

# HealthChoice

## High Deductible Health Plan

### Overview

The HealthChoice High Deductible Health Plan (HDHP) is a qualified high deductible health plan. It is combined with a health savings account (HSA), a tax-exempt savings account you establish to pay for qualified medical expenses. Funds you contribute to the HSA are your money, and any interest and investment returns accrue tax-free. HealthChoice has contracted with American Fidelity Health Services Administration to make establishing and keeping an HSA easy and convenient. The monthly maintenance fee is waived as long as you continue to participate through EGID.

The HDHP provides access to the HealthChoice Provider Network, one of the largest provider networks in Oklahoma. You can seek care from a Network Provider or non-Network provider; however, the amount you are responsible for paying is greatly increased when you use a non-Network provider.

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

### Combined Medical and Pharmacy Deductible

You must meet the combined medical and pharmacy calendar year deductible before any benefits, other than preventive services, are paid by the Plan. Allowable Fees for both Network and non-Network medical and pharmacy services count toward the deductible. Only the family deductible applies if there are two or more family members covered; however, one family member can meet the entire family deductible.

Individual.....	\$1,500
Family of two or more .....	\$3,000

### Network Benefits

After you meet the combined medical and pharmacy deductible, you are responsible for the following costs:

- \$30 copays for physician office visits/\$50 copays for specialist office visits;
- 20 percent coinsurance for covered medical services;
- \$100 emergency room copays;
- Amounts above the maximum benefit limitations;
- Non-covered services or charges;
- Pharmacy copays; and
- Cost differences between brand-name and generic medications.

## Network Pharmacy Benefits

After you reach the combined medical and pharmacy deductible, the following copays apply to medications purchased at Network Pharmacies until the out-of-pocket maximum is met. Only costs for generic and Preferred medications purchased at Network Pharmacies count toward the out-of-pocket maximum. Once the out-of-pocket maximum is met, the Plan pays 100 percent for generic and Preferred medications purchased at Network Pharmacies for the remainder of the calendar year.

Medication Type	Copay for up to a 30-day supply of a medication	Copay for a 31- to 90-day supply of a medication
Generic	Up to \$10	Up to \$25
Preferred brand-name	Up to \$45	Up to \$90
Non-Preferred brand-name	Up to \$75	Up to \$150

**Specialty Medications**  
Specialty medications are covered for up to a 30-day supply and only when ordered through the CVS/caremark specialty pharmacy.

- Generic – \$10 copay
- Preferred – \$100 copay
- Non-Preferred – \$200 copay

**All Plan provisions apply.** Some medications are subject to prior authorization and/or quantity limitations. If you choose a brand-name medication when a generic is available, you are responsible for the cost difference in addition to the copay.

## Network Preventive Benefits

For information about the benefits for preventive services, please refer to the *HealthChoice High, High Alternative, Basic, and Basic Alternative Plans Handbook* or go to the HealthChoice website at [www.healthchoiceok.com](http://www.healthchoiceok.com).

## Non-Network Benefits

After the combined medical and pharmacy deductible is met, you are responsible for the following costs:

- 50 percent coinsurance for covered medical services;
- Amounts above the HealthChoice Allowable Fees;
- \$100 emergency room copays;
- \$300 non-Network inpatient hospital copays;
- Amounts above the maximum benefit limitations;
- Non-covered services or charges;
- Pharmacy copays; and
- Cost differences between brand-name and generic medications.

## Out-of-Pocket Maximum

After you meet the out-of-pocket maximum, HealthChoice pays 100 percent of Allowable Fees for Network services and generic and Preferred medications purchased at Network Pharmacies for the remainder of the calendar year. The out-of-pocket maximum includes the deductible amount of \$1,500/individual or \$3,000/family. Only Network medical and pharmacy Allowable Fees count toward the out-of-pocket maximum. Only the family out-of-pocket maximum applies if there are two or more family members covered; however, one family member can meet the entire family out-of-pocket maximum.

Individual.....	\$3,000
Family of two or more .....	\$6,000

The applicable out-of-pocket maximum must be met before Network benefits, other than preventive services, are paid at 100 percent of Allowable Fees.

After you meet the out-of-pocket maximum, you are still responsible for:

- Non-covered services or charges;
- Amounts above the maximum benefit limitations;
- Cost differences between brand-name and generic medications;
- Non-Preferred Pharmacy copays
- Non-Network Pharmacy copays
- Copays for non-Network emergency room and inpatient hospital
- 50% coinsurance for covered services from non-Network medical providers

## Charges That Do Not Count Toward the Out-of-Pocket Maximum

- Non-covered services or charges;
- Amounts above the maximum benefit limitations;
- Non-Preferred pharmacy copays;
- Cost differences between brand-name and generic medications; and
- Charges from non-Network medical and pharmacy providers.

## Lifetime Maximums

The HealthChoice plans do not have lifetime maximums for medical or pharmacy benefits.

## Disclaimer

Although EGID and the health savings account (HSA) trustee/custodian together provide health insurance benefits, each are independent entities with separate responsibilities. EGID expressly disclaims any fiduciary obligation to manage the member's HSA funds or accounts. HSA account information concerning contributions, IRS determinations, withdrawals or any matters regarding the HSA is the sole responsibility of the HSA trustee/custodian chosen by the member.