



OSEEIGB

Oklahoma State and Education
Employees Group Insurance Board



HealthChoice USA Plan Year 2011

Current Employees

For 2011 Plan Changes, refer to your *Option Period Packet*. These changes can also be found in the *Employee Benefit Options Guide* available on the OSEEIGB website at www.sib.ok.gov or www.healthchoiceok.com.

Pre-Medicare Former Employees

For 2011 Plan Changes, refer to your *Former Employees, Surviving Dependents, and COBRA Participants Option Period Guide*. This Guide is also available on the OSEEIGB website at www.sib.ok.gov or www.healthchoiceok.com.

Overview

The HealthChoice USA Plan is designed for members who live and work outside Oklahoma and Arkansas. It offers members a national provider network and benefits identical to the HealthChoice High Option Plan.

HealthChoice USA provides access to the ChoiceCare Network. The ChoiceCare Network is one of the largest provider networks in the nation, with nearly 450,000 providers and 3,000 facilities.

Rates

The premiums are the same for both current and pre-Medicare former employees.

Member	Spouse	Child	Children
\$688.82	\$688.82	\$226.22	\$348.86

Eligibility

This plan is only available to current employees who receive a work assignment outside Oklahoma and Arkansas for more than 90 consecutive days and to non-Medicare former employees who live outside Oklahoma and Arkansas.

If you meet the above requirements, you may enroll in HealthChoice USA during the annual Option Period or within 30 days of your relocation outside Oklahoma and Arkansas. If you do not request a change within 30 days of your relocation, you must wait until the next annual Option Period to change plans.

Upon your relocation to Oklahoma or Arkansas, you have 30 days to change your plan from HealthChoice USA to one of the other plans offered through OSEEIGB.

For **current employees**, your Insurance/Benefits Coordinator must sign the *Option Period Enrollment/Change Form* certifying that you have been assigned to work outside Oklahoma and Arkansas. HealthChoice has the right to request employer documentation of your work assignment. You must submit the proper change form to your Insurance/Benefits Coordinator within 30 days of your relocation.

For **pre-Medicare former employees**, you can enroll during the annual Option Period, or by notifying OSEEIGB in writing within 30 days of your relocation in order to make this change. In your letter, be sure to include:

- Your request to change your benefits to or from the HealthChoice USA Plan
- Your new address
- The date of your relocation

Locating a Provider

To locate a provider who participates in the ChoiceCare Network:

- Visit the ChoiceCare Network online provider directory at www.choicecarenetwork.com and select *Physician Finder*
- Call the ChoiceCare Network Monday through Friday from 8 a.m. to 5 p.m. CT at the number listed below

Network Medical Benefits

- Annual deductible: \$500 individual/\$1,500 family
- Office visit copay and other copay-related services: **\$30 for primary care physician, \$50 for specialist** (for most lab work or other services, the deductible and 20% coinsurance will apply)
- Emergency room deductible: \$100 (waived if admitted)
- Annual out-of-pocket maximum: \$2,800 Network/\$3,300 non-Network, plus you are responsible for all amounts above the Allowed Charges when you use a non-Network provider
- Scheduled hospital admissions, certain surgical procedures performed in an outpatient facility, and specific diagnostic imaging procedures require certification; contact APS HealthCare at the number listed below for certification

Network Pharmacy Benefits

- Generic mandate plan
- Pharmacy benefits generally cover up to a 34-day supply or 100 units, whichever is greater, not to exceed the FDA approved 'usual' dosing for a 100-day supply and subject to specific quantity limits
- Preferred Medications:
 - When the cost of medication is \$100 or less - you pay up to \$30 or the actual cost if less
 - When the cost of medication is more than \$100 - you pay 25% up to a \$60 maximum
 - Pharmacy out-of-pocket maximum - \$2,500 per person using Preferred products at Network Pharmacies, then the Plan pays 100%
- Non-Preferred Medications:
 - When the cost of medication is \$100 or less - you pay up to \$60, or the actual cost if less
 - When the cost of medication is more than \$100 - you pay 50% up to a \$120 maximum
 - The pharmacy out-of-pocket maximum does not apply to non-Preferred medications

Identification Cards

You will receive an ID card imprinted with the ChoiceCare Network logo and the HealthChoice plan administrator's contact information. This ID card **MUST** be presented when using any of the ChoiceCare Network Providers and facilities, otherwise, you will lose any available discounts, and your claims will be paid as non-Network.

A text version of this brochure is available on the OSEEGIB website at www.sib.ok.gov or www.healthchoicook.com. This brochure is also available in CD format at the Oklahoma Library for the Blind and Physically Handicapped (OLBPH). Contact the OLBPH at 1-405-521-3314, toll-free 1-800-523-0288, and TDD 1-405-521-4672.

Contact Information

Health Claims, Benefits, Verification of Coverage, and Health ID Cards

Oklahoma City Area: 1-405-416-1800
All Areas: toll-free 1-800-782-5218
TDD: 1-405-416-1525 or toll-free 1-800-941-2160

Pharmacy Claims/ID Cards

All Areas: toll-free 1-800-903-8113
TDD: toll-free 1-800-825-1230

Provider Information

ChoiceCare Network

All Areas: toll-free 1-877-877-0715, ext. 4059
TDD: toll-free 1-800-941-2160

Certification

All Areas: toll-free 1-800-848-8121
TDD: toll-free 1-877-267-6367