2018 PLAN CHANGES

Plan changes are indicated by bold text in the comparison of benefits charts.

HEALTH PLANS

All HMOs
- The HMO service areas have expanded. Check each plan’s ZIP code list for your area.

Aetna INTEGRIS and Aetna St. John HMO
- No copay for outpatient mental health or substance use disorder visit.

CommunityCare HMO
- Hearing aids have a 20 percent coinsurance.
- Maternity prenatal and postnatal care has $0 copay for preventive care; $35 copay for PCP and $50 copay for specialist confirmation visit.

GlobalHealth HMO
- Hearing screenings are covered with $0 copay and must conform to the U.S. Preventive Services Task Force preventive care guidelines. Hearing aids have a 20 percent coinsurance.
- Mental health or substance use disorder: Inpatient: $0 copay for office visit; inpatient copays are for residential treatment centers or medical detox facilities.
- Maternity/delivery inpatient: $500 copay per admission.
- Physical, occupational and speech therapy have a combined limit of 60 visits.

HealthChoice Health Plans
- TRICARE Supplement Plan is available for military personnel. Refer to page 5 for information.
- There will be some changes to the list of preferred medications. If you are a HealthChoice health plan member who is taking a medication that will no longer be covered in 2018, you will be notified by mail. For a complete list of medications that will no longer be covered, please visit www.healthchoiceok.com.

HealthChoice High and High Alternative Plans
- Deductibles are increasing.
  - High Plan
    - $750 individual
    - $2,000 family
  - High Alternative Plan
    - $1,000 individual
    - $2,750 family

HealthChoice Basic and Basic Alternative Plans
A new $100 per person pharmacy deductible, with a $300 maximum deductible per family.

HealthChoice High Deductible Health Plan (HDHP)
- Deductibles are increasing.
  - $1,750 individual
  - $3,500 family
Out-of-pocket maximum is increasing.
- $6,000 individual
- $12,000 family

The HSA maximum annual contribution for an individual is increasing from $3,400 to $3,450.
The HSA maximum annual contribution for a family is increasing from $6,750 to $6,850.

VISION PLANS

Superior Vision
- Eye exams and glasses are limited to one per year.
- Frames allowance increased: Network: $150; Non-network: $81.
- Standard contact lenses are covered in full, specialty contacts $50 retail allowance.

Vision Care Direct
- Eye exams: Non-network copay increased to $50.
- Lenses: Network: $40 upgrade fee for anti-reflective, UV and scratch coating on polycarbonate lenses; Non-network: plan allowance increases for single, bifocal, trifocal and progressive no-line lenses.
- Frames: Network: VCD Frame Collection – lens upgrade fee waived; Any frame option – $130 allowance each year, lens upgrade fee optional.
- Laser vision correction: Network: Up to $1,000 off at nJoy facilities in Oklahoma City and Tulsa.

VSP
- Eye exams: Non-network: reimbursed up to $45.
- Lenses: Non-network: plan allowance increases for single, bifocal, trifocal and progressive lenses.
- Frames allowance increased: Network: up to $170 with 20 percent discount on overage; Non-network: up to $70.
- Contact lenses reimbursed up to: Network: $120; Non-network: $105.
- Laser vision correction: Network: average discount of 15 percent.