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Welcome to Blue Cross and Blue Shield of Oklahoma, and to your benefit enrollment period. This is your opportunity to select health benefits for you and your family for the coming year.

For more than 75 years, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has delivered high value products and unrivaled customer service to more Oklahomans than any other health insurance plan. And our nationwide network of physicians and hospitals, coupled with local resources and friendly service, keeps you connected to your health care coverage no matter where you are.

We are pleased to offer benefits that give you and your family the best care possible and services that allow you to put your health care decisions and health education closer to your fingertips. Please take a few minutes to look through this summary guide and review the options that are available to you. You may also visit bcbsok.com/okhee/i/ for more information. It is our desire during the enrollment period that you gain a clear understanding of each option and to help you decide what is best for you and your family.

Being a member of BCBSOK doesn’t just provide you with traditional insurance coverage; you also have a complete suite of health and wellness resources and tools at your fingertips, to encourage healthier living and smarter health decisions. Blue Cross and Blue Shield of Oklahoma is a health care industry leader in creating and promoting wellness programs that you and your family can conveniently integrate into your daily life. Merging technology and medical management with online resources, education, one-on-one coaching, rewards and multiple touch points, BCBSOK’s Blue Care Connection® program aims to ultimately improve you and your family’s health and wellness.

BCBSOK offers many tools to help you manage your personal wellness and encourage healthier behaviors. These are outlined later in this document.

Our goal at Blue Cross and Blue Shield of Oklahoma is to provide you with first class service, and to do the job right the first time, every time. We appreciate the opportunity to serve you.

Sincerely,

Stephania Grober
Vice President, Marketing and Sales
Blue Cross and Blue Shield of Oklahoma
OKHEEI is committed to providing a healthy environment including health care insurance for employees and dependents. The continual rising cost of health care has added challenges for consumers, employers and the government. In addressing these costs, OKHEEI has had to make adjustments to ensure flexible and affordable options are available for all of our employees and their dependents.

Preventive care and wellness benefits are important to promote well being and to help limit the cost of health care. Our health care program with Blue Cross and Blue Shield of Oklahoma offers insurance coverage and wellness programs to help us achieve and maintain a healthier lifestyle.
ELIGIBILITY

Health Care Insurance Plan Options

With OKHEEI, you will be able to choose between three health insurance plans: Red, White, and Blue plans. The following pages provide an overview of the health benefits of these options. These are only summaries – not the actual plan descriptions. If you have questions that aren’t answered in the summary information in this booklet, please contact customer service at 800-672-2567 or review the detailed Certificates of Benefits located on our website, bcbsok.com/okhee/. Dental care and vision benefits are also highlighted in this benefit guide.

Benefit Enrollment & Making Changes During the Year

During the open and new member enrollment period, you can add or drop dependents from your health care coverage without a qualifying event. The enrollment period is the time to make sure all of your eligible dependents are enrolled and that Human Resources has all the correct information about your dependents on file.

The health care plan options you select during the enrollment period will remain in effect during the calendar year. In order to change benefit elections outside of the enrollment period, the employee must have:

1. Experienced an Applicable Qualifying Event, as defined by the Internal Revenue Service (IRS). Changes based on financial reasons alone are not allowed under the current IRS regulations.

AND

2. The request for a change of benefits must be made within 31 days of the Applicable Qualifying Event. Within the context of changing benefits, “Applicable” refers to a change that is directly related to the individual experiencing the qualifying event.

A qualifying event includes:

- A birth or adoption
- Marriage, divorce or legal separation
- Death
- Child loses eligibility because of age
- Employee’s spouse gains or loses coverage through employment
- Significant change in the financial terms of health benefits provided through a spouse’s employer or another carrier

Except for coverage of a newborn or adopted child, all other changes in coverage begin the first day of the month following the qualifying event. Coverage for the newborn is effective on the child’s date of birth. Coverage for an adopted child is effective on the date of placement. In both instances, the employee must initiate and complete the appropriate paperwork.

Changes in provider networks (for example, your doctor leaving the network) are not considered acceptable reasons for you to be able to change your product election outside of the enrollment period.

CHOOSING A PLAN

Benefit design – There are notable differences between the plans, which impact the coverage and the out-of-pocket costs you’ll have when you utilize your benefits.

All three plans promote wellness and offer preventive care and have unlimited lifetime
maximums. The Red, White, and Blue plans are different in office copays, deductibles, coinsurance and out-of-pocket maximums.

**Premium cost** – It’s important to compare the rates of each plan, while keeping in mind the benefits that come with each plan.

**Provider access** – The Blue Choice PPOSM network is Blue Cross Blue Shield of Oklahoma’s largest network in the state. The Blue Preferred PPOSM network is BCBSOK’s second largest network. BlueOptionsSM offers a unique tiered structure that allows you the flexibility to see providers in the Blue Choice PPO, Blue Preferred PPO, or Blue TraditionalSM networks. However, you will have the lowest out-of-pocket costs when you see providers in the Blue Preferred PPO network. You can verify that your current physicians are in the network for the plan you are considering by checking the provider listing on bcbsok.com/okheei/.

All PPO members have nationwide access to contracting providers through the BlueCard® program when you or your covered family members live, work, or travel anywhere in the country. Additionally, when you travel outside the United States, PPO members have access to contracting providers in more than 200 countries through BlueCard Worldwide®.

**Flexibility** – BlueOptions and BlueChoiceSM give you the most flexibility since you have coverage for both in-network and out-of-network providers. Keep in mind that you will always receive your highest level of benefits and lowest out-of-pocket costs when choosing an in-network provider. (For BlueOptions, you will have the lowest out-of-pocket costs when you see providers in the Blue Preferred PPO network.)

### PRESCRIPTION DRUG PROGRAM

The Red, White, and Blue plans include the same prescription drug plan.

In order to provide greater discounts, Blue Cross and Blue Shield of Oklahoma has negotiated discounts with drug companies. A list of prescription drugs, both generic and brand names, compose the drug formulary. The purpose of the formulary is to offer less costly medications. The drug formulary is divided into three tiers: tier 1 includes generic drugs, tier 2 includes preferred brand drugs and tier 3 includes non-preferred brand drugs. Visit myprime.com to view the drug formulary and to find out which tier your medication(s) falls. Specialty drugs are handled by a separate drug program administered through Prime.*

Blue Cross and Blue Shield’s national pharmacy network includes most national chains and independent pharmacies across the country. When you fill your prescription drugs at retail, your pharmacy copayment depends on the formulary tier to which the drug has been classified. You will pay the cost up to the tier copay for a 102 day supply limit or 300 quantity limit per copay.

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*Prime Therapeutics LLC, a separate company, is a pharmacy benefit management company. Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSOK and contracting pharmacies is that of independent contractors. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.
Blue Cross and Blue Shield also offers a mail order pharmacy program and an extended supply network that may provide discounts for maintenance drugs. For more information about PrimeMail or to view a list of maintenance drugs, visit myprime.com.

AVAILABLE HEALTH CARE PLANS

With OKHEEI, you may select one of three plans:

- Red Plan (Blue Choice PPO)
- White Plan (BlueOptions)
- Blue Plan (Blue Choice PPO)

Blue Choice PPO

Blue Choice PPO is a preferred provider organization type of plan. Blue Cross and Blue Shield of Oklahoma has negotiated discounts with medical providers to reduce the cost of health care. The discount is applied before there is any payment for services from you or from BCBSOK. The Red and Blue plans offered also give you the flexibility to choose a non-PPO, “out-of-network” provider with whom BCBSOK does not have a contract. The cost of services is usually lower and the benefits you receive higher if you use a PPO provider.

You will want to consider the plan best suited for you and your family. There are important differences between the plans that should be considered. Details of the benefits and plans are listed on the following pages for easy comparison. You have access to an extensive network of providers and hospitals throughout the country, including therapists, chiropractors, behavioral health professionals and other specialists.

You are not required to select a Primary Care Physician, and no referrals are required. You can select any covered provider for care within the Blue Choice PPO network or outside the network. When you receive care from in-network providers, you receive the highest level of benefits.

When you receive care from out-of-network providers, you not only receive a lower level of benefits, but you may also be subject to out-of-pocket costs for amounts the provider charges that are above the maximum allowable charge.

Finding out which network your providers are located in is easy! Simply visit bcbsok.com/okheei/ and click on “Find a Doctor.” Search by a doctor’s name, location, network, etc. You’ll find a choice of providers that meet your needs. Or, call BlueCard® Access at 800-810-BLUE (2583).

BlueOptions

The White Plan is a BlueOptions plan.

BlueOptions is a preferred provider organization plan, which gives you the flexibility to choose your provider and network at the time of service. BlueOptions gives you the freedom to select any health care provider (whether they are in-network or not). You do not need to select a primary care physician. Your choice of health care providers can affect the level of health care benefits (including

The Blue Choice PPO network the largest in the state, with more than 5,600 physicians and specialists and over 120 hospitals contracting with Blue Cross and Blue Shield of Oklahoma. The National PPO network includes more than 800,000 doctors and 5,000 hospitals contracting with Blue Cross and Blue Shield Plans nationwide.

You can easily locate PPO network doctors and hospitals at bcbsok.com/okheei/ or by calling BlueCard Access at 800-810-BLUE (2583).
copayment and coinsurance amounts) – based on the network your provider is in. With the BlueOptions plan, you can choose from different networks each time you need health care. Or, you may choose to see providers that are not in a network (out-of-network).

- The Blue Preferred PPO network provides the biggest discount and pays your benefits at the highest level, which means you will have the lowest out-of-pocket costs when you use providers in the Blue Preferred PPO network.
- The Blue Choice PPO network will pay your benefits at the second highest level, although some aspects of coverage are the same with the Blue Preferred PPO and Blue Choice PPO networks.
- The Blue Traditional network will pay your benefits at the third highest level.
- If you see out-of-network providers, you will receive no discounts and your benefits will be paid at the lowest allowed amount.

The office copayments and out-of-pocket are lower for the Blue Preferred PPO network than the Blue Choice PPO network. The coinsurance paid by BCBSOK varies by network utilized.

Finding out which network your providers are located in is easy! Simply visit bcbsok.com/okheei/ and click on your plan type in the Find a Doctor section. You can search for a doctor by name, location, network, or specialty, such as dermatology or cardiology.
BlueOptions FREQUENTLY ASKED QUESTIONS

How do I find a doctor in the Blue Preferred PPO or Blue Choice PPO network? Go to bcbsok.com/okheei/ and use the provider directory, or call BCBSOK customer service.

How do my benefits work when I am out-of-state?
BlueOptions members have nationwide access to contracting providers through the BlueCard Program when you or your covered family members live, work, or travel anywhere in the country. Your benefits will generally be paid at the Blue Choice PPO benefit level, since Blue Preferred PPO providers are mostly located in Oklahoma. You can search for BlueCard providers in the online provider directory at bcbsok.com/okheei/.

Do I need a referral from my doctor to see a specialist?
No. With the BlueOptions plan you can see any doctor at any time without a referral. If you see a specialist who is part of the Blue Preferred PPO network, your benefits will be paid at the highest level and your out-of-pocket costs will be lowest. You can also see a specialist in the Blue Choice PPO or Blue Traditional networks, but your benefits will be paid at a lower level.

Can I see providers in both the Blue Preferred PPO and Blue Choice PPO networks?
Yes, with BlueOptions, you have the freedom to see any doctor you choose at any time. You can choose different networks for different health care services and/or for different members of your family. For example, you can see a physician in the Blue Preferred PPO network while your spouse and children see a physician in the Blue Choice PPO network. Your benefits are determined at the point of service, which means that your copayment and out-of-pocket amounts depend on which network you choose. Your choice can affect the amount of benefits you receive. You will have the lowest out-of-pocket expense when you see providers in the Blue Preferred PPO network. Keep in mind that out-of-pocket amounts vary depending on the network you choose. The out-of-pocket amounts update each other, which means that at one point during the year, you may have satisfied your Blue Preferred PPO out-of-pocket, but still have more to satisfy for the Blue Choice PPO network. If you were to continue to see Blue Preferred PPO providers, then your out-of-pocket is met. If you visit a Blue Choice PPO (or out-of-network) provider, you will first have to satisfy the difference between the out-of-pocket for that network and the Blue Preferred PPO out-of-pocket.

Can my doctor be a part of both networks?
Be sure to ask your provider which network(s) they are in. They may be in more than one network. If that is the case, your benefits will be applied at the highest network level. For example, your doctor is in the Blue Preferred PPO and Blue Choice PPO network. If you visit your doctor, your benefits will be applied for the Blue Preferred PPO network, which means that you will have the lowest out-of-pocket expense.

Can I see a doctor or use a service that is out of network?
Yes. However, the amount your plan pays for covered services is based on the allowed amount described in your Certificate of Benefits. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.
NATIONAL AND INTERNATIONAL COVERAGE

With Blue Cross, you have nationwide access to contracting providers through the BlueCard program when you or your covered family members live, work or travel anywhere in the country. You can easily locate network doctors and hospitals at bcbsok.com/okheei/ or by calling BlueCard Access at 800-810-BLUE (2583). When you use BlueCard providers, you receive the highest level of benefits. You usually do not have to pay up front or file claim forms, and you take advantage of the savings the local plan has negotiated with area providers.

When you travel outside the United States, you have access to contracting providers in more than 200 countries through BlueCard Worldwide. If you receive care from a non-BlueCard Worldwide provider, you will have to pay the doctor or hospital for care at the time of service and then submit a claim for reimbursement.

WHAT’S NOT COVERED

Your plan options do not cover all health care expenses, and include exclusions and limitations. You should refer to plan-specific documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered.

- Charges above the allowed amount for out-of-network services.
- Services that BCBSOK determines are experimental/investigational.
- Custodial care such as sitters’ or homemakers’ services, care in a place that serves you primarily as a residence when you do not require skilled nursing, or for rest cures.
- Reverse sterilization.
- Compounded medications.
- Acupuncture, whether for medical or anesthesia services.
## Benefit Summary 2016

<table>
<thead>
<tr>
<th>Service Category</th>
<th>RED PLAN</th>
<th>BLUE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Plan Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General Payment Level</strong></td>
<td>In Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible (CYD)</strong></td>
<td>$1,000 Ind. / $3,000 Family</td>
<td>$1,000 Ind. / $3,000 Family</td>
</tr>
<tr>
<td><strong>Calendar Year Out-Of-Pocket Max</strong></td>
<td>$3,300 Ind. / $9,900 Family</td>
<td>$3,800 Ind. / $11,400 Family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Plan Pays 80% after CYD</td>
<td>Plan pays 50% after CYD</td>
</tr>
<tr>
<td><strong>Lifetime Max – Medical</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Lifetime Max – Pharmacy</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Primary Care Office Visit</strong></td>
<td>$25 copay</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$40 copay</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Diagnostic X-ray/Lab</strong></td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>80% after CYD</td>
<td>Additional $300 deductible per admit, then 50% after CYD</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Well Baby Care</strong></td>
<td>100%</td>
<td>70% after CYD</td>
</tr>
<tr>
<td><strong>Adult Immunizations</strong></td>
<td>100%</td>
<td>70% after CYD</td>
</tr>
<tr>
<td><strong>Routine Health Exams</strong></td>
<td>100%</td>
<td>70% after CYD</td>
</tr>
<tr>
<td><strong>Childhood Immunizations</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Routine Mammograms</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Allergy Treatment/Testing</strong> (60 tests every 24 months)</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$100 copay; then 80% after CYD (copay waived if admitted)</td>
<td>$150 copay; then 80% after CYD (copay waived if admitted)</td>
</tr>
<tr>
<td><strong>Health Assessment (HA)</strong></td>
<td>HA deductible credit applies to 2016 plan year and must be completed between 01/01/2016 and 12/31/2016. HA must be completed and credited prior to claims payment. No retroactive claim adjustments will be allowed.</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health and Substance Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>80% after CYD</td>
<td>Additional $300 deductible, then 50% after CYD</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
</tbody>
</table>

*Requires Pre-Authorization*
This benefit summary is a Non-Grandfathered health plan. Benefits assume, and are subject to the use of BCBSOK’s administrative policies, procedures, and medical policies. Out of network charges are paid utilizing the Blue Choice PPO allowable amount. Members may be balanced billed by the provider. This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations, and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

### General Plan Information

- **1st Dollar Coverage:** Plan pays 100% of the first $500 of eligible charges for each individual then:
  - **General Payment Level:**
    - 80% after CYD
    - 50% after CYD

- **Calendar Year Deductible (CYD):**
  - **In Network:** $1,000 Ind. / $3,000 Family
  - **Out of Network:** $1,250 Ind. / $3,750 Family

- **Calendar Year Out-Of-Pocket Max:**
  - **In Network:** $1,000 Ind. / $3,000 Family
  - **Out of Network:** $1,250 Ind. / $3,750 Family

- **Coinsurance:**
  - **Plan Pays 80% after CYD**
  - **Plan Pays 50% after CYD**

- **Lifetime Max – Medical:**
  - **Unlimited**

- **Lifetime Max – Pharmacy:**
  - **Unlimited**

### Plan Benefits

- **Primary Care Office Visit**
  - **In Network:** $25 copay
  - **Out of Network:** 50% after CYD

- **Specialist Office Visit**
  - **In Network:** $40 copay
  - **Out of Network:** 50% after CYD

- **Diagnostic X-ray/Lab**
  - **In Network:** 80% after CYD
  - **Out of Network:** 70% after CYD

- **Inpatient Hospital**
  - **In Network:** 80% after CYD
  - **Out of Network:** 70% after CYD

- **Outpatient Surgery**
  - **In Network:** 80% after CYD
  - **Out of Network:** 70% after CYD

- **Well Baby Care**
  - **In Network:** 100%
  - **Out of Network:** 100%

- **Adult Immunizations**
  - **In Network:** 100%
  - **Out of Network:** 100%

- **Routine Health Exams**
  - **In Network:** 100%
  - **Out of Network:** 100%

- **Childhood Immunizations**
  - **In Network:** 100%
  - **Out of Network:** 100%

- **Routine Mammograms**
  - **In Network:** 100%
  - **Out of Network:** 100%

- **Allergy Treatment/Testing**
  - **In Network:** 80% after CYD
  - **Out of Network:** 70% after CYD

- **Emergency Room**
  - **In Network:** $100 copay; then 80% after CYD
  - **Out of Network:** $150 copay; then 80% after CYD (copay waived if admitted)

- **Health Assessment (HA)**
  - **In Network:** $250 deductible credit to employee, spouse, and dependents over age of 18.
  - **Out of Network:** HA deductible credit applies to 2016 plan year and must be completed between 01/01/2016 and 12/31/2016. HA must be completed and credited prior to claims payment. No retroactive claim adjustments will be allowed.

- **Mental Health and Substance Abuse**
  - **Inpatient**
    - **In Network:** 80% after CYD
    - **Out of Network:** 70% after CYD
  - **Outpatient**
    - **In Network:** 80% after CYD
    - **Out of Network:** 70% after CYD

This benefit summary is a Non-Grandfathered health plan. Benefits assume, and are subject to the use of BCBSOK’s administrative policies, procedures, and medical policies. Out of network charges are paid utilizing the Blue Choice PPO allowable amount. Members may be balanced billed by the provider. This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations, and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.
### Benefit Summary 2016 – Continued

<table>
<thead>
<tr>
<th>Other Covered Services</th>
<th>RED PLAN</th>
<th>BLUE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Blue Choice PPO&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>Blue Preferred PPO&lt;sup&gt;SM&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>In Network</strong></td>
<td><strong>Out of Network</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational &amp; Speech Therapy</strong> (Each service limited to 60 visits per CY)</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Physical and Chiropractic Therapy</strong> (Services combined limited to 60 visits per CY)</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME), Prosthetics and Orthotics</strong></td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (100 days per CY)</strong>*</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Home Health Care (100 visits per CY)</strong>*</td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Hospice</strong></td>
<td>80% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Hearing Screening</strong> (limited to one per CY)</td>
<td>100% after copay</td>
<td>50% after CYD</td>
</tr>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>Covered as DME up to age 18</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>RED, WHITE and BLUE PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network</strong></td>
<td><strong>Member pays lesser of $25 or actual cost</strong></td>
</tr>
<tr>
<td><strong>Generic &amp; Preferred – Cost of Rx: $100 or less</strong></td>
<td><strong>Member pays 25% up to $50 max</strong></td>
</tr>
<tr>
<td><strong>Generic &amp; Preferred – Cost of Rx: Greater than $100</strong></td>
<td><strong>Member pays lesser of $50 or actual cost</strong></td>
</tr>
<tr>
<td><strong>Non-Preferred – Cost of Rx: $100 or less</strong></td>
<td><strong>Member pays 50% up to $100 max</strong></td>
</tr>
<tr>
<td><strong>Non-Preferred – Cost of Rx: Greater than $100</strong></td>
<td></td>
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</tbody>
</table>

102 day supply limit or 300 quantity limit per copay.
### WHITE PLAN

<table>
<thead>
<tr>
<th>Blue Options SM</th>
<th>Blue Traditional SM</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Choice PPO SM</td>
<td>70% after CYD</td>
<td>60% after CYD</td>
</tr>
<tr>
<td>Blue Choice PPO SM</td>
<td>70% after CYD</td>
<td>60% after CYD</td>
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<td>70% after CYD</td>
<td>60% after CYD</td>
</tr>
<tr>
<td>Blue Choice PPO SM</td>
<td>100% after copay</td>
<td>60% after CYD</td>
</tr>
</tbody>
</table>

**In Network**
- 70% after CYD
- 60% after CYD
- 50% after CYD

**Out of Network**
- 50% after CYD

### BLUE PLAN

<table>
<thead>
<tr>
<th>Blue Options SM</th>
<th>Blue Traditional SM</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Choice PPO SM</td>
<td>50% after CYD</td>
<td>50% after CYD</td>
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<td>Blue Choice PPO SM</td>
<td>50% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Blue Choice PPO SM</td>
<td>50% after CYD</td>
<td>50% after CYD</td>
</tr>
<tr>
<td>Blue Choice PPO SM</td>
<td>50% after CYD</td>
<td>50% after CYD</td>
</tr>
</tbody>
</table>

**In Network**
- 50% after CYD
- 50% after CYD
- 50% after CYD

**Out of Network**
- 50% after CYD

### RED, WHITE and BLUE PLANS

**Out of Network**

- Member pays cost of Rx up to $75 max plus dispensing fee
- Member pays cost of Rx up to $75 max plus dispensing fee
- Member pays cost of Rx up to $125 max plus dispensing fee
- Member pays cost of Rx up to $125 max plus dispensing fee
- 102 day supply limit or 300 quantity limit per copay
Dental Plan Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>HIGH OPTION</th>
<th>LOW OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$25 Individual/$75 Family</td>
<td>$25 Individual/$75 Family</td>
</tr>
<tr>
<td></td>
<td>Applies to: • Basic Care • Major Care</td>
<td>Applies to: • Preventive Care • Basic Care • Major Care</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100%, no deductible</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td></td>
<td>NOTE: No charge for topical fluoride application – up to age 16.</td>
<td>NOTE: No charge for topical fluoride application – up to age 16.</td>
</tr>
<tr>
<td><strong>Basic Care</strong></td>
<td>85% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td></td>
<td>• Fillings • Extractions • Endodontics • Periodontics</td>
<td></td>
</tr>
<tr>
<td><strong>Major Care</strong></td>
<td>60% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td></td>
<td>• Crowns • Bridges • Dentures</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Care</strong></td>
<td>50%, no deductible 12-month waiting period</td>
<td>No Orthodontic Coverage</td>
</tr>
<tr>
<td>Available to children up to age 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximums</strong></td>
<td>$2,000 per person • No maximum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dental Care (Calendar Year) • Orthodontia (Dependent Children)</td>
<td></td>
</tr>
</tbody>
</table>

**Dental Customer Service: 888-381-9727**

This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations, and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

Out of Network - Members may be balanced billed by the provider for charges over the allowable amount.
Vision Summary

VSP® VISION CARE PLAN

BENEFITS SUMMARY

A vision discount program available through VSP

Value and Savings. You’ll get great benefits on your exam and eyewear at an affordable price.

Personalized Care. You’ll get quality care that focuses on your eyes and overall wellness with a WellVision Exam from a VSP doctor.

When you see a VSP doctor, you’ll get the most out of your benefit and have lower out-of-pocket costs. Plus, you’ll be 100% happy with your eyecare and eyewear from a VSP doctor or VSP will make it right.

Eyewear. Choose the eyewear that’s right for you and your budget.

Choice of Providers. With open access to see any eyecare provider, you can see the one who’s right for you. Choose a VSP doctor or any other provider.

To find a VSP doctor, visit vsp.com or call 800-877-7195.

Once your plan is effective, register on vsp.com to view a complete description of your benefits. To use our vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.

Visit www.vsp.com/go/okheeigroup for more information.

YOUR COVERAGE WITH A VSP DOCTOR

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellVision Exam</td>
<td>$10 copay every calendar year</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>$25 copay every calendar year</td>
</tr>
<tr>
<td>Lenses</td>
<td>$100 allowance for a wide selection of frames</td>
</tr>
<tr>
<td>Contact Lens Care</td>
<td>No copay every calendar year</td>
</tr>
<tr>
<td>Contact Lens Exam (fitting and evaluation)</td>
<td>$150 allowance for contacts and the contact lens exam (fitting and evaluation). Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of replacement lenses.</td>
</tr>
</tbody>
</table>

EXTRA DISCOUNTS AND SAVINGS

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses and Sunglasses</td>
<td>Average 20-25% savings on all non-covered lens options</td>
</tr>
<tr>
<td>Contacts</td>
<td>15% off cost of contact lens exam (fitting and evaluation)</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</td>
</tr>
</tbody>
</table>

YOUR COVERAGE WITH OTHER PROVIDERS

Visit vsp.com for details. If you plan to see a provider other than a VSP doctor.

Exam Up to $45
Single vision lenses Up to $30
Lined bifocal lenses Up to $50
Lined trifocal lenses Up to $65
Frame Up to $70
Contacts Up to $105

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.

Contact us vsp.com • 800-877-7195

VSP, an independent company, contracts directly with OKHEEI to provide vision benefits and discounts. VSP is solely responsible for the products and services it offers.
ID CARDS

You should present your ID card when visiting a physician’s office or hospital, and verify that they have the correct insurance information on file for you. Your card will resemble the card below, and will be customized with your name and plan information. Additional cards can be ordered through customer service or online using the Blue Access for Members (BAM) Website at bCBSOK.com/okhee/.

You can print a temporary ID card and order a replacement card on Blue Access for Members if you ever lose or misplace your card.

The magnetic stripe on the back of the ID card will allow BCBSOK and your providers to take advantage of emerging “card-reading” technologies. For providers who have card readers, office staff will be able to “swipe” your ID card when registering your new insurance information, and in real time, he/she can verify your eligibility and benefits (such as copayment amounts). Currently, the magnetic stripe on your ID card only includes your general information (such as name, birth date, ID number and group ID number) and can be read only by health care providers with certain card readers, software, and connectivity.

TOOLS FOR HEALTHY LIVING

Health care is more than just insurance to help pay medical bills when you are sick or injured. Blue Cross and Blue Shield of Oklahoma provides additional resources to improve health and wellness.

Well onTarget®

Well onTarget offers personalized tools and resources to help all members - no matter where you may be on the path to health and wellness.

Liveon Member Wellness Portal

The Liveon portal is the heart of the Well onTarget program. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

• onmytime Self-directed Courses
  Online courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, weight management, tobacco cessation and stress. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue PointsSM.
• **Health and Wellness Content**
  Health library teaches and empowers through evidence-based, user-friendly articles.

• **Tools and Trackers**
  Interactive tools help keep you on course while making wellness fun. Use food and workout diaries, health calculators and medical and lifestyle trackers.

**onmyteam Wellness Coaching**
Certified health coaches offer you guidance in nutrition, fitness and stress management. You can interact with your coach by phone or send a secured message through the portal.

**onmyway™ Health Assessment (HA)**
The HA features adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. The confidential record offers tips for living your healthiest life. Your answers will be used to tailor the Liveon portal with the programs that may help you reach your goals.

**Blue Points Program**
Blue Points will help motivate you to maintain a healthy lifestyle. Earn points by taking part in wellness activities. Points can be redeemed in the new online shopping mall. Real-time granting of points lets you instantly use your points. To earn a larger reward, you can add to your point total at checkout.
BLUE CARE CONNECTION®

Through the Blue Care Connection program, you’ll find tools and services that inform, support and motivate you on your journey to wellness.

Weight Management
Support for a slimmer, healthier you
The program offers guidance and support through behavioral and motivational coaching, personalized goal setting with an action plan, online tools and discounts to wellness-related products and services. To get started, call BCBSOK customer service.

Tobacco Cessation
Support for tobacco users who want to quit
The program provides personal coaching, online tools and discounts to wellness-related products and services. To participate call BCBSOK customer service.

24/7 Nurseline
Health concerns don’t always follow a 9 to 5 schedule. Fortunately, you can call the toll-free 24/7 Nurseline 24 hours a day, seven days a week to get the information you need...when you need it.

The 24/7 Nurseline is staffed by registered nurses who can answer your general health questions and direct you to your doctor or encourage you to seek emergency services if necessary. In a matter of minutes, a nurse can help identify options and provide information to help you choose the appropriate care for your concerns. Plus, when you call, you also have the option to access an audio library of more than 1,000 health topics – from allergies to women’s health – with more than 600 topics available in Spanish.

Call the 24/7 Nurseline toll free at 800-581-0407. This number is conveniently located on the back of your ID card for easy reference.

Special Beginnings®
A healthy start for mothers and babies
If you are expecting, this prenatal program can help guide you through your pregnancy and postpartum care. The program provides support and education, pregnancy risk assessment and ongoing attention/monitoring.

Enrolled members receive frequent, personal contact from obstetrical nurses who can help them better understand and manage their pregnancies. Educational materials promote healthy behaviors, preventive care, and identify warning signs of complications. Topics also include nutrition, fetal development and newborn care. Additionally, members can call a 24-hour toll-free Babyline staffed by maternity nurses.

For information on enrolling, call the toll-free Special Beginnings phone number at 877-904-2229.

Blue Care Advisor℠
If you have certain chronic health conditions or are at risk for medical complications, a Blue Care Advisor may contact you. Working with you through regularly scheduled telephone calls, these registered nurses and other health care professionals offer health counseling, coaching and support.

The Blue Care Advisor can help you learn to manage your condition more successfully, indentify behaviors that may be barriers to better health, set goals for improving your health and help you adopt healthier habits.
Case Managers
In the event that you or a covered family member experiences multiple or complex medical problems, our case management nurses – registered nurses with specialized training and clinical experience – can work with you.

At a time that’s usually stressful, case managers can be your advocate by:

• Helping to explain your medical problems and treatment plans
• Facilitating communication among many health care providers
• Coordinating treatment plans
• Explaining your health care benefits and how to get the most out of them
• Helping you access the right resources and services
• Assisting with transitions from one health care setting to another

THE BLUE365®** DISCOUNT PROGRAM

With Blue365, you can take advantage of discounts on health-related products and services that help support a healthy lifestyle. These discounts apply to health care products and services not usually covered by your health care benefits plan. Plus, there are no claims to file, no referrals or pre-authorizations and no additional fees to participate.

To find out more about Blue365, visit blue365deals.com/BCBSOK.

**Blue365 is a discount program available to BCBSOK members. This is NOT insurance. Some of the services offered through Blue365 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 Blue365 does not affect your premium, nor do costs of Blue365’s services or products count toward any maximums 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 Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSOK reserves the right to discontinue or change this discount program at any time without notice.
Blue Cross and Blue Shield of Oklahoma also provides other health and wellness information.

**Preventive Health Care Guidelines** are published each year and made available via [bcbsok.com/okhee](http://bcbsok.com/okhee). This is a good source of information on preventive care guidelines, which are based on recommendations set by national health agencies and medical associations. You can learn about recommended screenings, and immunizations and doctor visits for all ages, from prenatal care and infancy through the senior years.

**Be Smart. Be Well.**® Is our website dedicated to raising awareness of largely preventable health and safety issues. You’ll find in-depth information on a variety of issues, including traumatic brain injuries, drug interactions and mental health at [besmartbewell.com](http://besmartbewell.com).

**Glucose Meters** help members with diabetes manage their condition and can be ordered at no charge. For information on the meters that are available, call customer service at 800-672-2567.

**Blue Access for Members**

Go to [bcbsok.com/okhee](http://bcbsok.com/okhee) to register. You will be able to:

- Check the status or history of a claim
- Locate a doctor or hospital in your plan’s network
- Request a new ID card or print a temporary one
- Access to health and wellness information
  - Find Cost Estimates
  - Compare providers
- Estimate Out-of-Pocket expenses for common procedures

Start your journey to wellness today!

**HOW TO REDUCE YOUR PHARMACY COSTS**

Everyone is looking for ways to reduce medical costs. One of the most effective ways to do this, is manage your pharmacy costs. Here are some tips to make your medical dollars go further:
• Choose **generic medications** over brand name counterparts. Generic drugs are Food and Drug Administration-approved and are as safe and effective as their brand name equivalents. There was a time when people questioned generics, but most doctors and patients embrace them today. The FDA mandates that generics are made with the same active ingredients and are available in the same strength and dosage as their competitors. Most generics are dramatically cheaper than brand name drugs and many are manufactured by the same companies that make the original brand name drug.

• Employ the **step therapy program**. Step therapy is a pharmacy policy based on the concept of comparative effectiveness. Comparative effectiveness examines forms of treatment to determine which is best in a given situation. Many assume that the most expensive option is the best, but as generics prove, this is not always the case. Ask your doctor to explore less expensive treatments before resorting to more expensive drug therapies. If the first treatment fails, then the next will be explored, and so on.

• And as always, **prevention** is the best medicine. Taking care of yourself, eating well, exercising and general preventive health care will help keep your need for prescription drugs down overall.

**You can help control your pharmacy costs with some thoughtful planning.**

### Online Benefit Resources

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>PURPOSE</th>
<th>HOW TO ACCESS</th>
</tr>
</thead>
</table>
| **BCBSOK Website for OKHEEI**   | • Log in to Blue Access for Members to access the Well onTarget portal or view claims  
• View/print benefit brochures  
• Locate a doctor or hospital  | bcbsok.com/okheeit/                                                   |
| **Blue Access for Members**     | Site provides:  
• Ability to print a temporary member ID card and order a new card  
• View claim status and Explanation of Benefits (EOB)  
• Find a doctor or hospital  
• View wellness rewards points  
• Access to Well onTarget  | Go to bcbsok.com/okheeit/ or visit blue365deals.com/BCBSOK  
• Enter Blue Access for Members user ID and password  
• If you do not have a user ID and password, go to “Register Now”. |
| **Blue Points**                 | Earn points, redeemable for rewards, for health-related activities     | Go to BAM at bcbsok.com/okheeit/  
• Click on Well onTarget                                |
| **Locate a Health Care Provider** | Find a doctor, specialist, or hospital in your area                    | Go to bcbsok.com/okheeit/ or visit blue365deals.com/BCBSOK  
• Click on Find a Doctor                                         |
| **OKHEEI Benefits Website**     | Find benefit related information                                       | www.okheeit.org/                                   |
| **Pharmacy**                    | • Compare drugs  
• Find generic alternatives  
• Obtain cost estimates  
• View drug formulary                                               | myprime.com                                         |
Contacts

This enrollment guide highlights OKHEEI’s Benefits Program. A complete description of each benefit can be found in the legal documents governing the plans. Every effort has been made to provide an accurate summary of the plans in this guide. However, if there is a conflict between this material and the legal documents, the legal documents will govern. If you have any questions after reviewing your enrollment materials, please contact customer service at the number below.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan - Customer Service</td>
<td>800-672-2567</td>
</tr>
<tr>
<td>Dental Plan - Customer Service</td>
<td>888-381-9727</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>800-423-1973</td>
</tr>
<tr>
<td>BlueCard®</td>
<td>800-810-BLUE (2583)</td>
</tr>
<tr>
<td>24/7 Nurseline</td>
<td>800-581-0407</td>
</tr>
<tr>
<td>Special Beginnings®</td>
<td>877-904-2229</td>
</tr>
<tr>
<td>Vision Plan - Customer Service</td>
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</tbody>
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