

# Save Time and Hassle with Automatic Claims Filing.

*When you receive health care services from a BlueChoice PPO network provider, you'll never file a claim. That means there's virtually NO paperwork. And that takes the hassle out of health care coverage.*

**This Plan Pays for Preventive Health Care Services!** Preventive care under the \$250 and \$500 deductible plans are covered at NO extra charge other than your \$20 per office visit copayment when services are performed in a physician's office. With other deductible and traditional plans, this valuable benefit is covered subject to the deductible. Covered services include: routine well-baby care, immunizations, annual gynecological exams, mammograms, Pap smears, flu shots, prostate screening and more.

**A Choice of Deductibles Helps You Control Your Monthly Premiums.** BlueChoice PPO lets you choose among six different deductible options. ("Deductible" is the amount you pay before your BlueChoice PPO benefits begin.) The higher the deductible you choose, the lower your premiums will be. All plans have a \$2,000 out-of-pocket limit for in-network health care. (Out-of-pocket limit is the maximum you will have to pay each benefit period after your deductible has been satisfied.)

*NOTE: All health care services for which you must pay a copayment are NOT subject to the deductible, unless specified in your contract.*

**Choosing a higher deductible will lower your monthly plan premium.**

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
<b>Deductible</b>	\$250	\$500	\$1,000	\$1,500	\$2,500	\$5,000
<b>Out-of-Pocket Limit</b>	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000

The \$250, \$500, \$1,000<sup>1</sup> and \$1,500<sup>1</sup> deductible plans have an in-network office copayment feature. When you visit a network physician, you'll pay just a \$20 copayment. On the other deductible plans, office visits and all other services are subject to the deductible and coinsurance.

**You May Want To Consider The Consumer Choice Version of Our PPO.** We also offer a Consumer Choice Version of our PPO at a higher premium. Under this plan, members may nominate an out-of-network physician or hospital to act as though they were part of the network. Benefits for service provided by a nominated and approved provider will be the same as for providers inside the network.

**We're Committed To You.** Blue Cross and Blue Shield of Georgia has been covering Georgians' health care needs for more than half a century. As always, we aim to provide a high level of quality coverage. BlueChoice PPO is no exception. If you're looking for the best of both worlds — savings and flexibility — sign up today!

<sup>1</sup>Limited to four office visits per member per year.

## Apply today for BlueChoice PPO.

*You'll enjoy the savings of an HMO plus the flexibility of a traditional plan. At a price that fits comfortably in your budget!*

### As with all health plans, there are some exclusions.

Your contract does not provide benefits for: Pre-existing conditions (any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received from a physician or other health care provider prior to the effective date of coverage or which existed prior to the effective date of coverage) until your coverage has been in force for 12 consecutive months; injury or disease recognized as compensable under Workers' Compensation; outpatient services for mental health care and substance abuse treatment; maternity benefits for the first 12 months of coverage, regardless of when the pregnancy occurs; services and supplies not medically necessary or not consistent with the diagnosis; treatment for which payment is made by any local, state or federal government (**except** Medicaid); services paid under Medicare or the Veterans Administration; any injury or disease related to war, declared or undeclared, or the military service; convalescent or custodial care; hair transplants; eyeglasses/contact lenses/radial keratotomy and the examinations associated with them; hearing aids; experimental services; weight reduction or treatment for obesity; dental care and treatment and oral surgery (except for extraction of impacted teeth); physical therapy/occupational therapy, chiropractic care or speech therapy if such services are necessitated by developmental delay.

*A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage.*



BlueCross  
BlueShield  
of Georgia

# BlueChoice PPO

*Don't Get Caught Uninsured.*



BlueCross  
BlueShield  
of Georgia

## The Power of Blue.<sup>SM</sup>

Blue Cross and Blue Shield of Georgia  
3350 Peachtree Road, N.E.  
Atlanta, GA 30326  
Telephone 1-800-718-8831

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# Introducing BlueChoice PPO . . .

**Our newest health care plan for individuals that puts the power of choice in your hands.**

## Choose To Save Money at Network Providers.

As a Preferred Provider Organization, thousands of fine physicians in Georgia have contracted with Blue Cross and Blue Shield of Georgia's BlueChoice PPO to help control costs. By choosing a physician who has contracted with us, your out-of-pocket costs will be less.

Within our network of 9,300 physicians, you'll find a wide choice of physicians and hospitals to serve you. And, depending on the plan you choose, the cost you pay for many services are low and fixed, making budgeting for health care expenses easier for you. For example, with the \$250, \$500, \$1,000<sup>1</sup> and \$1,500<sup>1</sup> deductible plans, you will only pay a low copayment for office visits to in-network providers.

**\$20 Office Visits\*** Visits to BlueChoice PPO preferred or participating physicians cost just \$20, with NO deductible.

**\$20 Specialist Visits\*** Visits to BlueChoice PPO preferred or participating physician specialists cost just \$20, with NO deductible.

**\$50 Emergency Room Visits** For emergency care, you'll pay just \$50 for a life-threatening emergency, and this charge is waived if you are admitted to the hospital.

**\$200 Maternity Care\*** The cost of having a child can truly be astronomical. But with BlueChoice PPO, the cost is fixed — just \$200 for prenatal, postnatal and physician delivery charges. There's NO need to worry about surprise bills. (Family Contracts Only)

## All of Our Plans Offer . . .

**Lifetime protection up to \$5 MILLION** - Like a traditional health plan, in-network hospitalization is paid at 80% after you satisfy your annual deductible and until you reach your annual out-of-pocket limit. Then, BlueChoice PPO pays 100% of all covered charges in-network — up to a maximum lifetime benefit of \$5,000,000. (You must obtain pre-certification before being admitted to the hospital and for certain outpatient procedures.) Hospitalization is always paid at 60% when you use out-of-network providers and pre-certification is required for both admission to the hospital and certain outpatient procedures.

## Choose Any Physician or Hospital Outside the Network.

BlueChoice PPO gives you the freedom to see any physician, specialist or hospital — anywhere! So if you need specialized care in another part of the country, get it. You're covered.

*\*The portion of health care expenses you share will be greater with other deductible plans or when using out-of-network providers. See chart inside.*

*<sup>1</sup>Limited to four office visits per member per year.*

# Benefits at a Glance

BlueChoice PPO Plan						
	250	500	1000	1500	2500	5000
<b>Lifetime Maximum</b>	\$5,000,000					
<b>Deductible</b>	\$250	\$500	\$1,000	\$1,500	\$2,500	\$5,000
<b>Coinsurance</b>						
In-Network	80%					
Out-of-Network	60%					
<b>Out-of-Pocket Limit</b>						
In-Network	\$2,000					
Out-of-Network	No Out-of-Pocket Maximum					
<b>Office Visits</b>			\$20 copay; after 4 copays, 80%		80%	
In-Network	\$20 office visit copay					
Out-of-Network			60%			
<b>Preventive care through age 5</b>	\$20 office visit copay		80% of covered charges, deductible waived			
<b>Preventive care for adults</b>	\$20 office visit copay		80% of covered charges			
<b>Lab/X-ray</b>						
In-Network	80%					
Out-of-Network	60%					
<b>Hospital-Based Physicians</b>	80% in network; 60% out-of-network					
<b>Maternity*</b>	physician: \$200 copayment hospital: 80%		80%	80%	Not covered	Not covered
In-Network						
Out-of-Network	60%				Not covered	Not covered
<b>Outpatient Facility</b>						
In-Network	80%					
Out-of-Network	60%					
<b>Physical/Occupational Therapy</b>	80% in-network; 60% out-of-network; 30 visits per year					
<b>Mental Health</b>						
Inpatient	\$100 per day up to \$3000 per year; \$10,000 lifetime maximum					
Outpatient	Not Covered					
<b>Inpatient Hospital</b>						
In-Network	80%					
Out-of-Network	60%					
<b>Retail RX**</b>	\$150 annual RX deductible					
Generic/Formulary	\$15 copay, after deductible is met					
Brand/Formulary	\$25 copay, after deductible is met					
Non-Formulary	\$40 copay, after deductible is met					

*\*No maternity benefits are payable for the first twelve (12) months of coverage.*

# Answers to Commonly Asked Questions about BlueChoice PPO

## Can I pay the \$20 copayment for a physician visit right away, or do I have to satisfy my deductible first?

By choosing the \$250, \$500, \$1,000<sup>1</sup> and \$1,500<sup>1</sup> deductible plans, you can visit a network physician or specialist for just \$20 *right from the start!* The annual deductible you select does not apply to in-network physician visits. On all other plans, these services are subject to the deductible and coinsurance.

## What if I want to use a physician or hospital outside the network?

You have freedom of choice! Although you'll save money when you use a BlueChoice PPO network provider, you're free to use physicians or hospitals outside the network. The chart inside this brochure shows your in-network and out-of-network benefits. Keep in mind, you have a wide choice of physicians and hospitals within the BlueChoice PPO network and your physician may already participate.

## Can I cover just my kids if I want to?

Yes. We realize no two families' insurance needs are exactly alike. If you need child-only coverage, it's available, in the same benefit amount as adults. By the same token, you can also get coverage for just yourself, your spouse, your dependents, any children for whom you assume legal guardianship such as foster children, or any combination of the above.

## What if I have an emergency when traveling?

Don't worry. You'll receive your in-network benefits for emergency care and accidental injuries throughout the country. For non-emergency care in another state, the plan pays out-of-network benefits.

## How much does BlueChoice PPO cost?

It's quite affordable. Prices vary depending on your coverage selections. Please note: You can never be singled out for a rate increase — or have your coverage canceled — due to your age, health, or the number, type, or size of the claims you may have. Rates can only be adjusted if they are adjusted for all BlueChoice PPO members.

## Who should I call if I have a question?

Call your local agent at the number included with these materials. He or she will be happy to assist you with the completion of your application, or to answer any remaining questions you may have.

*<sup>1</sup>Limited to four office visits per member per year.*