A guide to choosing your Blue Cross and Blue Shield of Georgia health plan

Morehouse SHP
Blue Open Access POS/Dental/Vision
A Blue Cross and Blue Shield of Georgia ID card means something

It means you have access to quality care from quality doctors. It means you can always get your questions answered. It means you have our support before you ever need health care. And that's what this guide is for. We want you to have everything you need to make a good decision.
Getting started with health insurance

Let's start with how health insurance works in general

1. **You pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services.
2. **After you meet your deductible, you and your plan share the cost of covered services.** You pay coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.
3. **You’re protected by your plan’s out-of-pocket limit.** That’s the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
   - What about the money for health insurance that gets deducted from your paycheck? That’s your premium. Think of it like a membership fee. It’s separate from what you pay when you get care.
   - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.
A health plan that works for you

Invest in your health with the right health plan.

The doctors, hospitals and other health care providers in our network have agreed to charge lower rates for our members.

Blue Open Access POS

Point of Service. This type of health plan covers services from a network of doctors and hospitals in your area. You can choose your own doctors, as long as they’re in the POS network. If you pay a little more, you can also get care outside of the POS network.

Some POS plans may have different rules. So be sure to check your plan details.
More coverage for you

Dental

Dental coverage not only protects your teeth, but can support overall health, too. Some conditions like heart disease, for example, have warning signs in the mouth and gums. That’s why quality dental coverage is an important part of your insurance package.

Visit bcbsga.com/mydentalppo to watch a video to learn more about your dental plan.

Your dental plan offers
- Pediatric dental coverage is included with your health plan.
- One hundred percent coverage for cleanings, X-rays and other preventive care services with an in-network dentist.
- Access to a large network of dentists.

Vision

With Blue View Vision℠, you have access to a network of over 30,000 doctors and more than 25,000 locations across the country, including convenient retail stores like LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® stores. Plus, pediatric vision coverage is included with your health plan.

Your new vision coverage includes a routine eye exam, frames and either eyeglass lenses or contact lenses.

My BCBSGa ID card means I have access to quality care from quality doctors
Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network — but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our Find a Doctor tool on bcbsga.com. You can search by specialty and check a doctor’s training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use Find a Doctor on your smartphone.

What prescription drugs are covered?

If you have complex or long-term conditions, you may need “specialty” drugs. Your coverage includes these types of drugs and the support you may need when you take them.

To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on bcbsga.com. Then go to FAQs > Pharmacy.

How do I enroll?

You enroll by filling out a paper form.

How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor.

Is preventive care covered?

Yes, preventive care from a network provider is covered at 100%. It’s very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

Can I manage my health care on the Web?

Yes. As soon as you become a member, you’ll be able to register at bcbsga.com. It’s designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor or pharmacy.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Go paperless.
- Take your Health Assessment to learn about your health risks so you can address them.

Download the free bcbsga.com mobile app so you can manage your health care on the go!

Visit bcbsga.com/guidedtour to watch a video explaining how our website can help you.

Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to bcbsga.com and click the Health & Wellness tab. Once you’re a member, you can log in and see more.

Check out these health and wellness programs your employer is providing in addition to your health insurance benefits:

24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night.

Future Moms — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.

ConditionCare — Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health
goals based on your doctor’s care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best.

**How can my plan help me save money?**

You'll save money every time you go to a doctor in network — they've agreed to charge lower rates for BCBSGa members. But we'll also help save you money before you go to the doctor.

At bcbsga.com, you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

**Home Delivery Pharmacy** — You can save money and time by having your prescriptions delivered to your home. Learn how to get started with Home Delivery.

**Site of Service** — If your plan includes Site of Service, you can get quality care for less money when you choose a freestanding, independent X-ray provider, ambulatory surgery center or lab from our network.

**Cost and Quality** — If you’re getting an imaging test (like an X-ray), a sleep test, colonoscopy or endoscopy, we'll work with you and your doctor to give you choices so you can find quality facilities at low prices.

**LiveHealth Online®** - Connect to doctors without appointments, waiting rooms or high costs. All you need is a computer, web cam and Internet connection. You'll enjoy immediate, live-video doctor visits with your choice of U.S. board-certified doctors — any day of the year. Enroll today for free at livehealthonline.com.
Your plan details
In this next section, you’ll find more information about your plan.
Blue Open Access POS – Benefit Summary
Morehouse Student Health Insurance Plan

All benefits are subject to the plan year deductible, except those with in-network copayments, unless otherwise noted.
All plan year maximums are combined between in-network and out-of-network.
In addition to copayments, members are responsible for deductibles and any applicable coinsurance.
Members are also responsible for all costs over the plan maximums.
Some services may require pre-certification before services are covered by the Plan.

When using out-of-network providers, members are responsible for any difference between the Maximum Allowed Amount and the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.

<table>
<thead>
<tr>
<th>Deductibles, Coinsurance and Maximums</th>
<th>In-network Benefit Level</th>
<th>Out-of-Network Benefit Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong> *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Individual</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>● Family</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Member pays 20%</td>
<td>Member pays 40%</td>
</tr>
<tr>
<td>Placed pays 80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Maximum</strong> *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(includes plan year deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Individual</td>
<td>$5,650</td>
<td>N/A</td>
</tr>
<tr>
<td>● Family</td>
<td>$11,300</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member’s deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services. The medical copayments on this plan will apply toward the out-of-pocket maximums.

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-network Benefit Level</th>
<th>Out-of-Network Benefit Level</th>
</tr>
</thead>
</table>
| **Preventive Care Services for Children and Adults**
(preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) |                          |                             |
| ● Well-child care, immunizations | Member pays 0% |
| ● Periodic health examinations | (not subject to deductible) |
| ● Annual gynecology examinations |                           |
| ● Prostate screenings |                           |
| **Physician Office Visits for Illness and Injury** |                          |                             |
| ● Primary Care Physician (PCP)* | $25 copayment |
| ● OB/GYN | $25 copayment |
| ● Specialist Physician | $50 copayment |
| *Also applies to services rendered at Retail Health Clinics | | |
| **Maternity Physician Services**
● 1st Prenatal visit | $25 copayment |
| ● Global obstetrical care (prenatal, delivery and postpartum services) | Member pays 20% after deductible |
| **Telemedicine Services** | $25 PCP copayment or $50 Specialist copayment |
| **Telehealth Services – Online Physician Visit** | $25 PCP copayment |
| **Allergy Services**
● Office visits, testing and the administration of allergy injections | Member pays 20% after deductible |
<p>| ● Allergy injection serum | Member pays 40% after deductible |</p>
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-network Benefit Level</th>
<th>Out-of-Network Benefit Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Surgery</strong> (surgery and administration of general anesthesia)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td><strong>Office Therapy Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical Therapy: 10-visit benefit period maximum</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• Occupational Therapy: 10-visit benefit period maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech Therapy: 20-visit benefit period maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chiropractic Care/Manipulation Therapy: 20-visit benefit period maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Therapy Services</strong> (chemotherapy, radiation therapy, cardiac rehabilitation)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>[There is no Cardiac Rehabilitation visit max on this plan; EHB benchmark plan indicates zero max; authorization required] and respiratory/pulmonary therapy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Diagnostic Imaging</strong> (MRI, MRA, CT Scans and PET Scans)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care Services</strong></td>
<td>$50 copayment; then member pays 20% after deductible</td>
<td>$50 copayment; then member pays 40% after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Life-threatening illness or serious accidental injury only</td>
<td>$150 copayment; then member pays 20% after deductible</td>
<td>$150 copayment; then member pays 20% after deductible</td>
</tr>
<tr>
<td>• The ER copayment will be waived if admitted to the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Facility Services</strong></td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• Surgery facility/hospital charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diagnostic x-ray and lab services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physician services (anesthesiologist, radiologist, pathologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Facility Services</strong></td>
<td>$150 copayment; then member pays 20% after deductible</td>
<td>$150 copayment; then member pays 40% after deductible</td>
</tr>
<tr>
<td>• Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• Physician services (anesthesiologist, radiologist, pathologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• 30-day benefit period maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health/Substance Abuse Services</strong> (*services must be authorized by calling 1-800-292-2879)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• Inpatient mental health and substance abuse services* (facility fee)</td>
<td>$150 copayment; then member pays 20% after deductible</td>
<td>$150 copayment; then member pays 40% after deductible</td>
</tr>
<tr>
<td>• Inpatient mental health and substance abuse services* (physician fee)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td>• Office/Outpatient mental health and substance abuse services (physician fee)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td><strong>Home Health Care Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 120-visit benefit period maximum</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td><strong>Hospice Care Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient and outpatient services covered under the hospice treatment program</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 30% after deductible</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME)</strong></td>
<td>Member pays 20% after deductible</td>
<td>Member pays 40% after deductible</td>
</tr>
<tr>
<td><strong>Ambulance Services</strong> (covered when medically necessary)</td>
<td>Member pays 20% after deductible</td>
<td>Member pays 20% after deductible</td>
</tr>
</tbody>
</table>
**Prescription Drugs**

**Note:**
- If a member receives a brand name drug that falls on Tier 2 or Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and generic drug. This applies even when physician indicates DAW (dispense as written) or obtains an authorization.
- All member cost shares (copayments) for pharmacy benefits will apply to the plan Out-Of-Pocket Maximums.

Retail maintenance drug coverage is provided at one of two tier levels in accordance with the Formulary Drug List. Members must file a claim form for reimbursement when using an out-of-network pharmacy.

Specialty drugs can only be obtained from a Specialty Pharmacy.

Refer to last page for Tier definitions

<table>
<thead>
<tr>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Drugs - Tier 1 (30 day supply)</td>
<td>$15 copayment</td>
</tr>
<tr>
<td>Retail Drugs - Tier 2 (30 day supply)</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Home Delivery Maintenance Drugs - Tier 1 (90 day supply)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Home Delivery Maintenance Drugs - Tier 2 (90 day supply)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

For a full disclosure of all benefits, exclusions and limitations please refer to your Certificate Booklet.

**Prescription Drug Tier Definitions**

**Tier 1** — These drugs have the lowest copayment. This tier will contain low cost or preferred medications. This tier may include generic, single source brand drugs, or multi-source brand drugs.

**Tier 2** — These drugs will have a higher copayment than tier 1 drugs. This tier will contain preferred medications that generally are moderate in cost. This tier may include generic, single source, or multi-source brand drugs.
Summary of Limitations and Exclusions
Your Certificate Booklet will provide you with complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

▪ Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
▪ Non-emergency use of the emergency room
▪ Removal/extraction of impacted teeth
▪ Private duty nursing
▪ Care or treatment that is not medically necessary
▪ Cosmetic surgery, except to restore function altered by disease or trauma
▪ Dental care and oral surgery; except for accidental injury to natural teeth, treatment of TMJ and radiation for head and neck cancer
▪ Occupational related illness or injury
▪ Treatment, drugs or supplies considered experimental or investigational

See Certificate Booklet for Complete Details
It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your Certificate Booklet (the contract) for a complete explanation of covered services, limitations and exclusions.
Good health starts with a healthy mouth.¹

Good dental health and routine visits to your dentist can pay off in a bigger way than just having a healthy smile. Conditions in the mouth can, and often do, affect the rest of the body. Dental exams can help recognize as many as 120 medical conditions, making them extremely important to your overall health.

This benefit summary outlines the basics of your Blue Cross and Blue Shield of Georgia (BCBSGA) Dental Pediatric Plan, providing you with a quick reference of deductibles, coinsurance amounts, limitations and exclusions when you receive covered services from a participating dental provider. Please refer to the plan certificate for a more complete explanation of the specific services covered by the plan.

PEDiatric Dental Benefits AT a GlANCE:

The following benefits are available to pediatric members through age 18. After you have met your annual deductible, BCBSGA will pay for Dental services at the listed coinsurance amounts up to the Maximum Allowed Charge (MAC) as determined by BCBSGA for each covered service. However, there may be different levels of coinsurance, depending on whether you choose to receive services from a participating or a nonparticipating dentist.

<table>
<thead>
<tr>
<th>Coverage Year</th>
<th>Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured Age Limit</td>
<td>End of month in which insured turns age 19</td>
</tr>
<tr>
<td>Annual Deductible (per insured; applies to all services)</td>
<td>$50</td>
</tr>
<tr>
<td>Waiting Periods</td>
<td>12 months for dentally necessary orthodontic services</td>
</tr>
</tbody>
</table>

DENTAL SERVICES

(examples of what is/is not covered by the plan):

<table>
<thead>
<tr>
<th></th>
<th>Participating Dentist BCBSGA pays:</th>
<th>Nonparticipating Dentist BCBSGA pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Benefit Maximum</td>
<td>No maximum</td>
<td>No maximum</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$350 / $700 per family²</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Services, for example:</td>
<td>100%</td>
<td>70%</td>
</tr>
<tr>
<td>• Periodic oral exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Teeth cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bitewing X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services, for example:</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>• Composite (tooth-colored) fillings on anterior (front) teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Amalgam (silver-colored) fillings on posterior (back) teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Posterior (back) composite fillings covered at amalgam allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontic Services, for example:</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>• Root canal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal Services, for example:</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>• Scaling and root planing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Services, for example:</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>• Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontic Services, for example:</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>• Dentures and bridges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentally Necessary Orthodontic Services³</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dentally Necessary Orthodontic Lifetime Maximum</td>
<td>No maximum</td>
<td>No maximum</td>
</tr>
</tbody>
</table>

¹According to research, signs and symptoms of as many as 120 medical conditions can be first detected by an examination of the mouth, throat and neck—and earlier detection means earlier treatment. (Source: Oral Diagnosis, Oral Medicine and Treatment Planning, 1994, S. Bricker, R. Langlais, C. Miller.)

²Family out-of-pocket maximum applies if there are two or more children per family only; there is no out-of-pocket maximum for children receiving services from a nonparticipating dental provider.

³Child orthodontic coverage begins at age eight. This means that the child must have been banded after age eight in order to receive coverage.
Choice of dentists
While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit a nonparticipating dentist. Why? Because participating dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, nonparticipating dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the “maximum allowed charge” – and the amount they usually charge for a service. When they bill you for this difference, it is called “balance billing.”

How BCBSGA dental decides on maximum allowed amounts
BCBSGA develops an out-of-network dental fee schedule/rate to determine the maximum allowed cost (MAC) for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

Here’s an example of higher costs for nonparticipating dental services
This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a stainless steel crown from a nonparticipating dentist, who charges $1,200 for the service and bills BCBSGA for that amount. BCBSGA's maximum allowed charge for this dental service is $800. That means there will be a $400 difference, which the dentist can “balance bill” Ted.

Since Ted will also need to pay $400 coinsurance, the total he'll pay the nonparticipating dentist is $800. Here’s the math:
- Dentist’s charge: $1,200
- BCBSGA’s maximum allowed charge: $800
- BCBSGA pays 50%: $400
- Ted pays 50% (coinsurance): $400
- Balance Ted owes the provider: $1,200 - $800 = $400
- Ted’s total cost: $400 coinsurance + $400 provider balance = $800

In the example, if Ted had gone to a participating dentist, his cost would be only $400 for the coinsurance because he would not have been “balance billed” the $400 difference.

Emergency dental treatment for the international traveler
As an BCBSGA dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

**The International Emergency Dental Program is managed by DeCare Dental, an independent company offering dental-management services to BCBSGA.

Finding a dentist is easy.
To select a dentist by name or location:
- Go to bcbsga.com/mydentalvision
- Call BCBSGA dental Customer Service

TO CONTACT US:

<table>
<thead>
<tr>
<th>Call</th>
<th>Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call the toll-free number on the back of your member ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.</td>
<td>Refer to the back of your member ID card for the address.</td>
</tr>
</tbody>
</table>
Limitations & Exclusions

**Limitations – Below is a partial listing of dental plan limitations. Please see your certificate of coverage for a full list.**

**Diagnostic and Preventive Services**
- Oral evaluations (exams) Limited to two times per calendar year
- Teeth cleaning (prophylaxis) Covered two times per calendar year
- Bitewing X-rays Limited to one series of films per six-month period
- Complete series X-rays (panoramic or full-mouth) Limited to one series in any 60-month period
- Topical application of fluoride Covered two times per calendar year
- Fluoride varnish Covered two times per calendar year
- Sealants Limited to permanent molars; covered one time per 24-month period

**Basic Services**
- Fillings Composite (white) resin restorations to repair decayed or fractured permanent or primary anterior (front) teeth; amalgam (silver) restorations to repair decayed or fractured permanent or primary posterior (back) teeth
- Prefabricated or stainless steel crowns Covered once per tooth in a 60-month period through age of 14
- Extractions Basic removal of teeth
- Periodontal services (such as scaling and root planing) Covered one time per 24-month period
- Surgical extractions Removal of third molars covered only with evidence of oral pathology
- Intravenous conscious sedation, IV sedation and general anesthesia Covered only when given with covered complex surgical services

**Major/Other Services**
- Inlays Covered at amalgam restoration allowance for the same number of surfaces
- Onlays and/or permanent crowns Covered one time per 60 months for permanent teeth only
- Prosthodontic services (dentures, partials, bridges) Covered one time per 60-month period

**Dentally Necessary Orthodontic Services**
- Limited to one course of treatment per member per lifetime for dentally necessary orthodontic services only: to be considered dentally necessary orthodontic care, at least one of the following criteria must be present:
  a. There is spacing between adjacent teeth that interferes with the biting function;
  b. There is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when child bites;
  c. Positioning of the jaws or teeth impair chewing or biting function;
  d. On an objective professionally recognized dental orthodontic severity index, the condition scores at a level consistent with the need for orthodontic care;
  e. Based on a comparable assessment of items a through d, there is an overall orthodontic problem that interferes with the biting function.

**Exclusions – Below is a partial listing of noncovered services. Please see your certificate of coverage for a full list.**

**Services provided before or after the term of this coverage** Services received before your effective date or after coverage ends, unless otherwise specified in the dental plan certificate

**Cosmetic dentistry** Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Cosmetic orthodontic services** Orthodontic braces, appliances and all related services that are not considered dentally necessary

**Drugs and medications** Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care; analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical dental care

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

The participating dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of BCBSGA.

**BCBSGA does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan (including enrollment, marketing practices, benefit designs, and benefit determinations).**
WELCOME TO BLUE VIEW VISION!
Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what’s covered, your discounts, and much more!

Blue View Vision℠ A 0.0 Formulary

Pediatric Vision Benefits for Members through age 18

Included with Georgia Health Plans

Your Blue View Vision network
Blue Cross and Blue Shield of Georgia vision plan members have access to one of the nation’s largest vision networks. With Blue View Vision, you can use your in-network benefits at 1-800 CONTACTS, or choose a participating private practice eye doctor, or go in store to LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every benefit period

Eyeglass frames
Once every benefit period, you may select one pair of eyeglass frames.

Eyeglass lenses
Once every benefit period, you may receive one pair of any one of the following lens options:
- Standard plastic single vision lenses
- Standard plastic bifocal lenses
- Standard plastic trifocal lenses
- Standard progressive lenses

Eyeglass lens enhancements
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.
- Transitions Lenses
- Standard Polycarbonate
- Factory Scratch Coating
- UV Coating

Contact lenses – once every benefit period
Prefer contact lenses over glasses? You may choose a supply of contact lenses instead of eyeglass lenses.
- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

IN-NETWORK
OUT-OF-NETWORK

$0 copay
Up to $30 allowance

$0 copay, formulary
Up to $45 allowance

$0 copay
Up to $25 allowance

$0 copay
Up to $40 allowance

$0 copay
Up to $55 allowance

$0 copay
Up to $40 allowance

$0 copay
No allowance on lens enhancements when obtained out-of-network

$0 copay, formulary
Up to $60 allowance

$0 copay, formulary
Up to $60 allowance

$0 copay
Up to $210 allowance

Contact lens benefit applies to the first purchase of contacts made during a benefit period. Any unused out-of-network allowance remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.
<table>
<thead>
<tr>
<th><strong>OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY</strong></th>
<th><strong>In-network Member Cost (after any applicable copay)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retinal Imaging</strong> - at member’s option can be performed at time of eye exam</td>
<td>Not more than $39</td>
</tr>
<tr>
<td><strong>Eyeglass lens upgrades</strong></td>
<td><strong>In-network Member Cost</strong></td>
</tr>
<tr>
<td>When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.</td>
<td><strong>Tint (Solid and Gradient)</strong>: $15</td>
</tr>
<tr>
<td></td>
<td><strong>Progressive Lenses</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Anti-Reflective Coating</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Other Add-ons and Services</strong>: 20% off retail price</td>
</tr>
<tr>
<td><strong>Additional Pairs of Eyeglasses</strong></td>
<td><strong>Complete Pair</strong>: 40% off retail price</td>
</tr>
<tr>
<td>Anytime from any Blue View Vision network provider</td>
<td><strong>Eyeglass materials purchased separately</strong>: 20% off retail price</td>
</tr>
<tr>
<td><strong>Eyewear Accessories</strong></td>
<td><strong>Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</strong>: 20% off retail price</td>
</tr>
<tr>
<td><strong>Contact lens fit and follow-up</strong></td>
<td><strong>Standard contact lens fitting</strong></td>
</tr>
<tr>
<td>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</td>
<td><strong>Premium contact lens fitting</strong>: 10% off retail price</td>
</tr>
<tr>
<td><strong>Conventional Contact Lenses</strong></td>
<td><strong>Discount applies to materials only</strong>: 15% off retail price</td>
</tr>
</tbody>
</table>

**SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM**

**1-800 CONTACTS**

After your benefits for the coverage period have been used, you can save on contact lenses with this offer.5

| **For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental** | **Save $20 on orders of $100 or more and get free shipping** |

**Laser vision correction surgery**

LASIK refractive surgery.

| **For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental** | **Discount per eye** |

### Notes:

1. Please ask your provider for his/her recommendation as well as the progressive brands by tier.
2. Please ask your provider for his/her recommendation as well as the coating brands by tier.
3. A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.
4. A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.
5. Discount cannot be used in conjunction with your covered benefits.

### OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

**To Fax:** 866-293-7373
**To Email:** oonclaims@eyewearspecialoffers.com
**To Mail:** Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

**Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit bcbsga.com or call us at 1-866-723-0515.**

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person’s coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member’s policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member’s policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.
1. **Mailing Address**: Please use this address for any correspondence you send to us.

2. **Employee Information**: This information includes the covered member's name and ID number, patient's name and member ID number, employer or group name, and the employer's group number.

3. **Provider of Service**: An institution, individual or organization that provides a medical service for you.

4. **Service Dates**: Date(s) the patient received care.

5. **Type of Service**: This section indicates the type of care received, such as medical, surgical or laboratory.

6. **Amount Charged**: The amount your provider charged for the service or care you received.

7. **Amount Allowed**: The portion of the amount charged that is allowed for under your contract.

8. **Provider Responsibility**: You are not responsible for these charges.

9. **Not Covered**: Charges that are not covered under your contract and that you are responsible for paying.
10. **Deductible:** The amount of covered expenses that you must pay before you are eligible for benefits. This includes all deductibles stated in your contract.

11. **Coinsurance:** The portion of covered services that is your responsibility to pay.

12. **Copay:** The fee collected at the time service is rendered by the provider. This fee is a flat dollar amount that is indicated in your contract.

13. **Other Insurance:** The amount of benefit dollars paid toward this claim by another insurance company due to coordination of benefits.

14. **Amount We Paid:** The amount we paid for the service listed on your explanation of benefits.

15. **See Remarks:** A number appears here if an explanation is needed to clarify actions taken on your claim.

16. **Benefits Paid This Page:** The amount paid for all the claims listed.

17. **Remarks:** Numbered remarks referring to the claim. General remarks without a number also may appear here.
Your pharmacy benefits

We’re glad you’re part of our prescription drug plan. We think it’s important for you to have access to a wide range of affordable medicines. And we work hard to provide you with the best service. If you have any questions about your plan, call us at the phone number on your member ID card.

Save money on your prescriptions

Here are some easy ways to get the most from your plan – and save on your medicine.

Choose the drugs you need from our drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It’s made up of hundreds of brand-name and generic drugs. We research drugs and choose ones that are safe, work well and offer the best value. Sometimes we update the drug list when new drugs come to market, or if new research becomes available. If your plan uses a tiered drug list, view the drugs we cover at www.bcbsga.com/national4tier.

You’ll save money by taking medicines that are on the drug list. Drugs that aren’t on the list may have a higher copay or may not be covered, depending on your plan.

Also, some drugs need our review and need to get an OK from us before the prescription is filled to make sure they’re covered. This is called prior authorization. This review focuses mainly on drugs that may have:

- A risk of serious side effects or drug interactions
- High potential for incorrect use or abuse
- Better alternatives that may cost less
- Rules for use with very specific conditions

Your pharmacist will tell you if your drug needs prior authorization.

Try generic drugs

Generics drugs cost much less than most brand-name drugs. So ask your doctor if a there’s a generic choice for your medicine – and if it might work for you. Generic drugs are approved by the Food and Drug Administration (FDA) and work as well as the brand-name choices.

Use over-the-counter (OTC) drugs when you can

You don’t need a prescription for OTC drugs. They often have the same active ingredients as the prescription versions but usually cost a lot less. OTC allergy and heartburn medicines are good examples. Just ask your doctor if it’s okay to swap your prescription drug for an OTC medicine.
Your pharmacy benefits (continued)

Visit in-network pharmacies

Our retail pharmacy network includes more than 64,000 pharmacies across the country, including major chains, grocery stores and independent pharmacies. That means you have easy access to your medicine wherever you are – at work, at home or even on vacation. Using pharmacies in the network will help save money. And when picking up your prescription at the pharmacy, don’t forget to show your member ID card.

To make sure your pharmacy is in our network, visit bcbsga.com. Click on Prescription Benefits and sign in. On the pharmacy page, click on Find a Pharmacy.

Sign up for our convenient Home Delivery Pharmacy

Home delivery is a safe, easy way to get medicine you need on a regular basis. Prescriptions are sent to your home within two weeks from the time the pharmacy gets your order. Pharmacists can answer your drug questions by phone any time. Plus, you may be able to save money on your medicine.

Our Home Delivery Pharmacy is managed by Express Scripts. See the next page to learn how to get started.

Get support from our specialty pharmacy

Accredo, the Express Scripts specialty pharmacy, provides medicine and support and for people with complex and long-term conditions. Specialty drugs come in different forms like pills or liquids. And some need to be injected, infused or inhaled. These drugs often need special storage and handling and may be given to you by a doctor or nurse.

Accredo’s programs help people with some complex conditions. These programs teach you about treatment for your condition and help you understand and cope with drug side effects. Nurses and pharmacists will even set up time with you to find out how you are doing.

Call 888-773-7376, Monday through Friday, 8 a.m. to 9 p.m., Eastern time, to learn how Accredo’s condition support programs can help you better manage your health condition.

Information at your fingertips

Wherever you are, you can easily access your pharmacy information online.

Check out bcbsga.com

Simply click on Prescription Benefits and sign in. Once you’re signed in, you’ll have access to lots of tools and drug information, all in one spot. You can check order status, order refills, price a drug, renew a prescription and much more. And when you’re on the go, just type bcbsga.com into any mobile web browser to find in-network pharmacies near you. You can also find in-network doctors, hospitals and ERs.
Getting started with Home Delivery Pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.* Here’s how to start:

Step one
Create a profile with your contact information and billing information

There are two ways to do this:

- **By phone:** Call 866-281-4654, or
- **Online:** Log into bcbsga.com.
  - Click on “Prescription Benefits,” (if you haven’t done so, register on bcbsga.com).
  - Click on “Switch to Home Delivery,” You’ll be sent to the Express Scripts website.
  - Click on “My Profile & Settings” and complete the following sections:
    + Your personal information
    + Payment method

Remember, we cannot process your order without having your contact and billing information on file.

Step two
See your doctor for a prescription for a 90-day supply of your medicine

You’ll need a 90-day supply of your prescription for your first Home Delivery Pharmacy order. But you should also ask your doctor to write you another prescription for an additional 30-day supply. This is so you can get the 30-day supply filled at your local pharmacy while your first Home Delivery order is being processed.

Step three
Send us your prescription

There are two ways you can put your first order in:

- **By Fax:** Ask your doctor to fax us your prescription and member ID card to 800-600-8105
- **By mail:** Go to bcbsga.com and download a form and mail it to us
  - Log in then click on “Refill a Prescription.” You’ll be sent to the Express Scripts website.
  - Click on “Fill a New Prescription,” then “Print an Order Form.”
  - You can choose to print a blank form or one that has your information already on it.
  - Click on “Print Your Form.”
  - Fill out the form and mail it with your prescription to:
    Home Delivery Pharmacy
    PO Box 66785
    St. Louis, MO
    63166-6785

**Important:** All prescriptions and refills, including those submitted by your physician, are processed as soon as they are received. Please do not submit your prescription unless you are ready to have it filled.

*Based on drug/benefit plan design.
Step four
Pay for your prescription

The Home Delivery Pharmacy accepts many payment methods. Use the option that's best for you. You can pay with a check, money order, major credit card or debit card. You can also keep a major credit card on file for easy payments. With this option, you can increase or decrease the maximum limit charged to the card to help you manage your out-of-pocket costs more effectively. For more information or questions about credit card payments, please call the number on your ID card.

Important to know

Your medicine will be sent to your home within two weeks from the time the Home Delivery Pharmacy gets your order. If you need your medicine sooner, call 866-281-4654 to ask for your order to be sent overnight. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

Need to order refills? It's even easier!

You can order refills by phone, mail or at bcbsga.com. Refills take about three to five days to process and ship. Here’s how to order a refill:

By phone

- Have your prescription label and credit card ready.
- Call 866-281-4654 and select “Automated Refill Order Line” from the menu. Or press zero any time to speak with a representative. If you are speech or hearing impaired, call 800-899-2114.
- Follow the prompts to place your order.

By mail

Fill out the order form that you got with a previous order. Attach your label from the medicine or write your refill number in the space provided. Mail the form and your payment to the Home Delivery Pharmacy address.

Online

- Log in (username/password required) and click “Pharmacy.”
- Under Pharmacy Self Service, click “Order a Refill.”
- You will be redirected to the Express Scripts site.
- Choose the drugs you want to refill, and click “Add Refills to Cart.”
- Review the order, shipping method, payment method, medical information and contact information.
- Click “Place My Order.”

Auto Refill

Follow the first three steps above for ordering refills online, then:

- Click the “Setup Auto Refills” tab
- Follow the easy steps to Select prescriptions, choose refill dates and review your order.

We’re here to help

If you have questions about how to get started with the Home Delivery Pharmacy, just give us a call at 866-281-4654, 24 hours a day, 7 days a week.
HOME DELIVERY PHARMACY ORDER FORM

To MAIL your prescription:
1. “Patient” box must be filled out.
2. Have your Doctor write a prescription.
3. Send your new prescription along with this completed form to:
   Express Scripts Home Delivery Service
   PO Box 66785
   St. Louis MO 63166-6785

To FAX your prescription:
1. Both “Dr/Prescriber” and “Rx Form” boxes must be filled out.
2. Doctor can fax to: 1-800-600-8105
   - Class II prescriptions cannot be faxed.
   - Faxes will only be accepted from a doctor’s office.

---

PATIENT

Member ID: __________________________________
First Name: ___________________ Last Name: ___________________
Date of Birth: __________ Phone: ______________________
Address: ___________________________________
_____________________________________________
_____________________________________________
E-mail: ____________________________
Allergies: __________________________________
_____________________________________________
Health Conditions: _____________________________
_____________________________________________
_____________________________________________
Over-the-Counter Medications: _____________________
_____________________________________________

PATIENT OPTIONS

☐ I want non-child resistant caps, when available.
☐ I want a copy of my bottle label in large print on a separate sheet of paper.
☐ Check here for rush delivery. Once your order is received and filled, it will be shipped overnight for $21.

If you want to make a payment or update your health conditions, please visit your health plan provider’s website.

---

DOCTOR/PRESCRIBER

DEA: ________________
Name: ______________________
Address: __________________________________
Phone: ______________________
Fax: ______________________

---

Rx

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date: ___ / ___ / ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Name/Form/Strength</td>
<td>Qty</td>
<td>Directions for Use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

X Doctor/Prescriber Signature – Substitution Permissible
X Doctor/Prescriber Signature – Dispense as Written

Important Confidentiality Notice: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

© 2010 Express Scripts, Inc.
Register with bcbsga.com to access your benefits*

* You must be 18 years or older to register your own account.

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

Go to bcbsga.com and select Register Now
Provide the personal information requested
Create a username and password
Set your email preferences
Select Submit

Search for Blue Cross and Blue Shield of Georgia in your app store and select Install (It’s free). Open the app and select Register Now
Confirm your identity
Create a username and password
Set your email preferences
Confirm and select Register

Need help signing up?
Call the Help Desk at 1-866-755-2680.
LiveHealth Online

Doctors by your side 24/7. It’s easier and faster than a visit to urgent care.

Talk to a doctor — when it’s convenient for you. Use your smartphone, tablet or laptop. Just sign up at livehealthonline.com or download the free app.
Get the health care you need — when you need it

Have a health question? Feeling under the weather? With LiveHealth Online, you don’t have to schedule an appointment, drive to the doctor’s office or urgent care, and then wait to see someone.

In fact, you don’t even have to leave your home or office. Doctors can answer questions, make a diagnosis and even prescribe basic medications when needed.¹ All you need is the LiveHealth Online app or a computer with a webcam.²

With LiveHealth Online, you:
- Get immediate 24/7 access to board certified doctors.
- See a doctor through secure and private video chat.
- Can get prescriptions sent directly to your pharmacy, if needed.

When to use LiveHealth Online

Use LiveHealth Online when you have a health concern and don’t want to wait. Doctors are available 24/7. Some of the most common uses include:
- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

For a true emergency, call 911 or go to the emergency room.

Don’t wait until you’re sick — sign up today

Enroll at livehealthonline.com or download the free app, and you’re ready to see a doctor.
Need a doctor?
Finding one online is fast and easy.

With our Find a Doctor online tool, it’s simple to look for doctors who are part of the Blue Cross and Blue Shield of Georgia network. Whether you’re checking to see if a family favorite is in the network or looking for someone new, it’s a snap.

If you're already a member:

1. Log in to bcbsga.com.
2. Under Useful Tools on the right, select Find a Doctor.
3. Select the doctor or health professional you’re looking for and choose Search.
4. For more info about a provider (like skills and training), just select that name in the directory.

New member search tip
If you don’t know the name of your health plan or are about to join a new plan, talk to your company’s benefits administrator or human resources staff.

If you're not a member:

1. Go to bcbsga.com.
2. Under Useful Tools on the right, select Find a Doctor.
3. Under Search by selecting a plan/network, go to Select a state. You can enter the name of your state or select it from the drop-down list.
4. Under Select a plan/network, you can enter the name of your plan/network or select it from the drop-down list then choose Select and Continue.
5. Using the drop-down boxes, select what type of doctor and the location you’re looking for, then select Search.
6. For more info about a provider (like skills and training), just select that name in the directory.

If Blue Cross and Blue Shield of Georgia is your pharmacy benefit administrator, when selecting a plan/network, type in or choose "National PPO/BlueCard PPO". This will give you a longer list of providers, and pharmacy access is not limited by your medical plan.

If you are searching for a provider out of state, type "National PPO/BlueCard PPO" in the ‘Select a Plan/Network’ drop-down box, then click on ‘Select and Continue’ to begin searching for a doctor or facility. This will ensure the largest list of providers are given to you.

To search for doctors, hospitals, pharmacies and more from your mobile device, go to bcbsga.com. You can also download our free app from the app store on your Apple or Android smartphone. Search Blue Cross and Blue Shield of Georgia and download.
Save money with discounts at bcbsga.com

Vision and hearing

1-800 CONTACTS® — Get contact lenses quick and easy — plus discounts only available to BCBSGa members, like $20 off when you spend $100 or more and free shipping.

Glasses.com™ — Get the latest, brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional $20 off orders of $100 or more, free shipping and free returns.

Premier LASIK — Save 15% on LASIK with all in-network providers. Prices are as low as $695 per eye with select providers.

Amplifon — Get a low-price guarantee with the seven top companies that work with Amplifon. Save $50 on one hearing aid or $125 on two. Plus, get a three-year repair/loss/damage warranty and a free two-year supply of batteries.

Beltone™ — Get hearing screenings and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

Fitness and health

Jenny Craig® — Join Jenny Craig and get a 30-day trial at no additional cost and 50% off enrollment.

Lindora® — Save 20% on weight-loss programs.

SelfHelpWorks — Choose one of the online Living programs and get a 40% discount to help you lose weight, stop smoking, manage stress or face an alcohol problem.

GlobalFit™ — Save on gym memberships, home fitness equipment and GlobalFit’s Virtual Gym.

ChooseHealthy™ — Get preferred pricing on fitness club memberships and a one-week free trial. Enjoy discounts on acupuncture, chiropractors and massage — plus 40% off certain wellness products.

FitOrbit® — Get your own personal trainer for less than $2 a day. Fitness legend Jake Steinfeld (Body by Jake®) created FitOrbit — giving everybody the ability to afford a personal trainer.

Performance Bicycle — Get $20 off a purchase of $80 or more in store or online.
Family and home

**Safe Beginnings®** — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

**VPI Pet Insurance** — Get 5% off pet insurance. Get peace of mind knowing that you have help paying the medical costs for your pet’s accidents, illnesses and routine medical care.

**ASPCA Pet Health Insurance** — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

**LinkWell** — Get coupons for healthier products.

**WINFertility®** — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

**LifeMart®** — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

---

Medicine and treatment

**Puritan’s Pride** — Save 10% and get free shipping on a large selection of vitamins, minerals, herbs, supplements and much more.

**Murad®** — Save $25 and get a free gift with any purchase of $100 or more on skin care products.

**Allergy Control products** — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor-recommended products for a healthier home and enjoy free shipping on orders of $150 or more.

**National Allergy® supply** — Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.

---

To find the discounts that are available to you, log in to bcbsga.com and select Discounts.

---

* All discounts are subject to change without notice.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
Ouch! Life doesn’t always go as planned. Fortunately, you can use our mobile app to help you find a nearby doctor when your back is out of whack. And that’s not all. Check out all you can do with the Blue Cross and Blue Shield of Georgia mobile app.

- **Find a doctor**
  Search for a doctor, specialist, urgent care or hospital close by. The app even gives turn-by-turn directions to get you there.

- **View your ID cards**
  Keep a version of your ID card handy. You can show it, fax it or email it right from your mobile device.

- **Check your claims**
  Find out what your doctor billed, how much was paid and if you owe anything.

- **Estimate your costs**
  See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.

- **View your medical benefits**
  See your copays, deductibles, coinsurance and other important plan benefit information.

- **Manage prescription benefits**
  Check the cost of drugs, get refills or switch to our home delivery program.

**Download the app today**
Just search for Blue Cross and Blue Shield of Georgia. Can’t get the app? No worries. Use many of the same features on our mobile web browser at [bcbsga.com](http://bcbsga.com).
How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And you also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women’s Health and Cancer Rights Act, go to www.bgbsga.com/memberrights.

How we help manage your care

To decide if we’ll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you’re getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member’s treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They’re licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit www.bgbsga.com/memberrights.

Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That’s the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you’re allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or CHIP coverage because you’re no longer eligible.
  - You (or eligible dependent) become eligible to get help from Medicaid or SCHIP for paying part of the cost.
Carry an ID card that means something. Enroll now.