ForwardFocus HSA POS

GABG4000SFF Rev. 12/11

Our plans are designed to fit your plans

Individual and Family Health Care Plans for **Georgia**

Make sure you have all the facts.

This Benefit Guide is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plans described – including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please see the enclosed Coverage Details and brochure. These documents should be included with your information kit, or if you have printed this from your computer, they should be at the end of this document. If you don't have these documents, be sure to contact your Blue Cross and Blue Shield Healthcare Plan of Georgia sales agent.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

"No Obligation" review period.

After you enroll in a plan offered by Blue Cross and Blue Shield Healthcare Plan of Georgia, you will receive a contract booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 30 days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your contract booklet along with a letter notifying us that you wish to discontinue coverage. Ask your Blue Cross and Blue Shield Healthcare Plan of Georgia sales agent.

Life and Disability products underwritten by Greater Georgia Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Call me today for a personal quote or for more information:

BlueCross BlueShield
Healthcare Plan of Georgia

Benefit Guide for Georgia

Benefits | ForwardFocus HSA POS (Blue Open Access POS Network)

Calendar Year Deductible		Your Choices							
Individual	NETWORK:	$1,750	$2,500	$3,500	$5,500				
	NON-NETWORK:	$1,750	$2,500	$3,500	$5,500				
Family	NETWORK:					$3,500	$5,000	$7,000	$11,000
	NON-NETWORK:					$3,500	$5,000	$7,000	$11,000
Network Coinsurance Options		20%	20%	0%	0%	20%	20%	0%	0%
Calendar Year Out-of-Pocket Maximum		**Add Your Chosen Deductible to the Amount Below**							
Individual	NETWORK:	$2,500	$2,500	$0	$0				
	NON-NETWORK:	$6,750	$7,500	$3,500	$5,500				
Family	NETWORK:					$5,000	$5,000	$0	$0
	NON-NETWORK:					$13,500	$15,000	$7,000	$11,000
How family deductibles and family out-of-pocket maximums work		For family plans (with two or more members) one member or any combination of family members can meet or contribute toward the family deductible and family out-of-pocket maximum. Medical and Drug benefit apply to a shared OOP deductible and maximum.							
Lifetime Maximum		None							

Covered Services	Your Share of Costs (after deductible, unless waived or not subject to the deductible)
Doctors' Office Visits	NETWORK: Non-preventive Office Visit; 20% or 0% Coinsurance[1] NON-NETWORK: Non-preventive Office Visit; 40% or 30% Coinsurance[1]
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	NETWORK: 20% or 0% Coinsurance[1] NON-NETWORK: 40% or 30% Coinsurance[1]
Inpatient Services (overnight hospital/facility stays)	NETWORK: 20% or 0% Coinsurance[1] NON-NETWORK: 40% or 30% Coinsurance[1]
Outpatient Services (without overnight hospital/facility stays)	NETWORK: 20% or 0% Coinsurance[1] NON-NETWORK: 40% or 30% Coinsurance[1]
Emergency Room Services	NETWORK: 20% or 0% Coinsurance[1] NON-NETWORK: 20% or 0% Coinsurance[1]
Preventive Care Services	Covers all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more. NETWORK: 0% Coinsurance, not subject to deductible NON-NETWORK: 30% Coinsurance
Maternity	Not Covered (see Optional Coverage below)
Optional Coverage (at additional cost)	Dental[2], Life, Maternity[2] (available with plan deductibles of $2,500 or higher)

Prescription Drug Coverage | ForwardFocus HSA POS

Retail Drugs (and Mail Order Drugs when available)	NETWORK: 20% or 0% Coinsurance[1] NON-NETWORK: 40% or 30% Coinsurance[1] The policy deductible is a combined medical and prescription drug deductible.
Optional Drug Coverage (when available)	Not Applicable
Other Covered Benefits include but are not limited to:	Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Physical/Occupational Therapy, Speech Therapy

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/ Certificate. In the event of a conflict between the Contract/ Certificate and this Benefit Guide, the terms of the Contract/ Certificate will prevail.

1 Coinsurance is designated by the deductible you choose.
2 Limitations such as waiting periods apply. Check your Contract/Certificate or ask your agent for details.
NOTE: Network and non-network deductibles are separate and do not accumulate toward each other.

Coverage Details

Things you need to know before you buy...

BlueCross BlueShield of Georgia

SmartSense® Plus POS, SmartSense® Plus PPO, Premier Plus POS, Premier Plus PPO and ForwardFocus HSA POS

Before choosing a health care plan, please review the following information along with the other materials enclosed.

Enrollment Guidelines For Individual Health Plans:

To Enroll, You Must Be:

- Age 19-64;
- A permanent legal resident of Georgia;
- Not eligible for Medicare.

If Your Application Is Approved:

Your coverage can start on any day of the month. The earliest effective date you may receive is the day after the application is received by Blue Cross and Blue Shield of Georgia (BCBSGa). If the application does not specify an effective date the day BCBSGa approves the application will become the effective date.

Your Qualified Dependents Include:

- Spouse age 64 or younger;
- Domestic Partner age 64 or younger ;
- Children (under 26 years of age), or the children (under 26 years of age) of your enrolling spouse or qualified domestic partner.

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with your expected health care needs and risk factors. That's why we offer various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting.

Depending on the results of the underwriting review:

- You may be offered coverage at the lowest premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure.

If you do not qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Blue Cross and Blue Shield of Georgia representative for information regarding other Individual coverage options.

Access to the MIB

Information regarding your insurability will be treated as confidential. Blue Cross and Blue Shield of Georgia or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 886-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is

50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734

Information for consumers about MIB may be obtained on its website at www.mib.com.

Blue Cross and Blue Shield of Georgia, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Waiting Periods

For applicants age nineteen (19) and older there is a specific twelve-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended by your health care provider or received within twelve months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the twelve-month waiting period. Blue Cross and Blue Shield of Georgia will credit the time you were enrolled on the previous plan. Consult with your Blue Cross and Blue Shield of Georgia agent or representative if you have a question about the underwriting process.

Utilization Management and Case Management

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

Prospective Review/Pre-Admission Review

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that: 1) the procedure is medically necessary and 2) the procedure meets your health care plan's specific guidelines prior to being performed.

Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment

Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

Concurrent Review

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

Retrospective Review

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

Case Management

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

Benefits Which Are Not Covered By These Individual Health Care Plans:

Remember, all health care plans are different and, as with many plans, there are some exclusions. To choose the plan that best meets your needs, it's important to understand not only what it offers, but what is does not.

Your contract does not provide benefits for:

- The 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date unless you have any prior creditable coverage towards this waiting period. The pre-existing condition limitation does not apply to applicants under age nineteen (19).
- 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 military service; Convalescent or custodial care;
- Hair transplants;
- Eyeglasses/contact lenses/radial keratotomy and the examinations associated with them (except one annual vision exam under Premier);
- Hearing aids;
- Experimental services;
- Weight reduction or treatment for obesity;
- Physical, occupational or speech therapy for developmental delay;
- Services related to artificial insemination or in-vitro fertilization;
- Cosmetic services, except as otherwise stated in the contract.

In addition, pregnancy related services are not covered unless the optional maternity rider is purchased (only available under Premier Plus and ForwardFocus HSA plans with deductibles of $2,500 or greater and there is a separate 12 month waiting period before maternity benefits are available). Also not covered is dental care and treatment and oral surgery unless the optional dental rider is purchased. Dental care is also subject to specific exclusions and limitations on services, such as two oral or periodontal exams per member per year. A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage or any optional coverage amendments. Please review these carefully upon enrollment.

This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the policy Contract booklet, the provisions of the Contract booklet shall prevail.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Selecting health coverage is an important decision.

To assist you, we supply the following for the plans under consideration: Brochure, Benefit Guide, Coverage Details and Enrollment Application. If you did not receive one or more of these materials, please contact your Blue Cross and Blue Shield of Georgia agent to request them.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.