HealthChoice FOCUS

Overview

HealthChoice FOCUS is a health plan currently offered to pre-Medicare former employees and surviving dependents who live in designated ZIP code service areas. In cooperation with the Oklahoma Health Network (OHN), the plan offers a high-performing, value based network, lower out-of-pocket costs, and high-quality health care.

After you enroll in the FOCUS plan, you must select a primary care physician (PCP). PCPs include family practice, general practice, internal medicine or OB/GYN physicians. Your PCP will monitor and assist in coordinating your care to ensure you receive the appropriate care at the appropriate time. To locate a FOCUS Network Provider, visit the OHN website at **www.ohnonline.com/Focus**.

FOCUS Network Providers are contracted HealthChoice Network Providers, but not all HealthChoice Network Providers participate in the FOCUS Network. If you use a HealthChoice Network Provider who is not a FOCUS Network Provider, covered services are processed as non-Network.

Highlights

- Lower out-of-pocket costs;
- 24/7 nurse advice line;
- Health screenings and educational information for your specific population health management program;
- Care Coordination Program;
- Personalized care coordination and health care navigation assistance through physician and nurse consultations to help eliminate barriers that could impact your health or disrupt your treatment plan;
- Elimination of gaps in your care;
- Overall support by your care coordinator in regards to your physical, financial, social and emotional needs;
- Promotion of wellness and awareness of health risks;
- Better understanding of your condition to help you reach your health goals; and
- Improved overall health care experience.

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Care Coordination

Care Coordination is a program available to FOCUS participants with one or more chronic conditions or diseases, including hypertension, hyperlipidemia, diabetes, pre-diabetes, asthma, emphysema, chronic obstructive pulmonary disease, congestive heart failure and cardiovascular disease. The program focuses on clinical initiatives that enhance the quality of care, the delivery of services, and the cost-effectiveness of treatment.

If you have been diagnosed with any of the above conditions and/or diseases, a care coordinator will contact you to help you select the right provider for your condition and ensure you participate in the design of your care plan with a clear understanding of the expected outcomes of your treatment. Once treatment goals are set, your coordinator will help monitor your progress and assist you with self-management of your condition.

Benefits

Please refer to the *HealthChoice High, High Alternative, Basic, and Basic Alternative Plans Handbook* for information on covered services and Plan exclusions and limitations.

Network Benefits

Network benefits of the FOCUS Plan are identical to the Network benefits of the HealthChoice High Plan with the following exceptions:

- $250 individual/$750 family calendar year deductible;
- $15 copay for primary care physician office visits/$50 copay for specialist office visits;
- $200 emergency room copay; and
- $3,000 individual/$7,500 family calendar year out-of-pocket maximum.

Non-Network Benefits

Non-Network benefits are identical to the non-Network benefits of the HealthChoice High Plan. Although you can use a provider who is not a FOCUS Network Provider, your out-of-pocket costs will be higher.

Pharmacy Benefits

Pharmacy benefits are identical to the HealthChoice High Plan.

Out-of-Pocket Maximums

Medical

- Network Individual/Family ..... $3,000/$7,500
- Non-Network Individual/Family ..... $3,800/$9,900

Once you reach the out-of-pocket maximum, HealthChoice pays 100 percent of Allowable Fees for the remainder of the calendar year. You are always responsible for amounts above the Allowable Fees and non-Network copays when you use non-Network providers.

The out-of-pocket maximum does not include charges for non-covered services and balance billing charges from non-Network providers.

Pharmacy

- Network Pharmacy Individual/Family.....$2,500/$4,000

Only costs for Preferred medications purchased at Network Pharmacies count toward the pharmacy out-of-pocket maximum. Once you reach the out-of-pocket maximum, HealthChoice pays 100 percent for Preferred medications purchased at Network Pharmacies for the remainder of the calendar year. You are still responsible for cost differences between brand-name and generic medications and for non-Preferred medication copays.

Lifetime Maximums

The HealthChoice FOCUS Plan does not have lifetime maximums for medical or pharmacy benefits.

Contact Information

Oklahoma Health Network
1-405-652-1041 or toll-free 1-855-445-1471
TDD 1-405-774-9810 or toll-free 1-855-751-7382
www.ohnonline.com/Focus

All other contact information is identical to the HealthChoice High Plan. Refer to the *HealthChoice High, High Alternative, Basic, and Basic Alternative Plans Handbook* or go to **www.healthchoiceok.com**.