



Individual and Family Health Care Plans for Georgia

Our plans fit your plans



SmartSense
Premier



Apply for a plan to fit all your needs!

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

bcbsga.com

This brochure is intended as a brief summary of benefits and services; it is NOT your Contract/Certificate. If there is any difference between this brochure and your Contract/Certificate, the provisions of the Contract/Certificate shall prevail. Benefits and premiums are subject to change.

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Make sure you have all the facts

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

SmartSense

Blue Open Access POS shown (PPO, where different, shown in brackets)

Individual & Family Plan Benefits

Calendar Year Deductible Choices

(separate deductibles apply for in-network and out-of-network)

Calendar Year Out-of-Pocket Maximum

Lifetime Maximum

(combined for in-network and out-of-network)

Individual

Family

Individual

Family

In-Network

Out-of-Network

\$750	\$1,500	\$2,500	\$3,500*	\$750	\$1,500	\$2,500	\$3,500*
\$5,000	\$7,500*	\$10,000	\$20,000	\$5,000	\$7,500*	\$10,000	\$20,000

\$1,500	\$3,000	\$3,000	\$7,000*	\$1,500	\$3,000	\$5,000	\$7,000*
\$10,000	\$15,000*	\$20,000	\$40,000	\$10,000	\$15,000*	\$20,000	\$40,000

Your deductible plus \$3,000

Your deductible plus \$6,000

Your deductible plus \$7,500

Your deductible plus \$15,000

Health Plan pays up to \$5 Million (\$7 Million for PPO) per member

*Only available with POS

Premier PPO

In-Network

Out-of-Network

\$750	\$1,500	\$2,500	\$750	\$1,500	\$2,500
\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000

\$1,500	\$3,000	\$5,000	\$1,500	\$3,000	\$5,000
\$10,000	\$20,000	\$40,000	\$10,000	\$20,000	\$40,000

Your deductible plus \$2,500[†]

Your deductible plus \$5,000[†]

Your deductible plus \$7,500

Your deductible plus \$15,000

Health Plan pays up to \$7 Million per member

[†] For Premier PPO, if you choose the \$10,000 or \$20,000 individual deductible or the \$20,000 or \$40,000 family deductible, your Calendar Year Out-of-pocket Maximum is your deductible only.

Covered Services

Amounts show your share of costs after deductible, if any

Doctors' Office Visits

(including preventive visits; preventive visits for children through age 5 are covered before the deductible)

Child Preventive Services

(through age 5; immunizations, laboratory testing)

Preventive Services, Age 6 and over

(mammograms, immunizations, PAP tests, PSA tests, and office screenings are not subject to the deductible)

Professional Services

(x-ray, lab, anesthesia, surgeon, diagnostics, etc.)

Hospital Inpatient

(with overnight stay)

Hospital Outpatient

Emergency Room Services

(accidental injury or medical emergency, defined by BCBSGA)

Maternity

Chiropractic

Dental

Life

In-Network

Out-of-Network

\$30 copay for first 3 visits per member per year, not subject to deductible
After 3 visits and deductible, 30%

50% {40% for PPO}
Not covered for preventive, age 6 and over.

30%
Not subject to deductible

50%
Not subject to deductible {40% for PPO}

30%

Not Covered
{40% for PPO}

30%

50%
{40% for PPO}

\$500 copayment; waived if admitted {for PPO: deductible then 30%}

Not covered

Not covered

30%

50%

Optional coverage available

Optional coverage available

In-Network

Out-of-Network

\$35 copayment
Not subject to deductible

40%
(30% with \$10,000 or \$20,000 deductible)

20%
Not subject to deductible

40%
Not subject to deductible

20%
Not subject to deductible

40%

20%
(0% with \$10,000 or \$20,000 deductible)

40%
(30% with \$10,000 or \$20,000 deductible)

20% (0% with \$10,000 or \$20,000 deductible)

NOT COVERED; OPTIONAL COVERAGE AVAILABLE
separate 12 month waiting period (see brochure for details)

20%

40%
(30% with \$10,000 or \$20,000 deductible)

Optional coverage available

Optional coverage available

Prescription Drug Coverage

Prescription Drug Coverage

(Generic plus limited brand and specialty drugs on our formulary; see brochure for more information)

Enhanced Prescription Drug Coverage

(Specialty and brand; see brochure for more information)

In-Network

Out-of-Network

In-Network

Out-of-Network

Greater of \$15 or 40%. Not subject to deductible
{For PPO: coverage for Generic ONLY; no brand or specialty coverage}

Greater of \$15 or 40%.
Not subject to deductible

NOT COVERED; OPTIONAL COVERAGE AVAILABLE Separate \$500 deductible per member per calendar year for tiers 2, 3, and 4 brand-name or specialty drugs

\$15, \$30 or \$60 copay or 40% plus difference in allowable charge if brand is chosen over an available generic

Out of pocket maximum
\$4,000 per person per calendar year

{For PPO, Enhanced Prescription Drug option is the same as the Premier PPO}

Separate \$250 deductible per member per calendar year for brand-name or specialty drugs

Greater of \$15 or 40% plus difference in allowable charge if brand is chosen over an available generic

Out of pocket maximum \$300 per prescription and \$4,000 per person per calendar year

You wanted a health plan that gives you more for your money. So we came up with two:

SmartSense and Premier

What they offer:

- **More choices:** A wider range of deductibles makes it easier to find a plan designed to fit different needs and budgets. And with our SmartSense plan, you also have a choice between the Blue Open Access POS and the PPO networks, which will affect your premium and coverage levels.
- **More savings:** Rates and plan options make solid coverage more affordable.
- **More benefits:** From better coverage to fewer copays.

How to choose the plan that right's for you:

1. Use the Plan Comparison chart to compare the benefits of Premier, and SmartSense Blue Open Access POS and SmartSense PPO option. Discuss any questions you have with your sales representative.
2. Review your personalized rate quote information.
3. Select the plan that best fits your needs and budget.
4. Follow the easy application directions on the back of this brochure.

And be sure to keep in mind:

- The Plan Comparison chart lists the benefits that would apply for each person on the policy.
- Your choice of deductible will affect your premium. Some benefits don't require a deductible, but most do.
- In addition to a few benefit differences (as shown above), SmartSense is available with two network options, PPO and Blue Open Access POS. The providers in each network are different, so be sure to check bcbsga.com to see which works for you.
- You and any family members who apply for coverage will need to qualify medically for these health plans. Premiums for qualified applicants will be based on their health history. For more information, please call us.
- Looking for family coverage? Check out our family deductible. Once your family meets two times the individual deductible, no additional deductible amount will be due for that calendar year. However, no one person can contribute more than his or her individual deductible amount to the family deductible.

If you have questions, your Blue Cross and Blue Shield of Georgia agent will be glad to help.

For a listing of Network Providers, go to bcbsga.com >>> Find A Doctor

Disclosures Document

Things You Should Know Before You Buy

Listed below are specific requirements and procedures about our plans that will give you information you need to know when choosing a health care plan as well as after you have coverage. This brochure is included to help you understand how our **SmartSense POS, SmartSense PPO and Premier PPO** plans work. However, keep in mind that this brochure is not your official policy. Please review this important information along with the other materials enclosed.

Enrollment Guidelines For Individual Health Plans:

To Enroll, You Must Be:

- Age 64 or younger;
- A permanent legal resident of Georgia
- Not eligible for Medicare

If Your Application Is Approved:

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

Your Qualified Dependents Include:

- Spouse age 64 or younger;
- Domestic Partner age 64 or younger on SmartSense POS plans only.
- Children (under 19 years of age), or the children (under 19 years of age) of your enrolling spouse or qualified domestic partner;
- Unmarried dependent children between the ages of 19 through 25 if a full-time student (“dependent” as defined by the Internal Revenue Service)

Medical Underwriting Requirement

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

Depending on the results of the underwriting review:

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

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

Waiting Periods

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

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

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

Your contract does not provide benefits for:

- The 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date unless you have any prior creditable coverage towards this waiting period;
- Services and supplies not medically necessary or not consistent with the diagnosis;
- Treatment for which payment is made by any local, state or federal government (except Medicaid);
- Services paid under Medicare or the Veterans Administration;
- Any injury or disease related to war, declared or undeclared, or military service;
- Convalescent or custodial care;
- Hair transplants;

- Eyeglasses/contact lenses/radial keratotomy and the examinations associated with them (except one annual vision exam under Premier);
- Hearing aids;
- Experimental services;
- Weight reduction or treatment for obesity;
- Physical, occupational or speech therapy for developmental delay;
- Services related to artificial insemination or in-vitro fertilization;
- Cosmetic services, except as otherwise stated in the contract.

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

Selecting health coverage is an important decision. To assist you, we supply the following for the plans under consideration: Brochure, Benefit Guide, Disclosures Document, and Enrollment Application. If you did not receive one or more of these materials, please contact your Blue Cross and Blue Shield of Georgia agent to request them. This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the policy Contract booklet, the provisions of the Contract booklet shall prevail.

For more information, visit our website at bcbsga.com

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