

# Benefit Summary for University of Tulsa



*Benefit levels on all four plans are based on a \$2,500 deductible. Depending on the plan you choose the University of Tulsa will fund \$0, \$700, \$1,300, or \$2000 towards your deductible after you have first satisfied the employee contribution amount. The more you contribute toward your annual deductible, the lower your monthly premium.*

Deductible Options	BlueChoice PPO \$2,500 Plan	BlueChoice PPO \$1,800 Plan	BlueChoice PPO \$1,200 Plan	BlueChoice PPO \$500 Plan
<b>Employee Contribution to Deductible</b>	<b>\$2,500 per individual \$7,500 per family</b>	<b>\$1,800 per individual \$5,400 per family</b>	<b>\$1,200 per individual \$3,600 per family</b>	<b>\$500 per individual \$1,500 per family</b>
<b>University of Tulsa Contribution towards Deductible</b>	<b>\$0</b>	<b>\$700 per individual \$2,100 per family</b>	<b>\$1,300 per individual \$3,900 per family</b>	<b>\$2,000 per individual \$6,000 per family</b>

## Benefit Plan Design for All Deductible Options

*There is no 4<sup>th</sup> quarter carryover.*

Selection of Physician Over 4,500 doctors statewide; nationwide access through BlueCard PPO program. To find the most current Provider Directories for all of our networks, please visit our website at [www.bcbsok.com](http://www.bcbsok.com).

Coinsurance Plan pays 80% of allowable amount for in-network services and 60% of allowable amount of out-of-network services.

Out of Pocket \$2,000 per family member for most in-network services plus deductible; \$8,000 plus deductible plus charges above in-network allowable maximum per family member for out-of-network services.

Office Visits (Adult) Your pay only a copayment for most visits to BlueChoice PPO doctors.  
 Primary Care Physician Copayment \$30  
 Specialist Copayment \$60

Office Visits (Children) Your copayment for most routine visits to BlueChoice doctors for children up to age 19.  
 Primary Care Physician Copayment \$30  
 Specialist Copayment \$60

Lab/X-ray Covered in full for most services performed in conjunction with a covered office visit (other than MRI, CT, Pet Scans, &

other excluded services).

## Benefit Plan Design for All Deductible Options Continued

Adult Preventative Care

\$300 preventive care benefit includes routine physicals, tests, and tetanus shots.

Other Physician & Medical Services

Plan deductible and co-insurance apply

Prescription Drugs

Generic \$20 copay, Preferred \$50 copay, Non Preferred \$75 copay, Specialty Drugs \$200 copay. Mailorder through Prime Mail is available for 2.5 copayments on maintenance drugs only. Visit the [www.bcbsok.com](http://www.bcbsok.com) website for a list of preferred drugs, mailorder and other prescription information such as drugs that require precertification and those with quantity limits.

Routine Gynecological Examinations

You pay only a \$20 copayment for an annual visit to BlueChoice doctors. Then paid at 100%.

Routine Pap Smears

Included in routine gynecological exam.

Routine DRE (Digital Rectal Exam) & PSA Test

\$20 copay to in-network doctor. Annual screening for early detection of prostate cancer in male Subscribers age 40 or older, including a prostate-specific antigen blood test and a digital rectal examination. Limited to one screening exam per benefit period, not to exceed \$65 per screening.

Immunizations

You pay only a \$20 copayment for most routine visits to BlueChoice doctors. Copayment waived for covered childhood immunizations up to age 19.

Mammography

Covered at 100% of the allowable charge one baseline routine mammogram between the ages of 35-39 then annually for ages 40 and above.

Maternity

Plan deductible and co-insurance apply.

Inpatient Care

Plan deductible and co-insurance apply. Additional \$300 deductible per admission for out-of-network hospitalization.

Outpatient Care/Hospital Services

Plan deductible and co-insurance apply.

## Benefit Plan Design for All Deductible Options Continued

Emergency Care	Plan deductible and co-insurance apply. Additional per occurrence deductible of \$100 for each emergency room visit, waived if admitted.
Psychiatric Care/Alcoholism	Plan deductible and coinsurance apply.
Lifetime Maximum	\$5,000,000 per person.
Age Limit for Dependent Children	To the end of year reaching age 19 or to 25th birthday if full time student.
24 Hour Nurse Line	Nurseline available to call 24 hours a day, 7 days a week 1-800-581-0407
Special Beginnings	Expecting mothers can call 1-877-904-2229 and receive support, education, pregnancy risk assessments A Healthy Start for Mothers and Babies and ongoing attention and monitoring throughout their pregnancy and through six weeks after delivery.
Online Tools	BlueAccess for Members includes personal health manager, weight loss tools, tobacco cessation tools and ask a nurse, nutritionist, life coach and personal trainer features. Register by logging onto <a href="http://www.bcbsok.com/tu">www.bcbsok.com/tu</a> . Be sure and have your Identification Card when registering.

*This summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.*