



# OSEEGB

Oklahoma State and Education  
Employees Group Insurance Board



## HealthChoice USA Plan Year 2010

### New for 2010

- Copays for office visits and other services will increase from \$25 to \$50. Changes are indicated by bold text on page 2.
- Pharmacy copays are being increased. Changes are indicated by bold text in the Network Pharmacy Benefits on page 2.
- Brand-name triptans, which are used to treat migraine headaches, are non-Preferred medications. Sumatriptan, the generic for Imitrex, is the only Preferred medication in this category.

### Overview

The HealthChoice USA Plan is designed for members who live and work outside of Oklahoma and Arkansas. It offers members a national provider network and benefits identical to the HealthChoice High Option Plan.

HealthChoice USA provides access to the ChoiceCare Network. The ChoiceCare Network is one of the largest provider networks in the nation, with nearly 450,000 providers and 3,000 facilities.

### Rates

The premiums are the same for both current and pre-Medicare former employees.

Member	Spouse	Child	Children
\$678.57	\$678.57	\$226.33	\$339.31

### Eligibility

This plan is only available to current employees who receive a work assignment outside Oklahoma and Arkansas for more than 90 consecutive days and to non-Medicare former employees who live outside Oklahoma and Arkansas.

If you meet the above requirements, you may enroll in HealthChoice USA during the annual Option Period or within 30 days of your relocation outside Oklahoma and Arkansas. If you do not request a change within 30 days of your relocation, you must wait until the next annual Option Period to change plans.

Upon your relocation to Oklahoma or Arkansas, you have 30 days to change your plan from HealthChoice USA to one of the other plans offered through OSEEGB.

For **current employees**, your Insurance/Benefits Coordinator must sign the *Option Period Enrollment/Change Form* certifying that you have been assigned to work outside Oklahoma and Arkansas. HealthChoice has the right to request employer documentation of your work assignment. You must submit the proper change form to your Insurance/Benefits Coordinator within 30 days of your relocation.

For **pre-Medicare former employees**, you can enroll during the annual Option Period, or by notifying OSEEGB in writing within 30 days of your relocation in order to make this change. In your letter, be sure to include:

- Your request to change your benefits to or from the HealthChoice USA Plan
- Your new address
- The date of your relocation

## Locating a Provider

To locate a provider who participates in the ChoiceCare Network:

- Visit the ChoiceCare Network online provider directory at [www.choicecarenetwork.com](http://www.choicecarenetwork.com) and select *Physician Finder*
- Call the ChoiceCare Network Monday through Friday from 8 a.m. to 5 p.m. CT at the number listed below

## Network Medical Benefits

- Annual deductible: \$500 individual/\$1,500 family
- Office visit copay: **\$50** (for lab or other services, the deductible and 20% coinsurance will apply)
- Emergency room deductible: \$100 (waived if admitted)
- Annual out-of-pocket maximum: \$2,800 Network/\$3,300 non-Network, plus you are responsible for all amounts above the Allowed Charges when you use a non-Network provider
- Scheduled hospital admissions, certain surgical procedures performed in an outpatient facility, and specific diagnostic imaging procedures require certification; contact APS HealthCare for certification at the number listed below

## Network Pharmacy Benefits

- Generic mandate plan
- Pharmacy benefits generally cover up to a 34-day supply or 100 units, whichever is greater, not to exceed the FDA approved 'usual' dosing for a 100-day supply and subject to specific quantity limits
- Lifetime maximum pharmacy benefit: \$2,000,000
- Preferred Medications:
  - When the cost of medication is \$100 or less: You pay up to **\$30** or the actual cost if less
  - When the cost of medication is more than \$100: You pay 25% up to a **\$60** maximum
  - Pharmacy out-of-pocket maximum: \$2,500 per person using Preferred products at Network pharmacies, then the Plan pays 100%
- Non-Preferred Medications:
  - When the cost of medication is \$100 or less: You pay up to **\$60**, or the actual cost if less
  - When the cost of medication is more than \$100: You pay 50% up to a **\$120** maximum
  - The pharmacy out-of-pocket maximum does not apply to non-Preferred medications

## Identification Cards

You will receive an ID card imprinted with the ChoiceCare Network logo and the HealthChoice plan administrator's contact information. This ID card **MUST** be presented when using any of the ChoiceCare Network providers and facilities, otherwise, you will lose any available discounts and your claims will be paid as non-Network.

A searchable text version of the Guide is available on the OSEEGIB website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com). This Guide is also available in CD format at the Oklahoma Library for the Blind and Physically Handicapped (OLBPH). Contact the OLBPH at 1-405-521-3314, toll-free 1-800-523-0288, and TDD 1-405-521-4672.

## Contact Information

### Health Claims, Benefits, Verification of Coverage, and Health ID Cards

Oklahoma City Area: 1-405-416-1800  
All Areas: 1-800-782-5218  
TDD: 1-405-416-1525 or 1-800-941-2160

### Provider Information

ChoiceCare Network  
All Areas: 1-877-877-0715, ext. 4059  
TDD: 1-800-941-2160

### Pharmacy Claims/ID Cards

All Areas: 1-800-903-8113  
TDD: 1-800-825-1230

### Certification

All Areas: 1-800-848-8121  
TDD: 1-877-267-6367