



**BlueCross
BlueShield**
Healthcare Plan of Georgia



The **WSRC TEAM**



January 1, 2002

HMO Summary of Benefits

BlueChoice Healthcare Plan (HMO) Benefit Summary

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

Deductibles, Maximums, Etc.

- Deductible: one deductible for employee, one for spouse, one for all children combined
 - Individual • \$0
 - Family • \$0
- Coinsurance: the percentage of eligible charges for which you are responsible • Plan pays 100%
- Out-of-Pocket Calendar Year Maximum
 - Individual (excludes deductible) • No maximum
 - Family (excludes deductible) • No maximum
- Lifetime Maximum • Unlimited

Office Visits

Preventive Health Care

- Well-child care, immunizations • \$10 copayment
- Periodic health examinations • \$10 copayment
- Annual gynecology examination (No PCP referral required – Must use network provider) • \$10 copayment

Illness or Injury

- Primary care physician (PCP) office visit (includes lab, radiology and office surgery) • \$10 copayment
- Primary care physician after hours office visit • \$10 copayment
- Specialty care physician office visit (PCP referral required) • \$10 copayment
- Second surgical opinion (PCP referral required) • \$10 copayment
- Maternity services (prenatal/delivery/postpartum) • All physician charges related to prenatal, delivery and postpartum care are covered by \$10 copayment at first office visit
- Allergy care (primary care physician office visit, specialty care, allergy shots, serum and testing) • \$10 PCP specialist copayment
- Vision care services provided by a network ophthalmologist or optometrist for the treatment of acute conditions (No PCP referral required) • \$10 copayment
- Services provided by a network dermatologist (No PCP referral required) • \$10 copayment

Emergency Room Services

- Life-threatening illness, serious accidental injury or with a PCP referral • \$50 copayment, waived if admitted
- Non-emergency use of the emergency room • Not covered

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 100%
- Physician services (surgery, anesthesia, radiology, pathology, etc.)
- Plan pays 100%

Outpatient Services

- Facility/hospital charges (including diagnostic X-ray and lab services)
- Plan pays 100%
- Physician services (surgery, anesthesia, radiology, pathology, etc.)
- Plan pays 100%
- Therapy services:
 - Speech therapy
 - Physical, occupational therapy
 - Respiratory therapy
 - Radiation therapy, chemotherapy
 - Chiropractic care (No PCP referral required)
- \$10 copayment; 30-visits calendar year maximum
- \$10 copayment; 40-visits calendar year maximum
- Plan pays 100%; 40-visits calendar year maximum
- Plan pays 100%
- \$10 copayment; 15-visits calendar year maximum

Mental Health/Substance Abuse Services

Services must be authorized by ValueOptions at 1-800-333-6557

- Call ValueOptions for behavioral health and substance abuse at 1-800-333-6557

Other Services

- Skilled nursing facility
- Plan pays 100%; 30-day calendar year maximum
- Home health care
- Plan pays 100%; 120-visits calendar year maximum
- Hospice care
- Plan pays 100%
- Ambulance
- Plan pays 100% when medically necessary

Prescription Drugs

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

- Participating pharmacies include: Bi-Lo, CVS, Drug Emporium, Eckerd, Kmart, Kroger, Publix, Walgreens, Wal-Mart, Winn-Dixie and many independent pharmacies
- \$10 copayment for generic (up to 30-day supply)
- \$20 copayment for name brands (up to 30-day supply)
- Mail order maintenance drugs (enrolled members may obtain additional information by calling PrecisionRX at 1-800-293-2202)
- \$40 copayment for generic or name brands (up to 90-day supply – maintenance medications only)

Primary Care Physician

A primary care physician, or PCP, is a doctor who specializes in family or general practice, internal medicine or pediatrics and participates in the BlueChoice Healthcare Plan network.

Each BlueChoice Healthcare Plan member must select a PCP. Your PCP is responsible for providing or coordinating necessary care for you 24 hours per day, 7 days a week.

For additional medical information call BlueChoice On-Call, available 24 hours per day, 7 days a week.

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 BlueChoice Healthcare Plan network are not covered.

- **In-Network Services** are those services that are either provided or coordinated by your PCP. Some services do not require PCP coordination. Please keep in mind that even though a referral is not required for certain services, you must select a provider from the network directory to receive in-network benefits. Services that do not require a PCP referral include:
 - OB/GYN** services for the treatment of an obstetrical or gynecological-related condition
 - Covered Vision Care Services** from a network ophthalmologist or optometrist.
 - Chiropractic care** from a network chiropractor
 - Dermatological care** for skin-related conditions
 - Mental Health or Substance Abuse Benefits** – You may contact ValueOptions directly at 1-800-333-6557 without contacting your PCP.
- **Out-of-Network Services** are those services that your PCP did not coordinate. These services are not covered under BlueChoice Healthcare Plan.

Pre-Existing Condition Limitation and Credit for Prior Coverage

Under BlueChoice Healthcare Plan, 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.”

Prescription Drugs

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 1-800-354-6928.

Summary of Limitations and Exclusions

Your *Summary Plan Description* 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

Prior Authorization

Your PCP must coordinate most services. Your PCP (or the specialist to whom you were referred by your PCP) 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 *Summary Plan Description*. You may also visit our Web site at www.bcbgsa.com for more information. If you have specific questions that require an answer from our representatives, please call one of the following numbers:

- Customer Service **1-800-354-6928**
- ValueOptions (Mental Health/Substance Abuse Services) **1-800-333-6557**
- Mail Order Prescriptions **1-800-778-6588**
- BlueChoice On-Call **1-888-724-2583**

See Summary Plan Description for Complete Details

It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your *Summary Plan Description* for a complete explanation of covered services, limitations and exclusions.

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WSRC Customer Service 1-800-354-6928