



Individual and Family Health Care Plans  
for **Georgia**

Our plans are designed to fit your plans



Premier Plus PPO  
SmartSense<sup>®</sup> Plus PPO



# Our plans help fit the way you live

In a world that's always changing, one thing's certain. It's important to have health care coverage you can depend on. Coverage designed to fit different budgets and lifestyles.

For over 70 years, Blue Cross and Blue Shield of Georgia (BCBSGa) has provided health care coverage to our Georgia neighbors. And now, we're pleased to offer Individual health care plans with added benefits of the Affordable Care Act.

You're in charge of your health and budget. Our Individual health care plans help keep it that way. We still offer a wide range of coverage choices as unique as you are. And if you have any questions, we're here to help.

Sounds like a plan.

## Experience you can count on

Blue Cross and Blue Shield of Georgia is committed to help improve your health. And simplifying your life. That's why we offer:

- **Access to one of the largest provider networks in Georgia.** With over 17,000 doctors and nearly 150 hospitals\* throughout the state, chances are your doctor is in one of our networks. To find a specific doctor, hospital, pharmacy or dentist, simply go to [bcbsga.com](http://bcbsga.com) and click on "Find A Doctor."
- **A choice of plans designed to fit different budgets and lifestyles.** We have plans that meet a range of health coverage needs and budgets. No matter where you are in life.
- **Optional dental and term life insurance.** To enhance your health and your family's financial future, we also offer dental and term life coverage. And it's easy to sign up.
- **Coverage that travels with you.** Wherever life takes you, your health coverage goes with you. The BlueCard® Program makes it easy to find doctors and hospitals throughout the country.

## Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. Health care coverage not only helps you stay healthy. It also gives you peace of mind to know you have help with your unexpected health care bills.

\*BCBSA Provider Data Counts 2011

# Some definitions so we're all on the same page

**Network Discounts:** With Blue Cross and Blue Shield of Georgia, you have access to some of the largest provider networks in the state. These network (or participating) doctors and hospitals have agreed to accept lower costs for their covered services (like volume discounts). These negotiated costs can help lower the cost of covered health care services, including your share of those costs. This is true when you are paying the whole cost for covered services (such as while you are meeting your deductible). And it's also true when we are sharing the cost. With access to over 17,000 providers and nearly 150 hospitals, chances are your provider is already in our network. Just visit a network provider to start enjoying the savings. In Georgia, our Individual plans use two different Blue Cross and Blue Shield of Georgia networks: **The BlueChoice® Preferred Provider Organization (PPO) network** and the **Blue Open Access<sup>SM</sup> Point of Service (POS) network**. Be sure to know which network your plan uses. Your plan's benefits and premium may differ, depending on the product and provider network. You can choose to get services outside the network, but you'll pay more.

**Cost-Sharing:** The costs of health care today can be staggering. Coverage from Blue Cross and Blue Shield of Georgia can help protect you against these high costs. With most health care coverage, you pay a monthly premium. Then you share some of the cost of covered care with your insurance company. The level of cost-sharing you choose impacts your premium amount. The more you are willing to share in the cost, the lower your premium. Choose the level of coverage and cost-sharing that meets your health care needs and budget. With BCBSGa, you can choose your level of coverage and the level of cost-sharing that works best for your health care needs and budget.

**Deductible** is the amount you have to pay each calendar year for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Most often, the higher a plan's deductible, the lower the premium. You may also have a separate deductible for certain services. These services could include things like prescription drugs or non-network services.

**Coinsurance** is the percentage of the cost of covered services that you'll need to pay (after your annual deductible is met). With some plans, you have a choice of coinsurance levels. Selecting a higher coinsurance typically lowers your monthly premium. That's because it raises your share of the cost.

**Copay** is a specific dollar amount you have to pay for certain covered services.

**Out-Of-Pocket Maximum** is the most that you'd pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most network services for the rest of the calendar year. There is a separate out-of-pocket maximum for non-network services.

**Prescription Drugs** are medicines that must be approved for use by your doctor. Blue Cross and Blue Shield of Georgia offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

**Generic Drugs** are prescription drugs that typically have been in use for some time. They can be made and distributed by many companies. So their cost is often much lower. Generic drugs must, by law, contain the same active ingredients as their brand name equivalent. They must also have the same clinical benefit.

**Brand-Name Drugs** are prescription drugs that are made and marketed under a registered name. They are most often patented. They may be only offered by certain companies.

**Formulary** is a list of prescription drugs our health care plans cover. They may include generic, preferred brand name and specialty drugs. These drugs have been rigorously reviewed and selected by a committee of doctors and pharmacists for their quality and how well they work. We've negotiated lower prices on these formulary drugs. So you'll save money when your doctor prescribes them. There can be different formularies for different health care plans.

# Premier Plus PPO

## Is this the right plan for you?

Premier Plus Preferred Provider Organization (PPO) health care plans have the highest level of benefits we offer for a number of services. This plan is great for families or for individuals looking for richer benefits. Premier Plus PPO provides a number of benefits before the deductible. It also offers strong coverage for prescription drugs.

### Premier Plus PPO Plan Highlights

Premier Plus PPO offers robust benefits for both routine and unexpected health care. Premier Plus PPO has some of the lowest coinsurance levels across all our deductibles. This added value helps lower your share of the cost (once you meet your deductible).

#### Features:

- Benefit choices, including an unlimited number of doctors' office visits. And predictable copays, before the deductible.
- Doctors' office visit copay includes services like labs, X-rays and immunizations given during an office visit.
- Annual eye exam with a \$10 copay.
- Preventive care benefits that help you stay healthy.

#### You should know:

- Maternity benefits are available with deductibles of \$2,500 and higher, for an extra cost.
- Our Premier Plus plans have our highest level of benefits. So the premiums are typically more than our other plans.

## Prescription Drug Coverage

Premier Plus PPO offers broad prescription drug coverage before the deductible. There are benefits for generic, brand name and specialty drugs. Ask your doctor to prescribe a generic drug when possible. That way, you'll get the highest level of benefits that we offer. If you buy a brand name drug when a generic drug is available, you'll have to pay the cost difference between brand and generic (plus your copay or coinsurance). See your Benefit Guide for more details.

## How to Customize your Premier Plus PPO Plan

With Premier Plus PPO, you can change the plan to better meet your needs. Premier Plus PPO offers a choice of:

**Deductible:** Premier Plus PPO deductibles range from \$750 to \$10,000. You can most often lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Coinsurance:** Premier Plus PPO offers a choice of coinsurance options. You can even get one with no coinsurance at all for most care, depending on the deductible you choose. The zero coinsurance choices typically have higher deductibles, which can lower your premium.

**Dental Coverage, Maternity, and Life Insurance:** Add these plans to further help protect yourself or your family. See your Benefit Guide and the dental and life information in the back of this brochure for more details.



## Benefits

### Calendar Year Deductible

		Individual	Family	Network	Non-Network	Individual	Family	Network	Non-Network
Individual	NETWORK:	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000	\$10,000
	NON-NETWORK:	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000	\$10,000
Family	NETWORK:	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000	\$20,000
	NON-NETWORK:	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000	\$20,000
Network Coinsurance Options		20%	20%	20%	20%	20%	0%	0%	0%

### Calendar Year Out-of-Pocket Maximum

		Individual	Family	Network	Non-Network	Individual	Family	Network	Non-Network
Individual	NETWORK:	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$0	\$0	\$0
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$0	\$0	\$0
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work

For family plans (with two or more members) any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no one person can contribute more than their individual deductible or out-of-pocket maximum.

### Lifetime Maximum

None

## Covered Services

### Doctors' Office Visits

**NETWORK:** (deductible waived for unlimited non-preventive primary care/specialty visits): **\$35 Copay** for primary care physician; **\$50 Copay** for specialist  
**NON-NETWORK:** **30% Coinsurance**

### Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)

**NETWORK:** **20% or 0% Coinsurance<sup>1</sup>**  
**NON-NETWORK:** **40% or 30% Coinsurance<sup>1</sup>**

### Inpatient Services (overnight hospital/facility stays)

**NETWORK:** **20% or 0% Coinsurance<sup>1</sup>**  
**NON-NETWORK:** **40% or 30% Coinsurance<sup>1</sup>**

### Outpatient Services (without overnight hospital/facility stays)

**NETWORK:** **20% or 0% Coinsurance<sup>1</sup>**  
**NON-NETWORK:** **40% or 30% Coinsurance<sup>1</sup>**

### Emergency Room Services

**NETWORK or NON-NETWORK:** **\$250 Copay**, not subject to deductible (Copay waived only if admitted)

### Preventive Care Services

Covers all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  
**NETWORK:** **0% Coinsurance**; not subject to deductible  
**NON-NETWORK:** **30% Coinsurance**

### Maternity

Not Covered (see Optional Coverage below)

### Optional Coverage (at additional cost)

Dental<sup>2</sup>, Life, Maternity<sup>2</sup> (Available with plan deductibles of \$2,500 or higher)

## Prescription Drug Coverage

### Retail Drugs (and Mail Order Drugs when available)

### Prescription Drug Coverage

Retail (up to 30 days supply):

**Tier 1: \$15 copay\***; **Tier 2: \$30 copay\***; **Tier 3: \$60 copay\***; **Tier 4: 25% coinsurance\*** \$2,500 OOP maximum per member per year

\*If a brand drug is chosen when generic is available, member pays the applicable copay PLUS the difference between the brand and generic.

### Optional Drug Coverage (when available)

Premier Plus PPO includes drug coverage.

### Other Covered Benefits include but are not limited to:

Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health Care, Hospice Care, Mental Health, Physical/Occupational Therapies, Substance Abuse, Speech Therapy, Vision Exam

**IMPORTANT:** This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.

<sup>1</sup> Coinsurance is designated by the deductible you choose.

<sup>2</sup> Limitations such as waiting periods apply. Please check your Contract/Certificate or ask your agent for details.

NOTE: Network and non-network deductibles are separate and do not accumulate toward each other.

# SmartSense<sup>®</sup> Plus PPO

## Is this the right plan for you?

SmartSense Plus Preferred Provider Organization (PPO) plan offers affordable, solid coverage without a lot of bells and whistles that may not be important to you.

### SmartSense Plus PPO Plan Highlights

SmartSense Plus PPO covers many essentials. There are even some immediate benefits before the deductible.

#### Features:

- Coverage for the first three doctors' office visits with predictable copays. After the first three visits, doctors' visits are covered after the deductible.
- Preventive care benefits that help you stay healthy.
- Choice of prescription drug coverage options.

#### You should know:

- Maternity benefits are not available with this plan.
- After the first three doctors' office visits, all other visits apply toward your deductible.
- Generic and select brand name drugs are also available before the deductible, with a copay or coinsurance.

## Prescription Drug Coverage

SmartSense Plus PPO includes coverage for generic and select brand name and specialty drugs. For an added cost, you can upgrade the SmartSense Plus PPO prescription benefit to include even more coverage for brand name and specialty drugs. Ask your doctor to prescribe a generic drug when possible. That way, you'll get the highest level of benefits that we offer. If you buy a brand name drug on the formulary when a generic drug is available, you'll have to pay the cost difference between brand and generic (plus your copay or coinsurance). See your Benefit Guide for more details.

## How to Customize your SmartSense Plus PPO Plan

With SmartSense Plus PPO, you can change the plan to better meet your needs. SmartSense Plus PPO offers a choice of:

**Deductible:** SmartSense Plus PPO deductibles range from \$750 to \$10,000. You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Prescription Drug Benefit:** Customize your plan by selecting the Optional Enhanced Prescription Drug coverage, as described on your Benefit Guide.

**Dental Coverage and Life Insurance:** Add these plans to further help protect yourself or your family. See your Benefit Guide and the dental and life information in the back of this brochure for more details.



## Benefits

### Calendar Year Deductible

Individual	NETWORK:	
	NON-NETWORK:	
Family	NETWORK:	
	NON-NETWORK:	

Network Coinsurance Options

### Calendar Year Out-of-Pocket Maximum

Individual	NETWORK:	
	NON-NETWORK:	
Family	NETWORK:	
	NON-NETWORK:	

How family deductibles and family out-of-pocket maximums work

Lifetime Maximum

### Covered Services

Doctors' Office Visits

Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)

Inpatient Services (overnight hospital/facility stays)

Outpatient Services (without overnight hospital/facility stays)

Emergency Room Services

Preventive Care Services

Maternity

Optional Coverage (at additional cost)

### Prescription Drug Coverage

Retail Drugs (and Mail Order Drugs when available)

Optional Drug Coverage (when available)

Other Covered Benefits include but are not limited to:

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.

## SmartSense® Plus PPO

### Your Choices

	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Individual	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Family	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000

Network Coinsurance Options

### Add Your Chosen Deductible to the Amount Below

Individual	NETWORK:	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

For family plans (with two or more members) any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum.

Lifetime Maximum

### Your Share of Costs (after deductible, unless waived or not subject to the deductible)

NETWORK:  
 · Non-preventive Office Visit for first 3 yearly visits: **\$30 Copay**, deductible waived, for primary care physician or specialist visits.  
 · Non-preventive Office Visit Coinsurance for 4+ office visits: **30% Coinsurance**

NON-NETWORK: **40% Coinsurance**

NETWORK: **30% Coinsurance**  
 NON-NETWORK: **40% Coinsurance**

NETWORK: **30% Coinsurance**  
 NON-NETWORK: **40% Coinsurance**

NETWORK: **30% Coinsurance**  
 NON-NETWORK: **40% Coinsurance**

NETWORK or NON-NETWORK: **\$500 copay**, not subject to deductible (Copay waived only if admitted)

Covers all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

NETWORK: **0% Coinsurance**; not subject to deductible  
 NON-NETWORK: **Adult: Not covered**, member pays 100%

**Child: 30% coinsurance** for preventive office visits, lab & x-ray

Maternity

Dental<sup>1</sup>, Life

### SmartSense Plus PPO

#### Standard Drug Coverage

NETWORK:  
 · For Drugs on Formulary (Generic and Brand Name/Specialty Drugs): **\$15 Copay or 40% Coinsurance**, whichever is greater.

· For Drugs Not on Formulary: Not covered

NON-NETWORK: Same benefit as network, however, member is responsible for filing the claim and for the difference between the pharmacy charge and our allowable charge plus applicable copay or coinsurance.

#### Enhanced Drug Coverage

Retail (up to 30 days supply):

Tier 1: **\$15 copay\***; Tier 2: **\$30 copay\***; Tier 3: **\$60 copay\***; Tier 4: **40% coinsurance\* \$4,000 OOP** maximum per member per year

\*If a brand drug is chosen when generic is available, member pays the applicable copay PLUS the difference between the brand and generic.

Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Mental Health, Physical/Occupational Therapy, Substance Abuse, Speech Therapy

<sup>1</sup> Limitations such as waiting periods apply. Please check your Contract/Certificate or ask your agent for details.

NOTE: Network and non-network deductibles are separate and do not accumulate toward each other.

# Blue Choice<sup>®</sup> Dental

In addition to helping you keep a great smile, regular dental check-ups can help find early warning signs of health issues. That's why it's important to take good care of your oral health. Get dental coverage from Blue Cross and Blue Shield of Georgia and enjoy:

- Day one coverage for routine dental care. That means there are no waiting periods for cleanings and X-rays.
- No deductible for diagnostic and preventive benefits.
- \$50 deductible for Basic and Major dental benefits.
- Quality dental benefits up to \$1,000 per member per year.
- Participating and Non-Participating coverage. But you may save more when you choose a dentist from our broad network. To find a provider, visit [bcbsga.com](http://bcbsga.com) and click "Find a Doctor."

### Monthly Dental Rates (rates subject to change)

- Adult \$27/month
- Child \$27/month
- Family \$76/month

Give yourself every advantage...

Good health and a bright smile.

Preventive & Diagnostic Care	Blue Choice Dental pays
Initial Oral Exam	\$16
Periodic Oral Exam - limited to 2 exams per member per year	\$16
Bitewing X-rays - single film	\$9
Bitewing X-rays - two films	\$16
Single (periapical) X-rays - first film	\$9
Single X-rays - additional films	\$9
Bitewing X-rays - four films	\$23
Full mouth X-rays - limited to one set every 3 years	\$47
Routine Cleaning - limited to 2 per adult per year	\$37
Routine Cleaning - limited to 2 per child per year	\$26
Cleaning with Fluoride - limited to 2 per child per year	\$37
Topical Fluoride Only - limited to 2 per child per year	\$14

- Coverage begins on your effective date. Preventive & diagnostic care is not subject to a \$50 deductible. Maximum of three dental deductibles charged per family, per year.
- Two oral examinations and two dental cleanings per member, per year.
- Included single and bitewing X-rays not to exceed \$47.

Basic Dental Care	Blue Choice Dental pays
Filling - one surface, primary	\$35
Filling - one surface, permanent	\$42
Filling - two surfaces, primary	\$47
Filling - two surfaces, permanent	\$52
Filling - three surfaces, primary	\$55
Filling - three surfaces, permanent	\$62
Filling - four or more surfaces, primary	\$68
Filling - four or more surfaces, permanent	\$76
Extraction - single tooth (simple)	\$43
Extraction - each additional tooth (simple)	\$43
Surgical Extraction	\$72
Removal of Impacted Tooth - soft tissue	\$100
Removal of Impacted Tooth - partial bony	\$126
Removal of Impacted Tooth - complete bony	\$150

- Coverage begins after your Plan has been in effect for 6 continuous months.

Major Dental Care	Blue Choice Dental pays
Scaling/Root Planing per Quadrant	\$48
Gingivectomy - per tooth	\$30
Gingivectomy - per quadrant	\$140
Root Canal - 1 canal	\$150
Root Canal - 2 canals	\$180
Root Canal - 3 canals	\$230
Crown (except stainless steel)	\$250
Stainless Steel Crown	\$60
Pontic	\$250
Complete Denture (upper or lower)	\$300
Partial Denture (upper or lower)	\$275
Denture Reline (chair-side)	\$65
Denture Reline (lab)	\$85

- Coverage begins after your Plan has been in effect for 12 continuous months.

# Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Help protect your family with term life insurance from Greater Georgia Life Insurance Company. Plus, there are no health exams or extra forms to worry about. It's that simple.

Georgia Individual Term Life Insurance					
Age	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
1-19	\$1.50	\$2.50	N/A	N/A	N/A
20-29	\$2.80	\$4.65	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$5.40	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$12.50	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$34.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$49.00	\$98.00	\$142.50	\$185.00

# Additional information

## Automatic premium payment saves time

Hate writing checks? After your first payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health plan premium. You'll save on postage. And you won't have to worry about a lapse in coverage because you forgot to mail your payment. To sign up, just fill out the billing section of the Enrollment Application.

## Maternity

Hoping to add to your family in the future? You may want to think about adding maternity coverage now. Maternity coverage is optional. Certain plans offer this coverage for help with pregnancy- and childbirth-related health care for mother and baby. Premier Plus PPO plans offer maternity coverage with deductible options of \$2,500 and higher. This benefit covers 100% of hospital services after a \$3,000 copay. It also covers other health care services depending on the deductible and coinsurance for your plan. There are specific limitations and exclusions for this coverage. These limitations include a 12-month waiting period before any Maternity Care benefits are payable. See your Coverage Details insert for this important information.



A close-up photograph of a man and a woman laughing joyfully. The man, on the left, has dark curly hair and a beard, wearing a dark pinstriped suit jacket and a thick, textured grey scarf. The woman, on the right, has long dark hair and is wearing a dark brown jacket. They are both smiling broadly, showing their teeth. The background is a soft-focus outdoor setting with greenery.

## Get a free look with a money-back guarantee!

If you're approved for coverage, you'll get your health plan policy by mail. You'll then have 30 days to review it. If you decide that the coverage isn't right for you, you may cancel your policy within those 30 days. Your premiums will be refunded (less any claims that were already paid).



## Ready to choose a plan?

- First, read all the materials included with this brochure. Then call your Blue Cross and Blue Shield of Georgia agent.
- Ask questions. If you aren't sure how a plan works or have other questions, your agent will help you.
- Fill out an application. The quickest and easiest way to do this is online. Your agent can help you. Your agent can also tell you how to mail or fax your application.

**If you have questions or want more details about your choices, call your Blue Cross and Blue Shield of Georgia agent today!**



# Individual health coverage. Your plans. Your choices.

## **Make sure you have all the facts.**

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by these plans. Know what's covered, and what isn't. To learn more about exclusions (services that are not covered), limitations and terms of coverage, please see the Coverage Details and Benefit Guide. These materials should be in your information kit. If you printed this from your computer, they should be at the end of this document. If you don't have these materials, call your Blue Cross and Blue Shield of Georgia agent.

This brochure is a brief summary of benefits and services. It is not your Contract/Certificate. If anything is different between this brochure and your Contract/Certificate, the Contract/Certificate is correct. Benefits and premiums can change.

This summary of benefits follows federal and state rules. This includes applicable rules of federal health care reform laws. As we get more guidance on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may have to make more changes to this summary of benefits.

## Ready to enroll?

**Call your Blue Cross and Blue Shield of Georgia sales representative or agent today!**

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Blue Cross and Blue Shield of Georgia or visit us on the web.

# Coverage Details

Things you need to know before you buy...



## SmartSense® Plus POS, SmartSense® Plus PPO, Premier Plus POS, Premier Plus PPO and ForwardFocus HSA POS

Before choosing a health care plan, please review the following information along with the other materials enclosed.

### Enrollment Guidelines For Individual Health Plans:

#### To Enroll, You Must Be:

- Age 19-64;
- A permanent legal resident of Georgia;
- Not eligible for Medicare.

#### If Your Application Is Approved:

Your coverage can start on any day of the month. The earliest effective date you may receive is the day after the application is received by Blue Cross and Blue Shield of Georgia (BCBSGa). If the application does not specify an effective date the day BCBSGa approves the application will become the effective date.

#### Your Qualified Dependents Include:

- Spouse age 64 or younger;
- Domestic Partner age 64 or younger ;
- Children (under 26 years of age), or the children (under 26 years of age) of your enrolling spouse or qualified domestic partner.

### Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with your expected health care needs and risk factors. That's why we offer various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting.

Depending on the results of the underwriting review:

- You may be offered coverage at the lowest premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure.

If you do not qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Blue Cross and Blue Shield of Georgia representative for information regarding other Individual coverage options.

### Access to the MIB

Information regarding your insurability will be treated as confidential. Blue Cross and Blue Shield of Georgia or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 886-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is

50 Braintree Hill Park, Suite 400  
Braintree, MA 02184-8734

Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Blue Cross and Blue Shield of Georgia, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

### Waiting Periods

For applicants age nineteen (19) and older there is a specific twelve-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended by your health care provider or received within twelve months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the twelve-month waiting period. Blue Cross and Blue Shield of Georgia will credit the time you were enrolled on the previous plan. Consult with your Blue Cross and Blue Shield of Georgia agent or representative if you have a question about the underwriting process.

### Utilization Management and Case Management

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

### Prospective Review/Pre-Admission Review

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that:

1) the procedure is medically necessary and 2) the procedure meets your health care plan's specific guidelines prior to being performed.

Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment

Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

### Concurrent Review

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

### Retrospective Review

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

### Case Management

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

### Benefits Which Are Not Covered By These Individual Health Care Plans:

Remember, all health care plans are different and, as with many plans, there are some exclusions. To choose the plan that best meets your needs, it's important to understand not only what it offers, but what it does not.

Your contract does not provide benefits for:

- The 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date unless you have any prior creditable coverage towards this waiting period. The pre-existing condition limitation does not apply to applicants under age nineteen (19).
- Services and supplies not medically necessary or not consistent with the diagnosis;
- Treatment for which payment is made by any local, state or federal government (except Medicaid);
- Services paid under Medicare or the Veterans Administration;

- Any injury or disease related to war, declared or undeclared, or military service; Convalescent or custodial care;
- Hair transplants;
- Eyeglasses/contact lenses/radial keratotomy and the examinations associated with them (except one annual vision exam under Premier);
- Hearing aids;
- Experimental services;
- Weight reduction or treatment for obesity;
- Physical, occupational or speech therapy for developmental delay;
- Services related to artificial insemination or in-vitro fertilization;
- Cosmetic services, except as otherwise stated in the contract.

In addition, pregnancy related services are not covered unless the optional maternity rider is purchased (only available under Premier Plus and ForwardFocus HSA plans with deductibles of \$2,500 or greater and there is a separate 12 month waiting period before maternity benefits are available). Also not covered is dental care and treatment and oral surgery unless the optional dental rider is purchased. Dental care is also subject to specific exclusions and limitations on services, such as two oral or periodontal exams per member per year. A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage or any optional coverage amendments. Please review these carefully upon enrollment.

This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the policy Contract booklet, the provisions of the Contract booklet shall prevail.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

### Selecting health coverage is an important decision.

To assist you, we supply the following for the plans under consideration: Brochure, Benefit Guide, Coverage Details and Enrollment Application. If you did not receive one or more of these materials, please contact your Blue Cross and Blue Shield of Georgia agent to request them.