages for the year.	<ul style="list-style-type: none">• Most financial institutions will give you a checkbook and/or debit card so you can pay claims directly out of your HSA. These are convenient ways to pay for prescription drugs. For doctor or hospital visits, we recommend that you ask to be billed later in case adjustments are made to your expenses.• While you are not required to open an HSA to be used with your health plan, most customers agree that they get the most out of their plan by taking advantage of the tax benefits, control and flexibility of an HSA.

Plan Comparison Chart

Participating Provider Coverage Shown⁵

	Simply Blue		
Annual deductible options	\$1,000	\$2,000	\$3,000
	\$5,000	\$7,500	\$10,000
Health care provider networks and coinsurance amounts Most covered services are paid at the following amounts after you meet your annual deductible.	Blue Choice PPO network: 70% Out-of-network: 50%		
Doctor's office copayment	\$40 copayment		
Hospital inpatient per-occurrence deductible	\$500 per occurrence		
Individual stop-loss limit	\$10,000 during the year for covered services.		
Individual out-of-pocket expense	Not applicable		
Prescription drug coverage	\$10 Generic, 50% preferred brand, 100% member-pay on non-preferred brand. ⁴		
Emergency room per-occurrence deductible	\$200		
Facility outpatient per-occurrence deductible (for surgical procedures)	\$200		
Preventive care benefit	100%		

Health Check Select		
\$200	\$500	\$1,000
\$1,500	\$2,500	\$5,000
Blue Choice PPO network: 80% Blue Traditional network: 70% of Blue Choice PPO allowance Out-of-network: 70% of Blue Choice PPO allowance		
\$15 for most visits to a Blue Choice PPO network, not subject to deductible.		
None for Blue Choice PPO network admissions. \$300 for Blue Traditional or out-of-network admissions.		
\$5,000 during the year for covered services received from Blue Choice PPO network providers. ⁷		
Not applicable		
After you meet your annual deductible, benefits are paid at 70% of allowable charges when you use network pharmacies.		
None		
None		
100%		

Which Plan Fits **You** Best?



Health Check Basic			Health Check HSA ³			
\$500	\$1,000	\$2,500	Individual			
			\$1,500	\$2,500	\$3,500	\$5,000
\$3,500	\$5,000	\$7,500	Family			
			\$3,000	\$5,000	\$7,000	\$10,000
Blue Preferred PPO network: 80% Blue Choice PPO network: 70% Blue Traditional network: 60% Out-of-network: 50%			Blue Choice PPO network: After you meet your annual deductible, most covered services are paid at 80%. ⁶ Blue Traditional network: 60% of Blue Choice PPO allowance. Out-of-network: 60% of Blue Choice PPO allowance.			
\$35 for most visits, not subject to deductible			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.			
\$500 per occurrence			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.			
\$10,000 during the year for covered services. A separate stop-loss applies for prescription drug coverage.			Not applicable			
Not applicable			Depends upon the annual deductible option chosen. See the plan brochure for additional information.			
Begins immediately at 50% of allowable charges when you use a network pharmacy. ⁸			After you meet your annual deductible, benefits are reimbursed at 70% of allowable charges when you use network pharmacies. ⁶			
\$100			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.			
\$200			The money the individual or family places in the HSA account can be used to pay charges subject to deductible and coinsurance.			
100%			100%			

BlueCare Dental PPO for Individuals and Families

Now is the time to add dental coverage

Choose BlueCare Dental PPO and Enjoy:

- ▶ No deductible required for checkups, cleanings and other preventive services
- ▶ A maximum annual benefit of up to \$1,500 per person per year

BlueCare Dental PPO Eligibility:

- ▶ You must enroll in a Blue Cross and Blue Shield of Oklahoma health plan to be eligible to enroll in the dental plan. This is your only opportunity to add dental coverage to your medical policy—with no medical questions asked
- ▶ All members on that health plan must be enrolled in BlueCare Dental PPO
- ▶ Once your dental plan is dropped for any reason, you cannot reenroll unless you reenroll in a BCBSOK health plan

Benefits ⁹	Participating Dentists	Out-of-Network Dentists ¹⁰
Deductible Deductible applies to Type III services only	\$50 per member per benefit period; \$150 maximum per family	
Calendar Year Maximum Benefit (per individual)	\$1,500 ¹⁰	
Type I Services <ul style="list-style-type: none"> • Cleanings • Examinations • X-rays • Sealants • Space maintainers 	100% of Maximum Allowance	70% of Maximum Allowance
Type II Services <ul style="list-style-type: none"> • Fillings • Simple extractions 	80% of Maximum Allowance	50% of Maximum Allowance
Type III Services <ul style="list-style-type: none"> • Bridges¹¹ • Crowns¹¹ • Dentures¹¹ 	50% of Maximum Allowance after deductible	30% of Maximum Allowance after deductible

Monthly premium rates for BlueCare Dental PPO

Member	\$22.90
Member + Spouse	\$45.80
Member + Child(ren)	\$39.20
Family	\$67.05

See Why

See Why More Than 600,000 People

Choose Blue Cross and Blue Shield of Oklahoma

Our Contracting Provider Networks Assure You Freedom of Choice

Blue Cross and Blue Shield of Oklahoma (BCBSOK) health insurance plans provide access to our Blue Choice PPO network, which includes a large percentage of participating Oklahoma doctors and hospitals. In fact, with our extensive Blue Choice network, it's likely that your current health care providers participate.

Blue Cross and Blue Shield of Oklahoma Offers You and Eligible Family Members Choices

Blue Cross and Blue Shield of Oklahoma offers you and eligible family members choices when it comes to your care. Members and eligible dependents have the freedom to visit any physician they choose, with benefits paid at the highest level of benefits when the doctor is in the participating provider network. Members do not need to select a primary care physician to coordinate care, and no referrals are needed to see a specialist.

Travel with Confidence — You're Covered Away from Home

As a member of Blue Cross and Blue Shield of Oklahoma, you'll have access to a program called BlueCard® PPO. Contracting providers outside of Oklahoma linked through the BlueCard program allow you to receive benefits for covered services when you travel. Simply present your Blue Cross and Blue Shield of Oklahoma ID card to a participating provider wherever you are. To find a participating provider while you're away, just call the toll-free number on the back of your card. It's that easy.

No Paperwork in Most Cases — Your Claims Are Handled for You

Present your Blue Cross and Blue Shield of Oklahoma ID card to your health provider. They will submit a claim, and Blue Cross and Blue Shield of Oklahoma will send you an Explanation of Benefits, which will also show you how much of your deductible and your out-of-pocket maximum you have met to date as well as your applicable share of costs.



Application Instructions

To apply for one of our **Health Check plans**, please fill out the enclosed Health Check application.

To apply for **Simply Blue**, please fill out the enclosed Simply Blue application.

HEALTH CHECK APPLICATION OR CHANGE IN COVERAGE

To help us process your application promptly, please remember to: 1. Print all answers in blue or black ink. Pencil will not be accepted. 2. Make sure you personally sign the application as the Primary Applicant. If your spouse or any dependent child(ren) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line. 3. If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information. 4. Please do not use correction fluid or tape.

Please submit an application via one of the following methods. If submitting by mail or fax, please complete the entire application and include a voided check. Remember to include the name of your agent in Section H of this application or select your agent's name from the on-line drop down box (if applicable).

ONLINE: bcbsok.com MAIL: Blue Cross and Blue Shield of Oklahoma
 Attn: Underwriting & Individual Enrollment
 P.O. Box 3236; Naperville, IL 60566-7236
 Questions? Call your agent or our Customer Service Department at 1-866-520-2507

REQUESTED EFFECTIVE DATE:
 First or Fifteenth of:

Check All That Apply: New Policy Add Spouse and/or Dependent Child(ren) - under age 26 Upgrade (increase benefits)

SECTION A - PERSON(S) APPLYING FOR NEW COVERAGE (or Change in Coverage)

In addition to having a permanent residence in Oklahoma, persons above age 19 applying for coverage, who are not U.S. citizens, must have had a complete physical by a physician in the U.S. within the past two years.

PRIMARY APPLICANT

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NO.	SEX	AGE	DATE OF BIRTH (MM/DD/YYYY)	HEIGHT	WEIGHT
RESIDENTIAL ADDRESS, NO. PO. BOXES STREET, CITY, STATE, ZIP+4						
MAILING ADDRESS STREET, CITY, STATE, ZIP+4 (if different than above)						OCCUPATION / DUTIES (optional)
HOME PHONE	WORK PHONE	CELL PHONE	FAX (if acceptable contact method)	SPOUSE'S PHONE NO'S (if applying)		
EMAIL (if available and acceptable contact method)			BEST PLACE AND TIME TO CALL (if necessary)			
			<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING			

SPOUSE and/or DEPENDENT CHILD(REN) TO BE COVERED (children must be under age 26)

First Name, Middle Initial, Last Name	Relationship*	Sex	Height	Weight	Date of Birth (MM/DD/YYYY)	Social Security No.
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				

*If a CHILD is to be covered, are ALL children listed above your natural children, stepchildren or adopted children? Yes No

If "No," 1) Indicate name(s) of applicable dependent child(ren):

2) Are you (or your spouse) legally and financially responsible for this/these dependent(s)? Yes No

SECTION B - SELECT COVERAGE

SELECT ONE PLAN, ONE DEDUCTIBLE AND INDICATE IF DENTAL IS DESIRED
 OPTIONAL: BLUECARE DENTAL - I (We) hereby apply for Dental coverage and understand that all Applicants approved for health coverage will be covered under the Dental coverage. If any covered health individual is cancelled from the health coverage or if health coverage is cancelled in the entirety, I understand the same action will be applied to Dental coverage. I also understand that if, my spouse or dependent child(ren) are currently Blue Cross and Blue Shield of Oklahoma Voluntary Individual Dental plan members, the VID plan will be cancelled and replaced by this dental selection without a gap in coverage.

HEALTH CHECK BASIC CHOOSE ONE DEDUCTIBLE
 \$500 \$1,000 \$2,500 \$3,500 \$5,000 \$7,500

HEALTH CHECK HSA FEDERAL LAW SPECIFIES MINIMUM DEDUCTIBLES FOR THIS PRODUCT WHICH ARE SUBJECT TO COST OF LIVING ADJUSTMENTS.
 FOR INDIVIDUAL COVERAGE: Deductible Coinsurance* Out-of-Pocket Maximum*
 \$1,500 80% \$3,000
 \$2,500 80% \$4,000
 \$2,500 100% \$2,500
 \$3,500 80% \$5,000
 \$3,500 100% \$3,500
 \$5,000 100% \$5,000

FOR FAMILY COVERAGE: Deductible Coinsurance Out-of-Pocket Maximum*
 \$3,000 80% \$6,000
 \$5,000 80% \$9,000
 \$5,000 100% \$5,000
 \$7,000 80% \$10,000
 \$7,000 100% \$7,000
 \$10,000 100% \$10,000

*By federal law if you are listed as a dependent on another person's federal income tax return, you are not eligible to participate in the tax-qualified benefits of an HSA plan.
 *The percentage for coinsurance is based on allowable charges for covered services received from in-network providers. *Out-of-pocket maximum includes deductible.

SimplyBlue



Blue Cross Blue Shield of Oklahoma
 Experience. Wellness. Everywhere.™

To help us process your application promptly, please remember to:

1. Print all answers in blue or black ink. Pencil will not be accepted.
2. Make sure you personally sign the application as the Primary Applicant. If your spouse or any dependent(s) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line.
3. If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information.
4. Please do not use correction fluid or tape.

Please submit an application via one of the following methods. If submitting by mail or fax, please complete the entire application and select a premium mode in Section G.

IF YOU ARE WORKING WITH A BLUE CROSS AGENT, PLEASE REMEMBER TO INCLUDE THE NAME OF YOUR AGENT ON THE BACK OF THIS APPLICATION OR SELECT YOUR AGENT'S NAME FROM THE ON-LINE DROP DOWN BOX

APPLY ONLINE (via Internet): bcbsok.com APPLY BY MAIL: Blue Cross and Blue Shield of Oklahoma
 Attn: Underwriting & Individual Enrollment
 P.O. Box 3236; Naperville, IL 60566-7236
 APPLY VIA FAX: 1-888-223-1988

If you have any questions, please call your agent or our Customer Service Department toll-free at 1-866-520-2507.

CHECK ALL THAT APPLY: New Policy Add Spouse and/or Dependent(s) Upgrade (increase of benefits)

SECTION A - PERSON(S) APPLYING FOR NEW COVERAGE (or Change in Coverage)

In addition to having a permanent residence in Oklahoma, persons above age 19 applying for coverage, who are not U.S. citizens, must have had a complete physical by a physician in the U.S. within the past two years.

PRIMARY APPLICANT (Must be age 19 or older)

FIRST NAME, MIDDLE INITIAL, LAST NAME	SOCIAL SECURITY NO.	SEX	AGE	DATE OF BIRTH (MM/DD/YYYY)	HEIGHT	WEIGHT
RESIDENTIAL ADDRESS, NO. PO. BOXES STREET, CITY, STATE, ZIP+4						
MAILING ADDRESS STREET, CITY, STATE, ZIP+4 (if different than above)						OCCUPATION / DUTIES (optional)
HOME PHONE	WORK PHONE	CELL PHONE	FAX (if acceptable contact method)	SPOUSE'S PHONE NO'S (if applying)		
EMAIL (if available and acceptable contact method)			BEST PLACE AND TIME TO CALL (if necessary)			
			<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING			

SPOUSE and/or DEPENDENT CHILD(REN) TO BE COVERED (dependent children must be under age 26)

First Name, Middle Initial, Last Name	Relationship*	Sex	Height	Weight	Date of Birth (MM/DD/YYYY)	Social Security No.
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				

*If a CHILD is to be covered, are ALL children listed above your natural children, stepchildren or adopted children? Yes No

If "No," 1) Indicate name(s) of applicable child(ren):

2a) Are you (or your spouse) legally and financially responsible for this/these dependent(s)? Yes No

2b) If "Yes" in 2a, please submit a copy of the signed court decree.

SECTION B - SELECT COVERAGE

SELECT ONE DEDUCTIBLE AND INDICATE IF DENTAL IS DESIRED

DEDUCTIBLE Choose only one. Deductible applies to in-network services only. Additional deductibles apply for services received out-of-network.
 \$1,000 \$2,000 \$3,000 \$5,000 \$7,500 \$10,000

OPTIONAL: BLUECARE DENTAL - I (We) hereby apply for Dental coverage and understand that all Applicants and Dependents approved for health coverage will be covered under the Dental coverage. If any covered health individual is cancelled from the health coverage or if health coverage is cancelled in the entirety, I understand the same action will be applied to Dental coverage. I also understand that if, for any of my dependents are currently Blue Cross and Blue Shield of Oklahoma Voluntary Individual Dental plan members, the VID plan will be cancelled and replaced by this dental selection without a gap in coverage.

71093.0411

RSA Medical Telephone Interview

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has contracted with RSA Medical to retrieve medical records and conduct telephone interviews with its individual health insurance applicants. A nurse from RSA Medical may call you following the submission of your application for coverage to gather additional medical information to help BCBSOK evaluate your request for insurance coverage.

1 Applies to preventive services as defined under the Affordable Care Act.

2 The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma (BCBSOK) is that of independent contractors. BlueExtras is a discount program available to BCBSOK members. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefit booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras services or products count toward your calendar year and/or plan deductibles. Discounts are only available through participating vendors. BCBSOK does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. BCBSOK reserves the right to discontinue or change this discount program at any time without notice.

3 As a reminder, Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Oklahoma does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

4 You are responsible for the entire cost of Non-Preferred Brand Drugs. However, if you use a Participating Pharmacy to fill your Prescription Order, you will be entitled to the negotiated discount applicable to all Blue Cross and Blue Shield of Oklahoma Subscribers. Please be advised that Simply Blue uses Preferred Brand Drugs on the Generic Plus Formulary. The Formulary is available online at bcbsok.com.

5 Benefits reduced when non-participating providers are used. This is a summary of highlights only.

6 Individual deductibles \$2,500 and \$3,500/family deductibles \$5,000 & \$7,000 are covered at a 80% or 100% coinsurance. Individual deductible \$5,000 /family deductible \$10,000 are covered at a 100% coinsurance.

7 \$10,000 per calendar year, after deductible, for services received from Blue Traditional or out-of-network providers.

8 If total charges incurred equal \$20,000 in a calendar year, Health Check Basic will reimburse 100% for remainder of calendar year.

9 Your dental care benefits are highlighted in this chart. To fully understand all the terms, conditions, limitations and exclusions which apply to your benefits, please read the entire BlueCare Dental PPO Rider.

10 For services received from a non-participating dentist, the member will be responsible for any difference between the dentist's charges and the maximum allowable charge. The maximum allowable charge is based on our network negotiated fees. Further information regarding the maximum allowable charge and network status of dentists is available by calling the toll-free telephone number on the back of your identification card.

11 Benefit Waiting Period – You must be continuously covered under your rider for twelve (12) months before being eligible for the following covered services: (1) Major Restorative Services; (2) Prosthodontic Services; and (3) Miscellaneous Restorative and Prosthodontic Services.



BlueCross BlueShield of Oklahoma

Experience. Wellness. Everywhere.®

Questions?



Call us toll-free at 1-866-303-2583



Visit us on the web at bcbsok.com



**Contact your authorized independent
Blue Cross and Blue Shield of Oklahoma agent**