

2009

HEALTH CARE BASICS: THE FORMULA FOR MAKING THE RIGHT CHOICE

BMI = Body weight (kg) / height² (m²) PEBC



"Creating A More Educated Georgia"





Indemnity, PPO, HSA PPO (HDHP) and HMO Options for Plan Year 2009

The Plan Year 2009 Open Enrollment period for the University System of Georgia will be held from October 6, 2008 through November 7, 2008.

This year we have a new theme for open enrollment – 2009 Health Care Basics: The Formula for Making the Right Choice.

We ask that you invest the amount of time that it takes for you to be an informed and responsible consumer. If you have questions, or should you need assistance, please contact your campus Human Resources office.

Through Blue Cross and Blue Shield of Georgia, Inc.

We wish to continue to emphasize and encourage you and your family to both practice preventive care and take advantage of the 360° Health programs for maintaining your health. 360° Health® from Blue Cross and Blue Shield of Georgia (BCBSGa) is a total health solution that surrounds you with an integrated suite of resources and health programs designed to give you the information and support you need to reach your own level of optimal wellness. From Web-based resources to personalized interactions with a registered nurse, 360° Health can help you become more engaged in your health care decisions that are right for you. 360° Health brings together all the resources, tools and programs you need to manage your health, make more informed health care decisions, and get the most value from your health care dollars.

360° Health organizes its programs and resources into three categories:

- Tools and Resources, with online health and wellness information, as well as discounts on health-related products and alternative medicine therapies
- Health guidance and support 24/7 from registered nurses
- Health management with programs like ComplexCare for those at risk for critical health issues; ConditionCare for those with ongoing conditions like diabetes; and Comprehensive Medical Management for those coping with serious health issues, like a severe illness or injury. These Health Management programs help members with chronic or acute conditions by supporting them in adhering to their physician's care plan and national clinical guidelines.

For more information and to access the phone numbers for the 360° Health programs, please see pages 18-19 of this guide.

Through Kaiser Permanente

The Kaiser Permanente HMO offers disease state management programs for: diabetes, asthma, congestive heart failure, coronary artery disease and depression. Participation in these programs will provide you with access to the leading medical strategies utilized in treating these chronic conditions. The research data demonstrates that participants in these programs generally have fewer visits to an emergency room. For information regarding the Kaiser Permanente HMO disease management programs, call 404-261-2590.

Kaiser Permanente also offers a Quit Smart Program to help members successfully quit smoking. The Quit Smart Program is a six-session program offered at no cost to Kaiser Permanente members. For more information, call Health Line at 404-365-0966, or call 800-611-1811.

Comparison Guide

To assist you in making your health care plan decisions for Plan Year 2009, we have included a comparison of all of your health plan options in this booklet. For those individuals who elect to participate in the Indemnity, PPO or HSA PPO (HDHP), we strongly encourage you to take advantage of the large network by choosing participating providers to minimize your member out-of-pocket expenses.

The BlueChoice HMO and Kaiser Permanente health care plan options are deemed to be a managed health care plan. Please be reminded of the 2002 Georgia statute, which states that members who participate in a managed health care plan are hereby advised of the following limitation: "For reimbursement, your health care plan may restrict the choice of who may treat you or your family, and where you may be treated."

Kaiser Permanente is the only HMO health care plan option that provides Board of Regents members with access to a Medicare Advantage plan. The Kaiser Permanente Medicare option is called "Senior Advantage." Eligibility requirements to enroll in the Senior Advantage program are identified on page 25 of this Health Benefits Comparison Chart.

For our members who wish to receive their entire medical and enhanced drug benefits from one source, the Kaiser Permanente Senior Advantage option provides an integrated benefit covering hospital, physician and drug costs.

Thank you for your service to the University System of Georgia. Please continue your long-standing practice of utilizing your health care plan benefits responsibly. We are pleased to share the following information that affects a critically important aspect of everyone's life – his or her health.

Pharmacy Benefits

The Board of Regents has chosen Medco to manage our Pharmacy Benefit for the Indemnity and PPO plans and to manage a Coverage Review Program. This program helps manage costs while ensuring you and your family have access to the medications you need to stay healthy. Information regarding this program may be found on page 22 of the Health Benefits Comparison Guide.

Medicare Part D Coverage

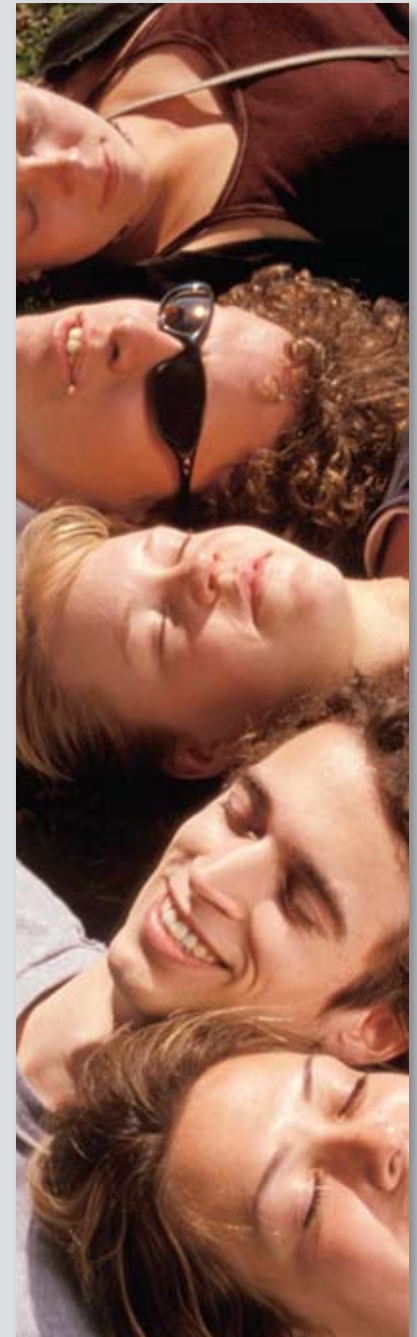
For our Medicare-eligible covered members, the federal Medicare Prescription Drug Improvement and Modernization Act of 2003 became effective January 1, 2006. The more familiar name for this federal statute is "Medicare Part D."

Medicare-eligible covered members will be required to make an important decision – whether to continue with their prescription drug coverage offered through the health care plans of the Board of Regents or whether to enroll in a Medicare prescription drug plan offered by an external vendor approved by Medicare.

If you are a current Kaiser Permanente Senior Advantage member, Kaiser Permanente will automatically serve as your Medicare Part D provider. If you are a new member who selects Senior Advantage as your retiree health care plan option for 2009, your application will include Part D enrollment information. For additional information regarding this benefit, please call Kaiser Permanente Customer Service at 404-233-3700, or 800-232-4404.

As in the past, we will submit an actuarial attestation to the Centers for Medicare & Medicaid Services (CMS), as required by federal statute, which documents that the Board of Regents pharmacy benefit plan is comparable to the standard Medicare prescription drug coverage that will be provided by a CMS-approved external vendor. Detailed information about Medicare plans that offer prescription drug coverage may be viewed at www.medicare.gov, or by calling Medicare at 800-Medicare (800-633-4227)/TDD 877-486-2048.

Please ensure that you carefully compare the costs and the plan design if you decide to utilize an external, CMS-approved Medicare Part D pharmacy vendor. Some external plans may offer coverage at a higher cost than what you currently pay, and the covered medications under an external vendor's plan may be more limited than your current Board of Regents preferred drug list.



Indemnity, PPO, HSA PPO (HDHP) and HMO Premium Rates

	Indemnity Plan		Preferred Provider Option (PPO)		Preferred Provider Option (PPO) Consumer Choice Option	HSA PPO (HDHP)		
PLAN YEAR	2008	2009	2008	2009	2009	2008	2009	2009
						HSA Premium	HSA Premium	Consumer Choice Option
Employee Only								
Employee	\$140.62	\$302.00	\$105.18	\$135.66	\$180.90	\$22.70	\$23.84	\$47.68
Employer	\$421.68	\$316.54	\$315.48	\$316.54	\$316.54	\$204.34	\$214.54	\$214.54
Total Rate	\$562.30	\$618.54	\$420.66	\$452.20	\$497.44	\$227.04	\$238.38	\$262.22
Employee + Child								
Employee	\$253.00	\$543.46	\$189.30	\$244.18	\$325.62	\$39.68	\$41.66	\$83.30
Employer	\$759.02	\$569.76	\$567.86	\$569.76	\$569.76	\$357.04	\$374.90	\$374.90
Total Rate	\$1,012.02	\$1,113.22	\$757.16	\$813.94	\$895.38	\$396.72	\$416.56	\$458.20
Employee + Spouse								
Employee	\$295.20	\$634.08	\$220.84	\$284.88	\$379.86	\$46.04	\$48.34	\$96.66
Employer	\$885.54	\$664.74	\$662.52	\$664.74	\$664.74	\$414.32	\$435.04	\$435.04
Total Rate	\$1,180.74	\$1,298.82	\$883.36	\$949.62	\$1,044.60	\$460.36	\$483.38	\$531.70
Family								
Employee	\$407.64	\$875.62	\$304.96	\$393.40	\$524.54	\$63.00	\$66.16	\$132.30
Employer	\$1,222.84	\$917.90	\$914.86	\$917.90	\$917.90	\$567.04	\$595.38	\$595.38
Total Rate	\$1,630.48	\$1,793.52	\$1,219.82	\$1,311.30	\$1,442.44	\$630.04	\$661.54	\$727.68
Retiree With Medicare								
Employee	\$82.28	\$183.22	\$59.38	\$76.60	\$102.14	\$22.70	\$23.84	\$47.68
Employer	\$246.76	\$178.72	\$178.12	\$178.72	\$178.72	\$204.34	\$214.54	\$214.54
Total Rate	\$329.04	\$361.94	\$237.50	\$255.32	\$280.86	\$227.04	\$238.38	\$262.22
Retiree + One Both With Medicare								
Employee	\$164.56	\$366.48	\$118.76	\$153.18	\$204.30	\$46.04	\$48.34	\$96.66
Employer	\$493.54	\$357.44	\$356.24	\$357.44	\$357.44	\$414.32	\$435.04	\$435.04
Total Rate	\$658.10	\$723.92	\$475.00	\$510.62	\$561.74	\$460.36	\$483.38	\$531.70

*To qualify for "Retiree with Medicare" or "Retiree + One, Both with Medicare" coverage, all eligible individuals must have and assign Medicare Parts A and B to the HMO.

Schedule of Selected Benefits

Comparison of University System of Georgia

Indemnity Health Care Plan, PPO Health Care Plan, HSA PPO (HDHP) and HMO Options
Effective January 1, 2009

	Indemnity Plan	Preferred Provider Option PPO	Preferred Provider Option PPO National In-Network	Preferred Provider Option PPO Out-of-Network
Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
Description of Plan	<p>Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, surgical, ConditionCare, pharmacy benefit management, mental health/substance abuse, and transplant services.</p> <p>When a member requires medical care/services, he or she can elect to see providers who are not in the Blue Cross and Blue Shield of Georgia (BCBSGa) Participating Provider Program or in the Blue Cross Blue Shield Association (BCBSA) BlueCard® Program.</p> <p>Failure to access these BCBS networks or programs will result in the member being subject to balance billing.</p>	<p>Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, surgical, ConditionCare, pharmacy benefit management, behavioral health (mental health/substance abuse), and transplant services.</p>	<p>Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, surgical, ConditionCare, pharmacy benefit management, behavioral health (mental health/substance abuse), and transplant services.</p>	<p>Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, and surgical services.</p> <p>When a member requires medical care/services, he or she can elect to see providers who are not in the PPO network.</p> <p>Members who elect to use the services of out-of-network doctors and hospitals will receive a lower level of benefit coverage.</p> <p>Members who elect to use the services of out-of-network doctors and hospitals will be subject to balance billing.</p>
Providers of Medical/Pharmacy Benefit Management Services	<p>Blue Cross and Blue Shield of Georgia (BCBSGa) has established the BCBSGa Participating Provider Program to minimize a member's out-of-pocket expenses for covered physician charges provided within the State of Georgia.</p> <p>The Blue Cross and Blue Shield Association (BCBSA) has established the BlueCard Program to minimize a member's out-of-pocket expenses for covered physician and facility charges provided outside of the State of Georgia.</p> <p>Failure to access these BCBS networks or programs will result in the member being subject to balance billing.</p> <p>BCBSGa administers the 24/7 NurseLine, Inpatient and Outpatient Hospital Precertification, ConditionCare and Transplant Services programs. (Medco administers the Pharmacy Benefit Management program.)</p> <p>Member costs incurred for balance billing will not apply toward the annual deductible or toward the annual out-of-pocket limits (stop loss).</p>	<p>Blue Cross and Blue Shield of Georgia (BCBSGa) has established the BCBSGa Participating Provider Program to minimize a member's out-of-pocket expenses for covered physician charges provided within the State of Georgia.</p> <p>Failure to access these BCBS networks or programs will result in the member being subject to balance billing.</p> <p>BCBSGa administers the 24/7 NurseLine, Inpatient and Outpatient Hospital Precertification, ConditionCare and Transplant Services programs. (Medco administers the Pharmacy Benefit Management program.)</p> <p>Member costs incurred for balance billing will not apply toward the annual deductible or toward the annual out-of-pocket limits (stop loss).</p>	<p>Blue Cross and Blue Shield (BCBS) has established the BlueCard National Network to minimize a member's out-of-pocket expenses for covered physician and facility charges provided outside the state of Georgia.</p> <p>Failure to access this BCBS network or program will result in the member being subject to balance billing. The BCBSGa administers the 24/7 NurseLine, Inpatient and Outpatient Hospital Precertification, ConditionCare and Transplant Services programs. (Medco administers the Pharmacy Benefit Management program.)</p> <p>Member costs incurred for balance billing will not apply toward the annual deductible or toward the annual out-of-pocket limits (stop loss).</p>	<p>Members who elect to use the services of out-of-network medical providers will be subject to balance billing.</p> <p>Members who elect to use the services of out-of-network pharmacies will be subject to balance billing.</p> <p>Failure to access these BCBS networks or programs will result in the member being subject to balance billing.</p> <p>BCBSGa administers the 24/7 NurseLine, Inpatient and Outpatient Hospital Precertification, Disease State Management and Transplant Services programs. (Medco administers the Pharmacy Benefit Management program.)</p> <p>Member costs incurred for balance billing will not apply toward the annual deductible or toward the annual out-of-pocket limits (stop loss).</p>
Providers of Behavioral Health Services (Mental Health and Substance Abuse)	<p>Access to Behavioral Health Services for members within the State of Georgia will be facilitated through the BCBSGa Prudent Buyer Program.</p> <p>Access to Behavioral Health Services for members outside of the State of Georgia will be facilitated through the BlueCard Program.</p> <p>There is no annual out-of-pocket limit for Behavioral Health Services.</p> <p>Precertification is required by BCBSGa.</p>	<p>Behavioral Health Services for members within the State of Georgia will be facilitated through the BCBSGa PPO Network.</p> <p>Access to Behavioral Health Services for members outside of the State of Georgia will be facilitated through the BlueCard Network Program.</p> <p>There is no annual out-of-pocket limit for Behavioral Health Services.</p> <p>Precertification is required.</p>		Not applicable.

PLEASE NOTE: The University System of Georgia Indemnity and PPO/PPO Consumer Choice Health Care Plans do not have the legal authority to intervene when nonparticipating providers balance bill the member. Therefore, the Health Care Plans cannot reduce or eliminate balance billed amounts. The Health Care Plans will not make additional payments above the plan-allowed benefit limits.

HSA PPO (HDHP) In-Network		HSA PPO (HDHP) Out-of-Network	BlueChoice HMO	Kaiser Permanente HMO
BCBSGa PPO Network/Blue Card PPO Network			Blue Cross and Blue Shield of Georgia	Kaiser Permanente
<p>Major medical coverage, including diagnosis and/or treatment of illness, injury or medical conditions. Benefits include physician, hospital, surgical, ConditionCare, pharmacy benefit management, mental health/substance abuse, and transplant services.</p> <p>When a member requires medical care/services, he or she can elect to see providers who are not in the Blue Cross and Blue Shield of Georgia (BCBSGa) Participating Provider Program or in the BlueCard Network Program.</p> <p>Failure to access these BCBS networks or programs will result in the member being subject to balance billing.</p>			<p>A Health Maintenance Organization (HMO) delivers comprehensive medical care to its members on a pre-paid basis. An HMO is comprised of a network of physicians, hospitals, and other health care providers. An HMO facilitates the medical and health care services for its members, including preventive care, hospital/facility services, and pharmacy services. HMO plan participants must use network providers to receive benefit coverage, except in an emergency.</p> <p>Enrolled employees/retirees and covered family members will be required to select a primary care physician (PCP) from the HMO network. The selected PCP will coordinate the medical services for a member and will issue a referral to a network specialist for specialty care as needed. PCPs include general practitioners, family medicine practitioners, internal medicine practitioners, and pediatricians.</p>	
<p>Blue Cross and Blue Shield of Georgia (BCBSGa) has established the BCBSGa Participating Provider Program to minimize a member's out-of-pocket expenses for covered physician charges provided within the State of Georgia.</p> <p>The Blue Cross and Blue Shield Association (BCBSA) has established the BlueCard Network Program to minimize a member's out-of-pocket expenses for covered physician and facility charges provided outside the state of Georgia. Failure to access the BCBS network will result in the member being subject to balance billing.</p> <p>BCBSGa administers the 24/7 NurseLine, Inpatient and Outpatient Hospital Precertification, ConditionCare and Transplant Services programs. (BCBSGa administers the Pharmacy Benefit Management program.)</p> <p>Member costs incurred for balance billing will not apply toward the annual deductible or toward the annual out-of-pocket limits (stop loss).</p>			<p>BlueChoice HMO operates under a contract with individual practicing physicians (IPA model). The physician maintains a private practice, treating HMO members at his or her office and billing BlueChoice for services rendered.</p> <p>Individual Practice Association (IPA)</p> <p>Within the Individual Practice Association (IPA) model, the HMO contracts with individual practicing physicians. Each physician maintains a private practice and treats members at his or her office. Each physician bills the HMO for his or her medical and health care services. If an attending physician determines that a member needs hospital care, he or she will be referred to a facility that contracts with the HMO and a facility at which the attending physician has admitting privileges. During a hospital stay, a member will receive medically necessary care, including the services of specialists. The attending physician will monitor all medical care. (BGBSGa administers the Pharmacy Benefit Management program.)</p> <p>BlueChoice HMO is an IPA model HMO.</p>	<p>The Kaiser Permanente group model HMO reflects a partnership between Kaiser Foundation Health Plan of Georgia, Inc. and The Southeast Permanente Medical Group, Inc. (TSPMG). TSPMG physicians provide medical care exclusively for Kaiser Permanente members. TSPMG physicians do not practice medicine outside of the Kaiser Permanente program, except for required community service.</p> <p>TSPMG physicians have contracted with Affiliated Community Physicians to assist in treating HMO members. These private practice physicians treat members in their offices.</p> <p>Group Practice (GP)</p> <p>Within the Group Practice (GP) model, the HMO operates a freestanding health care facility(ies) within a designated service area. This type of HMO model also authorizes a member to receive medical care and services from affiliated community physicians. Kaiser Permanente HMO participants will have access to over 200 physicians who practice in 15 Kaiser Permanente Medical Centers, and access to over 2,000 Affiliated Community Physicians. If an attending physician determines that a member needs hospital care, he or she will be referred to a contracted facility. During a hospital stay, a member will receive medically necessary care, including the services of specialists. The attending physician will coordinate all medical care.</p> <p>Kaiser Permanente is a GP model HMO.</p>
<p>Access to Behavioral Health Services for members within the State of Georgia will be facilitated through the BCBSGa PPO Network.</p> <p>Access to Behavioral Health Services for members outside of the State of Georgia will be facilitated through the BlueCard Network.</p> <p>There is no annual out-of-pocket limit for Behavioral Health Services.</p> <p>Precertification is required.</p>			<p>Access to Behavioral Health Services for members will be facilitated through the BCBSGa HMO Network. Precertification is required.</p>	

The Formula for Making the Right Choice

	Indemnity Plan	Preferred Provider Option PPO	Preferred Provider Option PPO National In-Network	Preferred Provider Option PPO Out-of-Network
Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
PRE-EXISTING CONDITIONS	None	None	None	None
MAXIMUM LIFETIME BENEFITS Amount of Coverage (Medical and Pharmacy Benefits Combined)	\$2 million	\$2 million	\$2 million	\$2 million
MAXIMUM ANNUAL DEDUCTIBLE FAMILY (Three or more covered members)	\$300 - Individual maximum \$900 - Family maximum	\$300 - Individual maximum \$900 - Family maximum	\$400 - Individual maximum \$1,200 - Family maximum Members who use both Network providers across the country and Out-of-Network providers will be responsible for a combined maximum deductible of \$400/individual or \$1,200/family; and, for a combined maximum out-of-pocket limit (stop loss) of \$2,000/individual and \$4,000/family	
	Annual deductibles, annual out-of-pocket limits (stop loss), and annual visit limitations will be based on a January 1 to December 31 plan year. Member costs incurred for balance billing will NOT apply toward the annual deductible(s) or toward the maximum annual out-of-pocket (stop-loss) limit(s).			
MAXIMUM ANNUAL OUT-OF-POCKET STOP-LOSS FAMILY (Three or more covered members)	\$2,000 - Individual maximum \$4,000 - Family maximum Indemnity Members: Member copayments for prescription drugs do not apply toward the annual deductible or the maximum annual out-of-pocket (stop loss) limits	\$1,000 - Individual maximum \$2,000 - Family maximum PPO: Member copayments for physician office visits, emergency room services, and/or prescription drugs do not apply toward the annual deductible or the maximum annual out-of-pocket (stop-loss) limits.	\$2,000 - Individual maximum \$4,000 - Family maximum	\$2,000 - Individual maximum \$4,000 - Family maximum
Physician Services Provided in Office Setting				
PHYSICIAN OFFICE VISIT For treatment of illness or injury	80% of UCR charges for nonsurgical services; subject to deductible.	100% of network rate after a \$20 copayment per visit; applies to nonsurgical services; not subject to deductible. The \$20 copayment applies to the physician's office visit only. The \$20 copayment does NOT apply to covered charges associated with medical treatment/services. (Medical treatment/services may include services such as X-rays, laboratory tests, and/or diagnostic tests.)	100% of network rate after a \$20 copayment per visit; applies to nonsurgical services; not subject to deductible. The \$20 copayment applies to the physician's office visit only. The \$20 copayment does NOT apply to covered charges associated with medical treatment/services. (Medical treatment/services may include services such as X-rays, laboratory tests, and/or diagnostic tests.)	60% of network rate for nonsurgical services; subject to out-of-network deductible and balance billing.
WELLNESS CARE/PREVENTIVE HEALTH CARE Physical exam, mammogram, Pap smear, prostate exam/PSA, well-baby care and immunizations, adult immunizations, routine laboratory services and routine hearing exams	\$750 per person per plan year; paid at 100% of UCR; not subject to deductible. The maximum wellness benefit that a covered member may receive is \$750 per person per plan year, regardless of the network affiliation of the provider.	\$750 per person per plan year; paid at 100% of network rate; not subject to deductible. \$20 copayment per office visit. The maximum wellness benefit that a covered member may receive when using Georgia and/or In-Network providers across the country is \$750 per person per plan year.	\$750 per person per plan year; paid at 100% of network rate; not subject to deductible. \$20 copayment per office visit. The maximum wellness benefit that a covered member may receive when using Georgia and/or In-Network providers across the country is \$750 per person per plan year.	Not covered. Noncovered charges do not apply to annual deductible or annual out-of-pocket maximum.
LABORATORY SERVICES (Exclusive of wellness care/preventive health care)	80% of UCR charges; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.	90% of network rate; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.	80% of network rate; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification for diagnostic testing may be required by BCBSGa.
	Laboratory, X-ray, allergy testing, injectable medications, and diagnostic tests. Injectable-medications that are provided in a physician's office may be covered under medical benefits.			

HSA PPO (HDHP) In-Network		HSA PPO (HDHP) Out-of-Network		BlueChoice HMO	Kaiser Permanente HMO
BCBSGa PPO Network/Blue Card PPO Network					
None				None	None
\$2 million				\$2 million	\$2 million
\$1,500 - Individual maximum \$3,000 -Family maximum You must meet the family deductible before benefits are payable for any family member.				None	None
\$3,000 - Individual maximum \$6,000 - Family maximum		\$6,000 - Individual maximum \$12,000 - Family maximum		None	None
Includes the Calendar-Year Deductible. In-Network and Out-of-Network amounts remain separate; they do not cross accumulate in either direction.					
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		\$15 copayment	\$15 copayment
Unlimited per person per plan year; paid at 100% of network rate; not subject to deductible. Based on national guidelines for age and gender-appropriate services.		Unlimited per person per plan year; paid at 70% of UCR; not subject to out-of-network deductible. Members who elect to use out-of-network providers will be subject to balance billing. Based on national guidelines for age and gender-appropriate services.		Physical Exam: \$15 copayment per visit. Mammogram: 100% covered. Pap Smear: \$15 copayment per visit. Prostate Exam/PSA: \$15 copayment per visit. Adult Immunization: \$15 copayment per visit. Routine Eye Exam: Not covered. Routine Hearing Exam: Not covered. Acute eye conditions or acute ear conditions are covered, subject to the \$15 copayment per office visit.	Physical Exam: \$15 copayment per visit. Mammogram: 100% covered. Pap Smear: \$15 copayment per visit. Prostate Exam/PSA: \$15 copayment per visit. Adult Immunization: \$15 copayment per visit. Routine Eye Exam: \$15 copayment. Routine Hearing Exam: \$15 copayment, for screenings only.
90% of network rate; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.		70% of UCR; subject to deductible and balance billing. Precertification for diagnostic testing may be required by BCBSGa.		100% covered for X-ray services. 100% covered for diagnostic tests. 100% covered for injectable medications with office visit copayment. Precertification may be required for specific procedures. Precertification by BlueChoice will verify member eligibility, member benefits, and approved facility/location.	100% covered for X-ray services. 100% covered for diagnostic tests. 100% covered for injectable medications with office visit copayment. Prenotification may be required for specific procedures. Prenotification by Kaiser Permanente will verify member eligibility, member benefits, and approved facility/location.

The Formula for Making the Right Choice

	Indemnity Plan	Preferred Provider Option PPO	Preferred Provider Option PPO National In-Network	Preferred Provider Option PPO Out-of-Network
Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
MATERNITY CARE (Prenatal, Delivery and Postnatal)	90% of UCR charges; subject to deductible.	90% of network rate after an initial visit copayment of \$20; not subject to deductible. There will be no copayments charged for subsequent visits.	80% of network rate after an initial visit copayment of \$20; not subject to deductible. There will be no copayments charged for subsequent visits.	60% of network rate; subject to out-of-network deductible and balance billing.
OUTPATIENT SURGERY	90% of UCR charges; subject to deductible. Precertification may be required.	90% of network rate; subject to deductible. Precertification may be required.	80% of network rate; subject to deductible. Precertification may be required.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification may be required.
SECOND SURGICAL OPINIONS (Elective Surgery)	80% of UCR charges; subject to deductible.	100% of network rate after a \$20 copayment per visit; not subject to deductible.	100% of network rate after a \$20 copayment per visit; not subject to deductible.	60% of network rate; subject to out-of-network deductible and balance billing.
ALLERGY TESTING	80% of UCR charges; subject to deductible.	90% of network rate; subject to deductible.	80% of network rate; subject to deductible.	60% of network rate; subject to out-of-network deductible and balance billing.
ALLERGY SHOTS & SERUM	80% of UCR charges; subject to deductible.	100% for allergy shots and serum; not subject to deductible. If a physician is seen, the visit is treated as an office visit and is subject to a \$20 copayment per visit.	100% for allergy shots & serum; not subject to deductible. If a physician is seen, the visit is treated as an office visit and is subject to a \$20 copayment per visit.	60% of network rate; subject to out-of-network deductible and balance billing.
MEDICAL EYE SERVICES	80% of UCR charges for nonsurgical services; subject to deductible.	100% of network rate after a \$20 copayment per visit; applies to nonsurgical services; not subject to deductible. The \$20 copayment applies to the physician's office visit only. The \$20 copayment does NOT apply to covered charges associated with medical treatment/services. (Medical treatment/services may include services such as X-rays, laboratory tests, and/or diagnostic tests.)	100% of network rate after a \$20 copayment per visit; applies to nonsurgical services; not subject to deductible. The \$20 copayment applies to the physician's office visit only. The \$20 copayment does NOT apply to covered charges associated with medical treatment/services. (Medical treatment/services may include services such as X-rays, laboratory tests, and/or diagnostic tests.)	60% of network rate for nonsurgical services; subject to out-of-network deductible and balance billing.
Inpatient Hospital Services				
PHYSICIAN SERVICES Physician Care/Surgery Physician services may include surgery, anesthesiology, pathology, radiology, and/or maternity care.	90% of UCR charges for surgeon; subject to deductible. 80% of UCR charges for anesthesiologist, pathologist, or radiologist services/consultations; subject to deductible. Some surgeons and/or some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the BCBSGa Participating Physician Program and/or the Blue Cross and Blue Shield Association's BlueCard Program Failure to access these BCBS programs or networks will result in the member being subject to balance billing.	90% of network rate; subject to deductible. Some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the network. Services provided by non-network physicians will be covered at 60% of the network rate; subject to out-of-network deductible and balance billing.	80% of network rate; subject to deductible. Some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the network. Services provided by non-network physicians will be covered at 60% of the network rate; subject to out-of-network deductible and balance billing.	60% of in-network rate; subject to out-of-network deductible and balance billing.

HSA PPO (HDHP) In-Network		HSA PPO (HDHP) Out-of-Network		BlueChoice HMO	Kaiser Permanente HMO
BCBSGa PPO Network/Blue Card PPO Network					
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		All OB/GYN charges related to prenatal, delivery, and postpartum care are covered at 100% after an initial visit copayment of \$15.	All OB/GYN charges related to prenatal, delivery, and through the first postpartum visit are covered at 100% after an initial visit copayment of \$15. Office visits after the initial postpartum visit will require a \$15 office copayment.
90% of network rate; subject to deductible. Precertification may be required.		70% of UCR; subject to out-of-network deductible and balance billing. Precertification may be required.		\$50 copayment at a physician's office or designated facility. Precertification is required.	100% covered after a \$50 copayment at a physician's office or designated facility. Facility must be in the Kaiser Permanente network. Precertification is required.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		\$15 copayment per visit. A member may obtain a second surgical opinion from a contracted BlueChoice physician. The cost for the second opinion is included in the office visit copayment.	\$15 copayment per visit. A member may obtain a second surgical opinion from a contracted Kaiser Permanente physician. The cost for the second opinion is included in the office visit copayment.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		\$15 copayment per visit.	\$15 copayment per visit.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		\$15 copayment per visit for injections; no additional cost for maintenance serum.	\$10 copayment per visit for injections; \$50 for six (6) months of maintenance serum. If a physician is seen, the visit is treated as an office visit and the member is subject to a \$15 copayment per visit.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		\$15 copayment for vision care services provided by a BlueChoice optometrist or ophthalmologist. Vision care services must be for the treatment of an acute condition. BlueChoice offers a discount arrangement for routine eye care. Eye exams, eyewear, and contact lenses are provided at a discount when a member presents his or her BlueChoice identification card at the time of his or her purchase. For more information regarding this program, please contact BCBSGa Customer Services at 800-424-8950/ TDD 404-842-8073.	\$15 copayment for a routine eye exam. There is a member discount for nonsale merchandise. The discount is 25% for glasses, 15% for regular contacts, and 5% for disposable contacts. Eye care is provided through a network of independent optometrists. Coverage excludes the examination related to the fitting of contact lenses.
Some surgeons and/or hospital-based physicians, anesthesiologists, pathologists, and/or radiologists providing services may not be a part of the BCBSGa Participating Physician Program and/or the Blue Cross and Blue Shield Association's BlueCard Program. Failure to access these BCBS programs or networks will result in the member being subject to balance billing.				100% covered for inpatient services. Precertification is required.	100% covered for inpatient services. Precertification is required.

The Formula for Making the Right Choice

	Indemnity Plan	Preferred Provider Option PPO	Preferred Provider Option PPO National In-Network	Preferred Provider Option PPO Out-of-Network
Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
Treatment of illness or injury				
HOSPITAL SERVICES OTHER THAN THOSE FOR EMERGENCY ROOM CARE Inpatient Care (includes inpatient short-term rehabilitation services)	90% of contracted UCR rate; limited to semi-private room; subject to deductible; not subject to balance billing. Precertification is required by BCBSGa.	90% of contracted network rate; limited to semi-private room; subject to deductible; not subject to balance billing. Precertification is required by BCBSGa.	80% of network rate; limited to semiprivate room; subject to deductible; not subject to balance billing. Precertification is required by BCBSGa.	60% of UCR rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.
MATERNITY CARE (Delivery)	90% of contracted UCR rate; subject to deductible.	90% of contracted network rate; subject to deductible.	80% of network rate; subject to deductible.	60% of UCR rate; subject to out-of-network deductible and balance billing.
LABORATORY SERVICES Precertification for diagnostic testing may be required by BCBSGa. X-ray, laboratory work and diagnostic testing. Provided in conjunction with treatment of an illness or injury.	90% of UCR charges; subject to deductible.	90% of network rate; subject to deductible.	80% of network rate; subject to deductible.	60% of network rate; subject to out-of-network deductible and balance billing.
HOSPICE CARE	90% of UCR charges; subject to deductible. Precertification is required by BCBSGa.	100% of network rate; subject to deductible. Precertification is required by BCBSGa.	100% of network rate; subject to deductible. Precertification is required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.
SURGICAL MANAGEMENT FOR WEIGHT LOSS (Bariatric Surgery)	Not available.	Not available.	Not available.	Not available.
Outpatient Hospital/Facility Services				
PHYSICIAN SERVICES Physician Care/Surgery Physician services may include surgery, anesthesiology, pathology, radiology, and/or maternity care.	90% of UCR charges for surgeon; subject to deductible. 80% of UCR charges for anesthesiologist, pathologist, or radiologist services/consultations; subject to deductible. Some surgeons and/or some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the BCBSGa Participating Physician Program and/or the BCBSA BlueCard Program. Failure to access these BCBS programs or networks will result in the member being subject to balance billing. Precertification is required by BCBSGa.	90% of network rate; subject to deductible. Some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the network. Services provided by non-network physicians will be covered at 60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.	80% of network rate; subject to deductible. Some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the network. Services provided by non-network physicians will be covered at 60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.

HSA PPO (HDHP) In-Network		HSA PPO (HDHP) Out-of-Network		BlueChoice HMO	Kaiser Permanente HMO
BCBSGa PPO Network/Blue Card PPO Network					
90% of contracted network rate; subject to deductible. Precertification is required by BCBSGa.		70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.		100% covered; limited to semi-private room after a \$200 hospital copayment, per confinement. Precertification is required.	100% covered; limited to semi-private room after a \$200 hospital copayment, per confinement. Prenotification is required.
Out-of-state Hospitals 90% of UCR for service area; limited to semi-private room rate; subject to deductible. The use of a non-BlueCard Provider Network facility, outside of the State of Georgia, will result in benefit coverage at 90% of contracted State of Georgia UCR rate; subject to deductible and balance billing.					
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		100% covered, after \$200 hospital copayment. Precertification is required.	100% covered, after \$200 hospital copayment. Precertification is required.
90% of network rate; subject to deductible. Precertification is required by BCBSGa.		70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.		100% covered for inpatient services. Precertification is required.	100% covered for inpatient services. Precertification is required.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		100% covered. Lifetime benefit limit of \$10,000. Precertification is required.	100% covered. No lifetime limit. Prenotification is required.
Not available.		Not available.		Not covered.	Not covered.
90% of network rate; subject to deductible. Precertification is required by BCBSGa.		70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.		100% Covered. Precertification may be required for certain procedures.	100% for physician and other professional services.
Some surgeons and/or some hospital-based physicians (examples: emergency room physicians, anesthesiologists, pathologists, and/or radiologists) providing services may not be a part of the BCBSGa Participating Physician Program and/or the BlueCard Program. Failure to access these BCBS programs or networks will result in the member being subject to balance billing.					

The Formula for Making the Right Choice

	Indemnity Plan	Preferred Provider Option PPO	Preferred Provider Option PPO National In-Network	Preferred Provider Option PPO Out-of-Network
Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
FACILITY SELECTED BY A TREATING PHYSICIAN Treatment/care provided in an outpatient setting may require precertification.	90% of UCR charges in a Plan-approved facility; subject to deductible. Failure to use a Plan-approved facility will result in the member being subject to balance billing. Precertification is required by BCBSGa. For identification of a Plan-approved facility within the State of Georgia, please contact BCBSGa Customer Service at 800-424-8950/TDD 404-842-8950. For identification of a Plan-approved facility outside of the State of Georgia, please contact BlueCard Access® at 800-810-BLUE (2583).	90% of network rate; subject to deductible. Some facilities selected by a treating physician may not be a part of the network. Services provided at non-network facilities will be covered at 60% of the network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa. For identification of a Plan-approved facility within the State of Georgia, please contact BCBSGa Customer Service at 800-424-8950/TDD 404-842-8950. For identification of a Plan-approved facility outside of the State of Georgia, please contact BlueCard Access at 800-810-BLUE (2583).	80% of network rate; subject to deductible. Some facilities selected by a treating physician may not be a part of the network. Services provided at non-network facilities will be covered at 60% of the network rate; subject to out-of-network deductible. Precertification is required by BCBSGa. For identification of a Plan-approved facility within the State of Georgia, please contact BCBSGa Customer Service at 800-424-8950/TDD 404-842-8950. For identification of a Plan-approved facility outside of the State of Georgia, please contact BlueCard Access at 800-810-BLUE (2583).	60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.
CARE IN A HOSPITAL EMERGENCY ROOM (ER) Treatment of an emergency or medical condition or injury	Surgical Services 90% of UCR charges, if referred by 24/7 NurseLine; subject to deductible. 80% of UCR charges, if not referred by 24/7 NurseLine; subject to deductible. Nonsurgical Services 80% of UCR charges, if referred by 24/7 NurseLine; subject to deductible. 70% of UCR charges, if not referred by 24/7 NurseLine; subject to deductible.	90% of network rate after a \$75 copayment per visit; subject to deductible. Copayment is reduced to \$50, if referred by 24/7 NurseLine. Copayment is waived, if admitted within 24 hours.	90% of network rate after a \$75 copayment per visit; subject to the in-network deductible. Copayment is reduced to \$50, if referred by 24/7 NurseLine. Copayment is waived, if admitted within 24 hours.	90% of network rate after a \$75 copayment per visit subject to In-network deductible; subject to balance billing. Copayment is reduced to \$50, if referred by 24/7 NurseLine. Copayment is waived, if admitted within 24 hours.
LABORATORY SERVICES X-ray, laboratory work or diagnostic testing. Provided in conjunction with treatment of an illness or injury.	80% of UCR charges; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.	90% of network rate; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.	80% of network rate; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification for diagnostic testing may be required by BCBSGa.
URGENT CARE SERVICES	80% of UCR charges; subject to deductible.	90% of network rate after \$20 copayment per visit; subject to deductible.	80% of network rate after \$20 copayment per visit; subject to deductible.	60% of network rate; subject to out-of-network deductible and balance billing.
HOME NURSING CARE	90% of UCR charges; subject to deductible. Precertification is required by BCBSGa.	90% of network rate; limited to two (2) hours of care in a 24-hour day; subject to deductible. Precertification is required by BCBSGa.	80% of network rate; limited to two (2) hours of care in a 24-hour day; subject to deductible. Precertification is required by BCBSGa.	60% of network rate; limited to two (2) hours of care in a 24-hour day; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.
EXTENDED CARE FACILITY	90% of UCR charges; subject to deductible.	Not available.	Not available.	Not available.

An extended care facility is a skilled nursing facility qualified to receive Medicare payments, or one that operates in accordance with local laws under the full-time supervision of a licensed nurse or doctor. It must provide room and board and 24-hour-a-day skilled nursing care of sick and injured persons at the patient's expense during the convalescent stage of an injury or illness. Extended care facilities do not include an institution operated primarily for the care of the aged; treatment of mental disease; drug addiction; alcoholism; educational or custodial care.

HSA PPO (HDHP) In-Network	HSA PPO (HDHP) Out-of-Network	BlueChoice HMO	Kaiser Permanente HMO
<p>BCBSGa PPO Network/Blue Card PPO Network</p> <p>90% of network rate; subject to deductible. Precertification is required by BCBSGa. For identification of a Plan-approved facility within the State of Georgia, please contact BCBSGa Customer Service at 800-424-8950/TDD 404-842-8950.</p> <p>For identification of a Plan-approved facility outside of the State of Georgia, please contact the BlueCard Program Customer Service at 800-810-BLUE (2583).</p>	<p>70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.</p>	<p>100% Covered. Precertification may be required for certain procedures.</p>	<p>Inpatient services: 100% covered after applicable copay of \$200.</p> <p>Outpatient services: 100% covered after applicable copay of \$100.</p>
<p>90% of network rate; subject to deductible.</p>	<p>70% of UCR; subject to out-of-network deductible and balance billing.</p>	<p>\$75 copayment per visit; waived if admitted within 24 hours.</p>	<p>\$75 copayment per visit; waived if admitted within 24 hours.</p>
<p>90% of network rate; subject to deductible. Precertification for diagnostic testing may be required by BCBSGa.</p>	<p>70% of UCR; subject to out-of-network deductible and balance billing.</p>	<p>100% covered. Precertification may be required for specific procedures.</p>	<p>100% covered. Prenotification may be required for specific procedures.</p>
<p>90% of network rate; subject to deductible.</p>	<p>70% of UCR; subject to out-of-network deductible and balance billing.</p>	<p>Provided within or outside of the service area. Urgent care services are covered either through a visit to a physician's office or an emergency room. The location/place of treatment determines copayment. <ul style="list-style-type: none"> · \$15 copayment at a physician's office; or · \$75 copayment at an emergency room. The \$75 copayment is waived if admitted to a hospital within 24 hours. Please be reminded that if a member is admitted to a hospital, he/she will have a \$200 hospital copayment.</p>	<p>Provided within or outside of the service area. Urgent care services are covered either through a visit to a physician's office or an emergency room. The location/place of treatment determines copayment. <ul style="list-style-type: none"> · \$15 copayment at physician's office, during regular office hours; · \$30 copayment at a Kaiser Permanente urgent care facility, other than an emergency room, for after hours care; or · \$75 copayment at an emergency room. The \$75 copayment is waived if admitted to hospital within 24 hours. Please be reminded that if a member is admitted to a hospital, he/she will have a \$200 hospital copayment.</p>
<p>90% of network rate; subject to deductible. Precertification is required by BCBSGa.</p>	<p>70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.</p>	<p>See Home Hyperalimantation.</p>	<p>See Home Hyperalimantation.</p>
<p>90% of network rate; subject to deductible 30 days per calendar year combined for INN and OON.</p>	<p>70% of UCR; subject to out-of-network deductible.</p>	<p>100% covered up to 30 days per calendar year. Precertification is required.</p>	<p>100% covered up to 60 days per calendar year. Prenotification is required.</p>



The Formula for Making the Right Choice

	Indemnity Plan	Preferred Provider Option PPO	Preferred Provider Option PPO National In-Network	Preferred Provider Option PPO Out-of-Network
Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
HOME HYPERALIMENTATION	90% of UCR charges; subject to deductible. No lifetime benefit limit. Precertification is required by BCBSGa.	90% of network rate; subject to deductible. Lifetime benefit limit of \$500,000. Precertification is required by BCBSGa.	80% of network rate; subject to deductible. Lifetime benefit limit of \$500,000. Precertification is required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Lifetime benefit limit of \$500,000. Precertification is required by BCBSGa.
HOSPICE CARE	90% of UCR charges; subject to deductible. Precertification is required by BCBSGa.	100% of network rate; subject to deductible. Precertification is required by BCBSGa.	100% of network rate; subject to deductible. Precertification is required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.
COCHLEAR IMPLANTS	90% of UCR charges; subject to deductible. Precertification is required by BCBSGa.	90% of network rate; subject to deductible. Precertification is required by BCBSGa.	80% of network rate; subject to deductible. Precertification is required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.
AMBULANCE SERVICES Land or air ambulance for medically necessary emergency transportation only.	80% of UCR charges; subject to deductible; subject to balance billing for nonparticipating/noncovered providers of ambulance services.	90% of network rate; subject to deductible; subject to balance billing for nonparticipating/noncovered providers of ambulance services.	90% of network rate; subject to the in-network deductible; subject to balance billing for nonparticipating/noncovered providers of ambulance services.	90% of network rate; subject to in-network deductible; subject to balance billing for nonparticipating/noncovered providers of ambulance services.
DURABLE MEDICAL EQUIPMENT (DME) Rental or purchase; plan may require approved Letter of Medical Necessity.	80% of UCR charges; subject to deductible.	90% of network rate; subject to deductible.	80% of network rate; subject to deductible.	60% of network rate; subject to out-of-network deductible and balance billing.
OUTPATIENT SHORT-TERM REHABILITATION SERVICES	80% of UCR charges; subject to deductible. Physical, speech, cardiac and occupational therapies are limited to 40 visits per incident type per plan year. Precertification is required by BCBSGa.	90% of network rate; subject to deductible. Physical, speech, cardiac and occupational therapies are limited to 40 visits per incident type per plan year. Precertification is required by BCBSGa.	80% of network rate; subject to deductible. Physical, speech, cardiac and occupational therapies are limited to 40 visits per incident type per plan year. Precertification is required by BCBSGa.	60% of network rate; subject to out-of-network deductible and balance billing. Physical, speech, cardiac and occupational therapies are limited to 40 visits per incident type per plan year. Precertification is required by BCBSGa.
CHIROPRACTIC CARE	Not available.	90% of network rate; subject to deductible. Limited to 40 visits per member per plan year.	80% of network rate; subject to deductible. Limited to 40 visits per member per plan year.	60% of network rate; subject to out-of-network deductible and balance billing. Limited to 40 visits per member per plan year.



HSA PPO (HDHP) In-Network		HSA PPO (HDHP) Out-of-Network		BlueChoice HMO	Kaiser Permanente HMO
BCBSGa PPO Network/Blue Card PPO Network					
90% of network rate; subject to deductible. Precertification is required by BCBSGa.		70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.		100% covered. Limited to 120 visits per person per plan year. Precertification is required.	100% covered for medically necessary intravenous medicine. \$15 copayment applies for physician house calls. Limited to 120 visits per person per plan year. Prenotification is required.
100% of network rate; subject to deductible. Precertification is required by BCBSGa.		100% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.		100% covered. Lifetime benefit limit of \$10,000. Precertification is required.	100% covered when attending physician determines that his/her patient is terminally ill and that his or her life expectancy is six months or less. Prenotification is required.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balanced billing.		100% covered.	100% for physician and other professional services.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		100% covered.	\$75 copayment per transport.
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		100% covered.	50% of charges. Precertification is required.
90% of network rate; subject to deductible. Precertification is required by BCBSGa.		70% of UCR; subject to out-of-network deductible and balance billing. Precertification is required by BCBSGa.		Cardiac Therapy: 100% covered. Radiation/Chemotherapy: 100% covered. Speech Therapy: \$15 copayment; limited to 30 visits per person per plan year. Respiratory Therapy: 100% covered; limited to 40 visits per person per plan year. Physical/Occupational Therapy (combined benefits): \$15 copayment; limited to 40 visits per person per plan year. Precertification is required.	Cardiac Therapy: \$15 copayment; limited to 12 weeks or 36 visits per person per incident. Radiation/Chemotherapy: \$15 copayment. Speech Therapy: \$15 copayment; limited to 20 visits per person per plan year. Respiratory Therapy: \$15 copayment. Physical/Occupational Therapy (combined benefits): \$15 copayment; limited to 20 visits per person per plan year. Prenotification is required.
Visit limitation applies. Precertification is required by BCBSGa.					
90% of network rate; subject to deductible.		70% of UCR; subject to out-of-network deductible and balance billing.		\$15 copayment per visit to a BlueChoice chiropractor; limited to 20 visits per person per plan year.	\$15 copayment per visit to a Kaiser Permanente chiropractor; limited to 20 visits per person per plan year.
20 visits per member per year.					



360° Health® Programs

Indemnity/PPO Plans

ConditionCare Programs 800-785-0006

- Diabetes (pediatric and adult)
- Asthma (pediatric and adult)
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Hypertension
- Hyperlipidemia
- Low-Back Pain
- Oncology (addressing prostate, skin, breast, colon & lung cancer)
- 24/7 NurseLine 800-785-0006
- Future Moms (maternity program) 800-785-0006
- MyHealth Coach 800-785-0006

HSA PPO (HDHP)/BlueChoice HMO

ConditionCare Programs 800-638-4754

- Diabetes (pediatric and adult)
- Asthma (pediatric and adult)
- Heart Failure
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease (COPD)
- Chronic Kidney Disease (CKD)
- End-Stage Renal Disease (ESRD)
- ComplexCare 800-638-4754
- 24/7 NurseLine 888-724-2583
- Future Moms (maternity program) 866-664-5404
- NICU (Neonatal Intensive Care Unit)

Through Online Member Access at (bcbsga.com) - A secure online transaction service that allows you to:

- Request a new member ID card
- Check claims status
- View your benefits details, benefits/deductibles used
- Search the online provider directory to find network physicians, hospitals, specialists, and many other health care professionals, refine the search by gender and/or office availability, and print a map and driving directions.

360° Health is the gateway into leading a healthier life and becoming a more informed health care consumer.

- MyHealth Assessment: Receive an overall wellness snapshot (it compares your score against peers); reduce health risks to improve overall health status.
- Nutrition Improvement Program: Helps you to understand more about yourself and your food choices.
- Child Health Manager: Provides relevant age-related tools and information for newborns through children six years old.
- LEAP® the Lifetime Exercise Adherence Program: Created by an Olympic coach, this program lets you measure and manage your fitness, or be guided by fitness and health experts.
- Special Offers: Wide-ranging discount program that allows you and your family to take a personal path towards wellness. Complementary and alternative medicine, fitness and nutrition, vision services products, and more.

Ready Set Stop! is a self-help smoking cessation program that combines conventional smoking cessation and interactive web experiences. Designed by a former smoker, Ready Set Stop! is a comprehensive 10-session/4 week program based on solid behavioral change science. The program is offered free of charge. For more information, visit: Ready, Set Stop! online at bcbsga.com.

Limited Medical Coverage for Dental/Oral Care

Indemnity Plan

Preferred Provider Option PPO

Preferred Provider Option PPO National In-Network

Preferred Provider Option PPO Out-of-Network

Health Care Vendors/Network	BCBSGa Par Network/BlueCard Network	Blue Cross and Blue Shield of Georgia PPO Network	BlueCard Network	
TREATMENT OF TMJ (Temporomandibular Joint Disorders) For diagnostic testing and nonsurgical treatment.	80% of UCR charges; subject to deductible. Lifetime benefit limit of \$1,000. Precertification may be required by BCBSGa.	90% of network rate; subject to deductible. Lifetime benefit limit of \$1,100. Precertification may be required by BCBSGa.	80% of network rate; subject to deductible. Lifetime benefit limit of \$1,100. Precertification may be required by BCBSGa.	60% of network rate; subject to deductible and balance billing. Lifetime benefit limit of \$1,100. Precertification may be required by BCBSGa.
DENTAL/ORAL CARE Not covered; other than accidental injury to natural teeth. (covered up to 180 days from date of accident)	80% of UCR charges; subject to deductible; subject to balance billing if services are not rendered by a network provider. Network providers may not be available for all covered services.	90% of network rate; subject to deductible; subject to balance billing if services are not rendered by a network provider. Network providers may not be available for all covered services.	80% of network rate; subject to deductible; subject to balance billing if services are not rendered by a network provider. Network providers may not be available for all covered services.	60% of network rate; subject to deductible and balance billing.

Kaiser Permanente Programs

Kaiser Permanente HMO

The Kaiser Permanente HMO offers disease state management programs for diabetes, asthma, congestive heart failure, coronary artery disease, depression, chronic obstructive pulmonary disease, low back pain and high risk maternity. For information regarding the Kaiser Permanente disease management programs, call 404-261-2590.

Reshape your life. Define your well-being with tools for total health. Stay connected with kp.org.

Kp.org allows you to:

- E-mail your doctor's office
- View lab results and prescriptions
- Order refills online
- Request, cancel or view appointments
- Customize online programs to help you lose weight, eat healthy, reduce stress and quit smoking
- Complete a comprehensive total health assessment

Kaiser Permanente offers a Quit Smart Program to assist members in eliminating cigarettes from their lives by helping them successfully quit smoking. This six-session program is offered free to Kaiser Permanente members. For more information, please call the Health Line at 404-365-0966 or 800-611-1811 for additional information.



HSA PPO (HDHP) In-Network

HSA PPO (HDHP) Out-of-Network

BlueChoice HMO

Kaiser Permanente HMO

BCBSGa PPO Network/Blue Card
PPO Network

90% of network rate; subject to deductible. Precertification may be required by BCBSGa.

70% of UCR; subject to out-of-network deductible and balance billing. Precertification may be required by BCBSGa.

\$15 copayment per visit. Treatment includes removable appliances for TMJ repositioning and related surgery and diagnostic services. Network providers must perform medical services and treatment. Precertification may be required by BCBSGa.

50% of the cost for the nonsurgical dental treatment, including splints and appliances for TMJ Disorder. A member must use a Kaiser Permanente dentist.

Lifetime benefit limit of \$5,000.

Benefits do NOT provide for fixed or removable appliances that involve the movement or repositioning of the teeth or operative restoration of teeth or prosthetics.

90% of network rate; subject to deductible.

90% of UCR; subject to out-of-network deductible and balance billing.

Not covered other than for accidental injury to natural teeth.

Not covered other than for accidental injury to natural teeth. Dental services and appliances for accidental bodily injury to sound and natural teeth are covered at 50% of the first \$1,000 of incurred expenses. Any additional expense will be the responsibility of the member.

Behavioral Health Services - PPO		Preferred Provider Option PPO		HSA PPO (HDHP)	
		Indemnity Plan		In-Network	Out-of-Network
MENTAL HEALTH AND SUBSTANCE ABUSE Facility charges	INPATIENT <ul style="list-style-type: none"> 90% of UCR charges; subject to deductible. Maximum benefit coverage of 60 days per person per plan year; 90 days per person per lifetime. Precertification is required by BCBSG. 	INPATIENT <ul style="list-style-type: none"> In-network: 90% of network rate; subject to deductible and to a separate \$100 hospital deductible. Out-of-network: 60% of network rate; subject to deductible and to a separate \$100 hospital deductible. Balance billing may apply. Maximum benefit of 60 combined mental health and substance abuse days per person per plan year. Substance abuse coverage limited to three (3) episodes per lifetime. PARTIAL/DAY HOSPITALIZATION & INTENSIVE OUTPATIENT CHARGES <ul style="list-style-type: none"> 90% of network rate; subject to deductible and to a separate \$100 hospital deductible. Maximum benefit of 30 combined visits/days of partial day/hospitalization and intensive outpatient treatment per person per plan year. 	INPATIENT <ul style="list-style-type: none"> 90% of network rate; subject to deductible. Maximum benefit coverage of 30 days per person per plan year. Precertification is required. In-network: 90% of network rate; subject to deductible. Out-of-network: 70% of UCR charges; subject to deductible and balance billing. Maximum benefit coverage of 30 days per person per plan year. Precertification is required. 		
	MENTAL HEALTH AND SUBSTANCE ABUSE Provider charges	INPATIENT <ul style="list-style-type: none"> 90% of UCR charges; subject to deductible. OUTPATIENT <ul style="list-style-type: none"> 80% of UCR charges; subject to deductible. Maximum benefit coverage of 20 visits per person per plan year. BCBSG may approve up to 50 visits per year under the following conditions: <ul style="list-style-type: none"> (1) in lieu of inpatient treatment; or (2) immediately following hospital confinement for the same condition. Vendor: BCBSG Prudent Buyer Program and/or the BlueCard Program. 	INPATIENT <ul style="list-style-type: none"> In-network: 80% of network rate; subject to deductible. Maximum of 60 visits per person per plan year. Out-of-network: 50% of network rate; subject to deductible and balance billing. Maximum of 25 visits per person per plan year. Benefit coverage is only available when using an in-network BCBSG provider for partial/day hospitalization and intensive outpatient charges. OUTPATIENT <ul style="list-style-type: none"> In-network: 80% of network rate with authorization from BCBSG; subject to deductible. Maximum benefit coverage of 50 combined mental health, substance abuse and brief therapy visits per person per plan year. Out-of-network: 50% of network rate without authorization from BCBSG; subject to deductible and to balance billing. Maximum benefit coverage of 25 combined mental health, substance abuse and brief therapy visits per person per plan year. Plan coverage/benefits limited to services/treatments rendered by a Psychiatrist (MD) or a Psychologist (Ph.D.). Annual outpatient 50-visit limit includes in-network, out-of-network and three brief therapy sessions. 	INPATIENT <ul style="list-style-type: none"> In-network: 90% of network rate; subject to deductible. Out-of-network: 70% of UCR charges; subject to deductible and balance billing. OUTPATIENT <ul style="list-style-type: none"> In-network: 90% of network rate; subject to deductible. Out-of-network: 70% of UCR charges; subject to deductible and balance billing. Maximum benefit coverage of 20 visits per person per plan year. Benefits paid for mental health care and substance abuse do not apply to the out-of-pocket limit. Vendor: BCBSG and/or the BlueCard Program. 	
BRIEF-THERAPY ANNUAL VISIT LIMIT		<ul style="list-style-type: none"> 100% of the network rate; not subject to deductible. Three of the 50 combined mental health and substance abuse visits may be used for brief-therapy consultations. A BCBSG network provider must precertify and conduct the brief-therapy session. <p>Please contact BCBSG to determine if precertification is required at 800-292-2879. Failure to precertify with BCBSG, when required, will result in reduced level of benefit coverage. Annual out-of-pocket maximum of \$2,500 per patient per plan year for referred network care. Annual out-of-pocket maximum applies to combined inpatient and outpatient services. Vendor: BCBSG</p>			



Behavioral Health Services (Mental Health and Substance Abuse)

BlueChoice HMO

Kaiser Permanente HMO

	BlueChoice HMO	Kaiser Permanente HMO
PROVIDERS OF BEHAVIORAL HEALTH SERVICES	Blue Cross and Blue Shield of Georgia (BCBSGa) Behavioral Health provides mental health/substance abuse services for participants in the BlueChoice HMO. Referral by a primary care physician for mental health/substance abuse services is NOT required. Members may self-refer for mental health/substance abuse treatment. However, mental health/substance abuse treatment and care must be authorized by BCBSGa Behavioral Health. For further information, please contact BCBSGa Behavioral Health at 800-292-2879.	Kaiser Permanente provides mental health/substance abuse services for participants in the Kaiser Permanente HMO. Referral by a primary care physician for mental health/substance abuse services is NOT required. Members may self-refer for mental health/substance abuse treatment. However, mental health/substance abuse treatment and care must be authorized by Kaiser Permanente. For further information, please contact Kaiser Permanente Customer Service at 404-261-2590.
MENTAL HEALTH	<p>Inpatient 100% covered for inpatient services; limited to 30 days per person per plan year. No lifetime limit.</p> <p>Outpatient Outpatient services are combined with substance abuse services. Covered at 100%, after a \$25 copayment per visit; limited to 20 visits per person per plan year.</p>	<p>Inpatient 100% covered for inpatient services after \$200 copayment per admission; limited to 30 days per person per plan year.</p> <p>Outpatient 100% covered, after a \$25 copayment per personal visit or 100% covered, after a \$12 copayment group therapy session. Personal visits and group therapy sessions limited to a combined maximum 20 visits per person per plan year.</p>
SUBSTANCE ABUSE	<p>Inpatient 100% covered for inpatient services; limited to six (6) days per person per plan year. No lifetime limit.</p> <p>Outpatient Outpatient services are combined with mental health services. Covered at 100%, after a \$25 copayment per visit; limited to 20 visits per person per plan year.</p>	<p>Inpatient <i>Substance Abuse:</i> 100% covered for inpatient services after \$200 copayment per admission; limited to 30 days per person per plan year.</p> <p><i>Detoxification:</i> 100% covered for inpatient services after \$200 hospital copayment; unlimited days per person per plan year.</p> <p>Outpatient <i>Substance Abuse:</i> 100% covered for outpatient services, after a \$25 copayment per personal visit or group therapy session. Personal visits and group therapy sessions limited to a combined maximum 40 visits per person per plan year.</p> <p><i>Detoxification:</i> 100% covered for unlimited outpatient detoxification treatment, after a \$15 copayment per visit.</p>



Pharmacy Benefit Manager

Indemnity & PPO Plans: Medco

The Board of Regents has chosen Medco to manage our Pharmacy Benefit and to manage a Coverage Review Program. The pharmacy benefits are the same for the indemnity and the PPO/PPO Consumer Choice health care plans. Generic: \$10 member copayment, for up to a 30-day supply; Preferred Brand Name: \$25 member copayment, for up to a 30-day supply; Nonpreferred Brand Name: 20% copayment of nonpreferred brand name drug cost, with minimum member copayment of \$40/maximum member copayment of \$100, for up to a 30-day supply.

If the usual and customary charge for a generic or preferred brand name drug is less than the copayment amount, the member will pay the lesser of the two. If a physician indicates "Brand Necessary" on a prescription, then only a preferred or nonpreferred brand name medication can be dispensed. The member will be responsible for the preferred/nonpreferred brand name medication copayment.

If a physician does not indicate "Brand Necessary" and the member chooses a preferred/nonpreferred brand name medication over its available generic equivalent, the member will be required to pay the generic copayment.

In addition to paying the generic copayment, the member will also be responsible for paying the difference in the cost between the generic and the preferred/nonpreferred brand name drug. This difference in member cost is sometimes referred to as an "ancillary charge."

Days Supply

One co-payment for up to a 30-day supply.

Maintenance Medications

Maintenance medications are those prescription drugs that a member may obtain for a period of up to 90 days. The member will be charged one copayment for each supply of medication up to a 30-day supply.

Other Coverage Rules

For specific prescribed drugs, the plan may impose certain requirements. Those requirements may include prior authorization, limits on the day supply amount of the prescribed medication, and/or limits on the number of approved units/tablets of medication per prescription.

Quarterly Out-of-Pocket Maximum

The following quarterly out-of-pocket maximum amounts (stop loss) for members who obtain generic and preferred brand name prescription medications will apply:

- Employee: \$450 per quarter
- Employee + Child: (Two (2) covered members) \$900 per quarter
- Employee + Spouse: (Two (2) covered members) \$900 per quarter
- Family: (Three (3) or more covered members) \$1,350 per quarter

Upon a member reaching his or her quarterly out-of-pocket maximum, his or her prescription drug copayments will be waived for any additional generic and preferred brand name medications for the remainder of that quarter. Member copayments will resume at the beginning of the next quarter and will be charged until the plan thresholds are reached for that quarter. A quarter will consist of three consecutive months as designated below:

- First Quarter - January through March
- Second Quarter - April through June
- Third Quarter - July through September
- Fourth Quarter - October through December

Coverage Management Program

Medco pharmacists, along with physicians, have developed a Coverage Management Program. This program is a prescription drug protocol management resource that promotes the utilization of first-line medications and/or therapeutic categories. Under this program, your plan will usually cover a proven, less expensive medication that is known to be safe and effective, as an initial treatment strategy. If the initial covered medication(s) does not work for you, you or your physician may request a review to obtain coverage for an alternate treatment strategy.

A coverage review or "prior authorization" may be required before a member is approved for coverage of a new prescription drug medication. This review is necessary to determine how your prescription drug plan may cover certain medications.

Coverage Reviews/Prior Authorization

Some medications are not covered unless you receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe and effective. There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review. During this review, Medco asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. Network pharmacists and physicians have been advised that the University System of Georgia will participate in this program. If you should go to a pharmacy and you are informed that your prescription cannot be filled because it requires a prior authorization, please have your physician contact Medco to complete the coverage review.

Important Notes:

- Copayments for nonpreferred brand name medications will NOT apply to the quarterly out-of-pocket maximum benefit.
- Prescription drug copayments do NOT apply to University System of Georgia medical annual deductibles or to medical maximum annual out-of-pocket limits (stop loss).
- If member purchases a preferred brand name prescription drug that is not indicated as "Brand Necessary," and there is a generic equivalent available; only the \$10 generic member copayment will be applied to the quarterly maximum out-of-pocket member benefit. The difference in cost between the generic equivalent and the preferred brand name medication will NOT apply to the quarterly maximum out-of-pocket member benefit.
- Prescription drug copayments covered by the health care plan, will not be changed or overridden on an individual basis.
- There is no Coordination of Benefits (COB) for allowed pharmacy charges between the Board of Regents pharmacy plan and another pharmacy/medical plan in which the member may be enrolled.
- For additional information regarding the Pharmacy Benefit Manager Program, please contact Medco Member Services at 877-300-5139 or visit medco.com beginning January 1, 2009. If you have any questions during the open enrollment period (October 6, 2008 through November 7, 2008), you can visit Medco online at www.medco.com/openenroll and use the access code: BORRXPLN14383, or call the number listed above.

HSA PPO (HDHP)	BlueChoice HMO	Kaiser Permanente HMO
HSA: BCBSGa	BlueChoice HMO: BCBSGa	Kaiser Permanente
<p>Open Formulary - Subject to quantity limits and pre-authorization review. Other exclusions apply.</p> <p>In-Network 90% of the lower discounted rate or actual charge; subject to deductible.</p> <p>Out-of-Network 90% of network rate; subject to deductible.</p>	<p>Member copayments for the use of a BlueChoice Participating Pharmacy* Generic drug: \$10 Brand-name drug: \$25</p> <p>Member copayments apply to a 30-day supply of formulary drugs. All prescriptions must be part of the BlueChoice Preferred Formulary. Network physicians or emergency room physicians must write prescriptions. *BlueChoice participating pharmacies include: CVS, Eckerd, Kmart, Kroger, Publix, Walgreens, Wal-Mart, and many independents.</p>	<p>Member copayments for the use of a Kaiser Permanente Pharmacy Generic drug: \$10 Brand-name drug: \$25</p> <p>Member copayments for the use of a network pharmacy Generic drug: \$16 Brand-name drug: \$31</p> <p>Member copayments apply to a 30-day supply of formulary drugs, including injectable contraceptives. All prescriptions must be part of the Kaiser Permanente Preferred Formulary. Network physicians or emergency room physicians must write prescriptions.</p>

Organ and Transplant Program

Indemnity & PPO Plans	HSA PPO (HDHP)	BlueChoice HMO	Kaiser Permanente HMO
<p>The BCBSGa Centers of Expertise Program for organ and tissue transplants is the same for the Indemnity and BCBSGa Network plan options. This program is a national network of credentialed medical providers. The Centers of Expertise Program directs patients to network heart, liver, lung, and bone marrow transplant specialists.</p> <p>Prior approval is required by BCBSGa.</p> <ul style="list-style-type: none"> In-network: 90% of vendor network rate at a BCBSGa contracted transplant center; subject to deductible and to a separate \$100 hospital copayment. Lifetime benefit limit for expenses related to the donor search for those individuals using a BCBSGa contracted transplant center is \$10,000. Out-of-network: 60% of UCR at a noncontracted BCBSGa transplant center; subject to deductible, to separate \$100 hospital copayment and to balance billing. There is no benefit coverage for expenses related to the donor search when using a noncontracted BCBSGa transplant center. Lifetime benefit limit of \$500,000. For additional information regarding the Centers of Expertise Program for organ and tissue transplants, please contact BCBSGa at 800-828-6518/TDD 800-368-4424. 	<p>The BCBSGa Centers of Expertise Program for organ and tissue transplants is the same for the Indemnity and BCBSGa Network plan options. This program is a network of credentialed medical providers across the country. The Centers of Expertise Program directs patients to network heart, liver, lung, and bone marrow transplant specialists.</p> <p>For additional information regarding the Centers of Expertise Program for organ and tissue transplants, please contact BCBSGa at 800-828-6518/TDD 800-368-4424.</p> <p>Prior approval is required by BCBSGa.</p>	<p>100% covered; limited to semi-private room after a \$200 hospital copayment, per confinement.</p> <p>Precertification is required. Expenses related to the donor search are NOT covered.</p>	<p>100% covered; limited to semi-private room after a \$200 hospital copayment, per confinement. All related services require preauthorization.</p> <p>Prenotification is required. Expenses related to the donor search are NOT covered.</p>



HMO Consumer Choice Option

The HMO Consumer Choice Option was established by Georgia statute in 1999. The statute permits an HMO participant to nominate an out-of-network health care provider to render medical care to a covered member at the in-network HMO level of benefit coverage. The Consumer Choice Option only applies to licensed health care providers within the state of Georgia. Both HMO plans offered by the University System of Georgia provide this option.

If a health care provider accepts a member's HMO Consumer Choice nomination and if the HMO approves the health care provider, the in-network relationship will exist only between the provider and the designated patient. The HMO Consumer Choice nomination will remain in effect until either the provider or the patient terminates the relationship.

If an out-of-network provider declines a member's HMO Consumer Choice nomination, services from that provider are not covered. If a member selects the HMO Consumer Choice option during an open enrollment period, he or she will be required to continue with that health care plan choice for the remainder of the plan year.

The health care premiums for a member who elects the HMO Consumer Choice Plan Option will be greater than the health care premium for a member who elects the basic HMO plans.

PPO and HSA PPO Consumer Choice Options

The PPO Consumer Choice option was established by Georgia statute in 1999. The statute permits a PPO Consumer Choice participant to nominate an out-of-network health care provider to render medical care to a covered member at the in-network level of benefit coverage. The Consumer Choice Option only applies to licensed health care providers within the State of Georgia.

If a nominated health care provider accepts a member's PPO Consumer Choice nomination and if the PPO approves the health care provider, the in-network relationship will exist only between the provider and the designated patient. The PPO Consumer Choice nomination will remain in effect until either the provider or the patient terminates the relationship. If an out-of-network provider declines a member's PPO Consumer Choice nomination, then services from that provider will be considered as out-of-network. If a member selects the PPO Consumer Choice option during an open enrollment period, he or she will be required to continue with that health care plan choice for the remainder of the plan year.

The health care premium for a member who elects the PPO Consumer Choice Plan Option will be greater than the health care premium for a member who elects the standard PPO plan.

Plan Coverage for Retirees

Blue Cross Blue Shield of Georgia

A retired member age 65 or older has the option to select the Indemnity Plan, the PPO Plan or the HSA PPO (HDHP) Plan. The BlueChoice HMO does not offer a Medicare-eligible retiree health care plan so therefore is not available for retirees who are Medicare eligible.

Kaiser Permanente SENIOR ADVANTAGE HMO Plan A Medicare Advantage Plan with Part D

For a Medicare retiree to qualify for the Kaiser Senior Advantage HMO Plan, he or she and all of his or her covered dependents must have Medicare Parts A and B and must assign coverage to the HMO vendor. The Kaiser Senior Advantage HMO product will serve as the member's only health care plan. There will be no secondary benefits from Medicare.

If an individual fails to qualify for participation in the Kaiser Senior Advantage Plan, the respective HMO plans offered for active employees will NOT be available to Medicare-eligible retirees.

Service Area

Participating retirees must reside within the Medicare Advantage service area to be eligible for benefit coverage.

The Kaiser Senior Advantage HMO Plan is available to members who reside in the following metropolitan Atlanta counties: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding and Walton.

The Kaiser Senior Advantage Plan is a separate HMO product. The service area and the Physician Network are slightly different than those for the Kaiser Permanente HMO Plan.

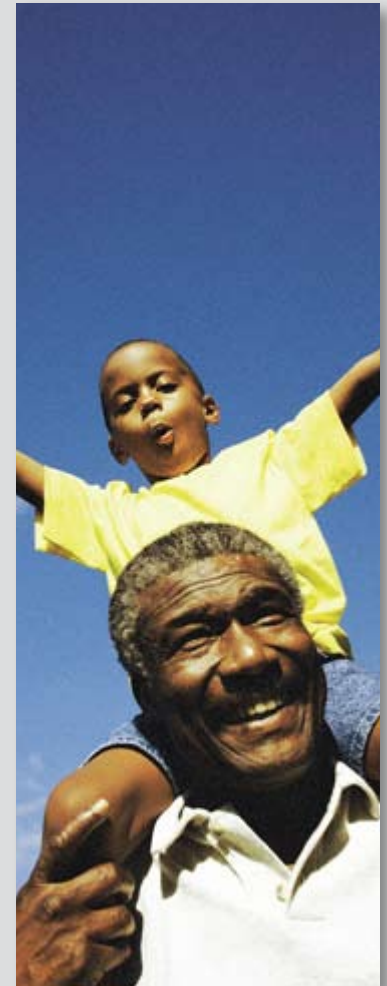
The Kaiser Senior Advantage HMO product will NOT be available for Medicare-eligible retirees who do not reside in the Senior Advantage service area.

If you are interested in the Kaiser Permanente Senior Advantage Plan, please contact your campus Human Resources office for an enrollment packet regarding the Kaiser Senior Advantage HMO Plan. A member who enrolls in the Kaiser Permanente Senior Advantage Plan will be required to complete a separate Senior Advantage enrollment form and will be required to reside within the Senior Advantage service area.

Medicare Part D - Pharmacy Benefits

Medicare beneficiaries have the opportunity to receive subsidized prescription drug coverage through the Medicare Part D program. Those who wish to receive their entire medical and enhanced drug benefits from one source can join Kaiser Permanente Senior Advantage, which will provide an integrated benefit covering their hospital, physician and drug costs.

If you are an existing Kaiser Permanente Senior Advantage member, Kaiser Permanente will serve automatically as your Part D provider. If you are a new member selecting Kaiser Permanente Senior Advantage as your retiree option for 2009, your application will include Part D enrollment information. If you currently have an existing Part D Plan and enroll into Senior Advantage, your existing Part D Plan will automatically be cancelled by Medicare. Customer Service is available to answer your questions at 404-233-3700, or 800-232-4404.



Vendor Service Areas

SERVICE AREA	BOARD OF REGENTS BlueChoice HMO	BOARD OF REGENTS KAISER PERMANENTE HMO	BOARD OF REGENTS KAISER PERMANENTE SENIOR ADVANTAGE	SERVICE AREA	BOARD OF REGENTS BlueChoice HMO	BOARD OF REGENTS KAISER PERMANENTE HMO	BOARD OF REGENTS KAISER PERMANENTE SENIOR ADVANTAGE
APPLING	X			HOUSTON	X	X	
BANKS	X			JACKSON	X		
BARROW	X	X	X	JASPER	X		
BARTOW	X	X	X	JEFFERSON	X		
BIBB	X	X		JENKINS	X		
BLECKLEY	X	X		JONES	X	X	
BRYAN	X	X		LAMAR	X	X	
BULLOCH	X	X		LAURENTS		X	
BURKE	X			LIBERTY	X	X	
BUTTS	X	X	X	LINCOLN	X		
CARROLL	X	X		LOWNDES	X		
CATOOSA	X			LUMPKIN	X		
CHATHAM	X	X		MADISON	X	X	
CHATTAHOOCHEE	X	X		MARION	X	X	
CHATTOOGA	X			MCDUFFIE	X		
CHEROKEE	X	X	X	MERIWETHER	X	X	
CLARKE	X	X		MILLER	X		
CLAYTON	X	X	X	MONROE	X	X	
COBB	X	X	X	MORGAN	X		
COLUMBIA	X			MUSCOGEE	X	X	
COWETA	X	X	X	NEWTON	X	X	X
CRAWFORD	X	X		OCONEE	X	X	
DODGE	X			OGLETHORPE	X	X	
DAWSON	X	X		PAULDING	X	X	X
DEKALB	X	X	X	PEACH	X	X	
DOUGLAS	X	X	X	PICKENS	X	X	
EFFINGHAM	X			PIKE	X	X	
ELBERT	X			POLK	X		
EMANUEL	X			PULASKI	X	X	
EVANS		X		PUTNAM	X		
FAYETTE	X	X	X	RABUN	X		
FLOYD	X			RICHMOND	X		
FORSYTH	X	X	X	ROCKDALE	X	X	X
FRANKLIN	X			SCREVEN	X		
FULTON	X	X	X	SPAULDING	X	X	X
GILMER	X			TALBOT	X		
GORDON	X			TOWNS	X		
GREENE	X			TWIGGS	X	X	
GWINNETT	X	X	X	UPSON	X		
HABERSHAM	X			WALTON	X	X	X
HALL	X	X	X	WARREN	X		
HARALSON		X		WASHINGTON	X		
HARRIS	X	X		WHEELER	X		
HART	X			WHITE	X		
HEARD	X			WILKES	X		
HENRY	X		X				

2009 Indemnity and PPO

PRECERTIFICATION FOR CERTAIN OUTPATIENT PROCEDURES/DIAGNOSTIC TESTS

Certain outpatient procedures and diagnostic tests will require precertification. As soon as your physician recommends an outpatient procedure for you or for a covered dependent, please ask your doctor to provide you with the CPT code for that procedure.

You may then contact the BCBSGa Medical Utilization Management Review program (800-233-5765/TDD 800-368-4424) or the BCBSGa Customer Service unit (800-424-8950/TDD 404-842-8073) to determine whether precertification is required.

(Please note: Failure to obtain proper precertification may result in penalties being applied.)

If the procedure requires precertification, you must call the Medical Utilization Management Review program at least 48 hours prior to the scheduled procedure, unless the procedure is an emergency. Outpatient precertification review is not required for covered retirees/covered spouses of retirees who have Medicare Part B.



Procedure Description	CPT Code
MRIs:	
Cervical	72141, 72142, 72156
Thoracic	72146, 72147, 72157
Lumbar	72148, 72149, 72158
Abdomen	74181 - 74183
Pelvis	72195 - 72197
Extremity: Upper (Nonjoint)	73218 - 73220
Extremity: Upper (Joint)	73221 - 73223
Extremity: Lower (Nonjoint)	73718 - 73720
Extremity: Lower (Joint)	73721 - 73723
Chest	71550 - 71552
Orbit, Face, Neck	70540 - 70543
Miscellaneous (3D or Holographic Reconstruction of a CT, MRI or Other Tomographic Modality)	76376 or 76377
Pet Scans	
Brain	78608, 78609
Cardiac	78459, 78491, 78492
Miscellaneous	78811 - 78816, G0219
Reconstruction Nasal Septum/Septo	30620
Rhinoplasty	30400 - 30520
Sleep Studies	95805 - 95808, 95810, 95811
Nasal Surgeries	30930
Upper GI Endoscopy/EDG	43234, 43235, 43236, 43239
Uvulopalatopharyngoplasties	42120, 42140, 42145, 42299

Procedure Description	CPT Code
CAT Scans:	
Neck - Soft Tissue	70490, 70491, 70492
Thorax	71250, 71260, 71270
Chest (Ultrafast CT)	71275
Pelvis	72192, 72193, 72194
Upper Extremity	73200, 73201, 73202
Lower Extremity	73700, 73701, 73702
Abdomen	74150, 74160, 74170
Miscellaneous	76380
CT Angiography (CTA)	
Thorax	71260 & 71270
Chest (noncoronary)	71275
Abdomen	74175
Abdominal aorta	75635
Pelvis	72191
Upper Extremity	73206
Lower Extremity	73706
Heart	0144T, 0146T, 0147T, 0148T, 0149T, & S8092
Colonoscopy	45378 - 45385
Insulin Pump	E0784
MRAs:	
Chest	71555, C8909-C8911
Upper Extremity	73225,
Lower Extremity	73725, C8912-C8914
Abdomen	74185, C8900-C8902
Pelvis	72198, C8918-C8920
Spinal Canal	72159

For precertification on other products, please contact Customer Service.

For More Information

Blue Cross and Blue Shield of Georgia, Inc.

All BCBSGa Products:

BOR Dedicated Customer Service Unit	800-424-8950/TDD 404-842-8073
Behavioral Health Services	800-292-2879/TDD 404-842-8073
Consumer Choice Option Nomination	800-424-8950
Online Tools and Provider Search	bcbsga.com

Indemnity and PPO

24/7 NurseLine	800-785-0006/TDD 800-368-4424
Precertification (For all inpatient hospital and specific outpatient services)	800-233-5765/TDD 800-368-4424
MyHealth Coach	800-785-0006/TDD 800-368-4424
ConditionCare	800-785-0006/TDD 800-368-4424

HSA PPO (HDHP) & HMO

Pharmacy Benefits	800-424-8950/TDD 404-842-8073
24/7 NurseLine	888-724-2583 /TDD 800-368-4424
Precertification	800-662-9023/TDD 404-842-8073
ConditionCare	800-638-4754/TDD 800-368-4424
Future Moms	866-664-5404/TDD 800-368-4424

Pharmacy Benefits Manager for Indemnity & PPO

Medco Health Solutions, Inc.	877-300-5139/TDD 800-759-1089
------------------------------	-------------------------------

Call for information regarding your pharmacy benefit plan and covered benefits 24 hours a day, seven days a week **beginning January 1, 2009**. The number is also available during the open enrollment period. The 2009 Preferred Drug List will be available online at usg.edu/employment/benefits/health/.

Board of Regents of the University System of Georgia

270 Washington Street, SW Atlanta, GA 30334

The University System of Georgia will link vendor information to its website:

usg.edu/employment/benefits/health

Kaiser Permanente HMO

Kaiser Permanente

404-261-2590/TDD 800 255-0056
outside of Atlanta 888-865-5813

Kaiser Permanente Senior Advantage

404-233-3700/TDD 800-255-0056
outside of Atlanta 800-232-4404

For information regarding benefits and participating network providers:

Behavioral Health Services

404-261-2590/TDD 800-255-0056
(Mental Health and Substance Abuse)
outside of Atlanta 888-865-5813

Members may self-refer for these services. Kaiser Permanente must preauthorize all mental health/substance abuse treatment and care.

Kaiser Permanente's Advice Line

metro Atlanta 404-365-0966
outside of Atlanta 800-611-1811

For emergency room referral and for medical information from a registered nurse, 24 hours a day, seven days a week.

Online Provider Information: www.kp.org/ga

For Kaiser Permanente Consumer Choice Members

Only medical service providers with a valid Georgia license may be nominated under the Consumer Choice Option Statute. For the Nomination of Provider Information, call 404-364-4900/TDD 800-255-0056.

Disclaimer

This material is for informational purposes and is not a contract. It is intended only to highlight principal benefits of the medical plans. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member, active or retired, to read all Plan-provided materials to fully understand the provisions of the option chosen.