

BlueChoice PPO Saver 2000



BlueCross
BlueShield
of Georgia



Introducing BlueChoice PPO Saver 2000

BlueChoice PPO Saver 2000 is an innovative health plan that helps keep your costs low, while providing you with the peace of mind that you are covered by Blue Cross and Blue Shield of Georgia. Here's why more Georgians entrust their health coverage needs to Blue Cross and Blue Shield of Georgia than any other insurer in Georgia:

- 2.2 million members*
- A- Standard & Poors rating*
- Full Accreditation from the American Healthcare Commission/URAC for our BlueChoice PPO preferred provider network with credentialing and utilization management*
- Preferred provider national access through the BlueCard PPO program*

Saver 2000 Plan Advantages

- Large network of preferred providers*
- Preventive care for children and adults*
- Toll-free "Best in Class" customer service*
- No claim forms when you use preferred providers*

Lifetime protection up to \$5.0 MILLION – Like a traditional health plan, preferred provider hospitalization is paid at 70% after you satisfy your annual deductible and until you reach your annual out-of-pocket limit. Then, BlueChoice PPO Saver 2000 pays 100% of all covered charges for preferred providers – up to a lifetime maximum of \$5,000,000.

Preferred Providers Save You Money

As a Preferred Provider Organization, thousands of fine physicians and hospitals in Georgia have contracted with Blue Cross and Blue Shield of Georgia to help control costs. By choosing a physician or hospital that has contracted with us, your out-of-pocket costs will be less. Within our network of over 11,000 providers, you'll find a wide choice of physicians and hospitals to serve you.

Please note: Unless otherwise stated, all benefits are subject to the deductible.

Important: All inpatient medical care requires pre-admission certification. For complete details, see your Contract.

Waiting Period: There is a 12-month waiting period for pre-existing conditions.

Lifetime Maximum

Annual Deductible Per Member

Annual Out-of-Pocket Maximum

Office Visits

(Limited to two (2) office visits per member per year for preferred and non-preferred providers combined.)

Preventive Care for Babies and Children Office Visit

(through age 6)

Preventive Care for Babies and Children Immunizations

(through age 6)

Preventive Tests for Adults

(tests only; does not include the office visit)

Routine Pap smears, annual mammograms, annual chlamydia for women under 30, and PSA for men

Lab Work and X-rays (Outpatient)

Professional Services (Inpatient)

Including surgery, anesthesia, in-hospital physician care, diagnostic X-ray and lab.

Inpatient Hospital Services

Surgery, x-ray, in-hospital physician visits, organ/tissue transplants

Maternity

Emergency Room Services

- Life-threatening illness, serious accidental injury
- Non-emergency use of the emergency room

Outpatient Medical Care

Physical/Occupational Therapy (Outpatient)

Mental, Emotional or Functional Nervous Disorders

Inpatient Facility Only

Infusion Therapy/Chemotherapy

Ambulatory Surgical Center

Ambulance Service

Home Health Care

Maximum of 60 visits per year for preferred and non-preferred providers combined

Skilled Nursing Facility

Maximum covered expense of \$400 per day, up to 100 days per year for preferred and non-preferred providers combined

Hospice

Maximum lifetime covered expense of \$10,000 for preferred and non-preferred providers combined

Prescription Drugs

Retail Drugs – per prescription (up to a 34-day supply)

Generic

Brand

Mail Order Drugs – per prescription (up to a 90-day supply)

The Mail Order benefit is available only for maintenance drugs as classified by the Federal Data Bank.

Generic

Brand

** The retail and mail order deductible for brand name drugs is a combination. Maximum of \$500 per member per year for generic, brand and non-formula.

Preferred Provider	Non-Preferred Provider
\$5,000,000	\$5,000,000
\$2,000 (2-member family maximum)	\$2,000 (2-member family maximum)
\$3,000 plus deductible per member \$6,000 plus deductible per family	\$10,000 plus deductible per member \$20,000 plus deductible per family
\$30 Copayment for two (2) visits with deductible waived	Plans pays 60% for two (2) visits with deductible waived
Plan pays 70% with deductible waived	Plan pays 60% with deductible waived
Plan pays 70% with deductible waived	Plan pays 60% with deductible waived
Plan pays 70%	Plan pays 60%
Plan pays 70%; maximum of \$300 per member per year with deductible waived	Plan pays 60%; maximum of \$300 per member per year with deductible waived
Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 60%
Not Covered	Not Covered
Plan pays 70% after deductible Plan pays 70% after deductible	Plan pays 70% after deductible Plan pays 60% after deductible
Plan pays 70%	Plan pays 60%
Not Covered	Not Covered
\$100 per day; \$3,000 per year maximum	\$100 per day; \$3,000 per year maximum
Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 60%
Plan pays 70%; maximum of \$750 per round trip (air or ground)	Plan pays 60%; maximum of \$750 per round trip (air or ground)
Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 60%
Plan pays 70%	Plan pays 60%
\$10 copayment	\$10 copayment
\$25 copayment; after annual \$200 deductible is met*	\$25 copayment; after annual \$200 deductible is met*
\$20 copayment	Not Applicable
\$50 copayment; after annual \$200 deductible is met*	Not Applicable

lined \$200 annual deductible.

pharmacy for retail pharmacy and mail order combined.

Answers to Commonly Asked Questions about BlueChoice PPO Saver 2000

How many office visits are covered under the BlueChoice PPO Saver 2000 Plan? Each covered member is entitled to two (2) office visits for sick and preventive care per year. If you visit your doctor after you have used your two office visits, you are responsible for 100% of the charges.

Can I pay my portion of the office visit right away, or do I have to satisfy my deductible first? BlueChoice PPO Saver 2000 allows you to visit a preferred provider and pay your \$30 copayment right from the start. The annual deductible does not apply for your two office visits. If you choose to see a non-preferred provider, you may pay more.

Can I cover just my kids if I want to? Yes. 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.

Are well-child visits covered under the BlueChoice PPO Saver 2000 Plan? Yes. Office visits, examinations and immunizations are all covered for babies and children through age 6. Your Plan pays for 70% of covered charges for preferred providers and your annual deductible is waived.

What is covered under preventive tests for adults? Annual preventive tests for Pap smears, mammograms, chlamydia tests for women under age 30, and prostate screening exams are covered. However, if you have already used your two office visits prior to your annual preventive exams, you are responsible for your physician's charges.

What if I need to be hospitalized? In most cases, you and your physician plan in advance where you will go, what needs to be done and how long you will be in the hospital.

Prior to your admission, Blue Cross and Blue Shield of Georgia must pre-approve all preferred and non-preferred hospital admissions. Emergency admissions must be certified within 48 hours. Pre-Admission Certification must also be obtained for inpatient admissions for mental health.

What happens if my hospital admission is not pre-approved? If you are admitted to a preferred hospital and receive treatment, the hospital is liable for pre-certification. If you are admitted to a non-preferred hospital and receive treatment, you are liable for all denied charges if pre-certification is not obtained.

If you have a medical emergency hospital admission, all eligible charges will be paid at the in-network rate until you are able to be transferred to a preferred hospital. If you are not transferred, the Plan pays benefits according to the non-preferred benefit level.

Do I have prescription drug coverage with BlueChoice PPO Saver 2000? Yes. For a low copayment per generic drug prescription, you can have yours filled at your local pharmacy or through our mail-order drug program.

- * If your prescription is for a brand name drug, you must meet a \$200 annual prescription drug deductible. Once you have met your deductible, you will pay a low copayment per brand name drug prescription. It's that easy!
- * The Mail Order benefit is available only for maintenance drugs as classified by the Federal Data Bank.

How much does BlueChoice PPO Saver 2000 cost? It's very 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 Saver 2000 members.

Who should I call if I have a question? Call your local agent or Blue Cross and Blue Shield of Georgia directly at 1-800-718-8831. We're happy to assist you.



**BlueCross
BlueShield**
of Georgia

The Power of Blue.SM

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