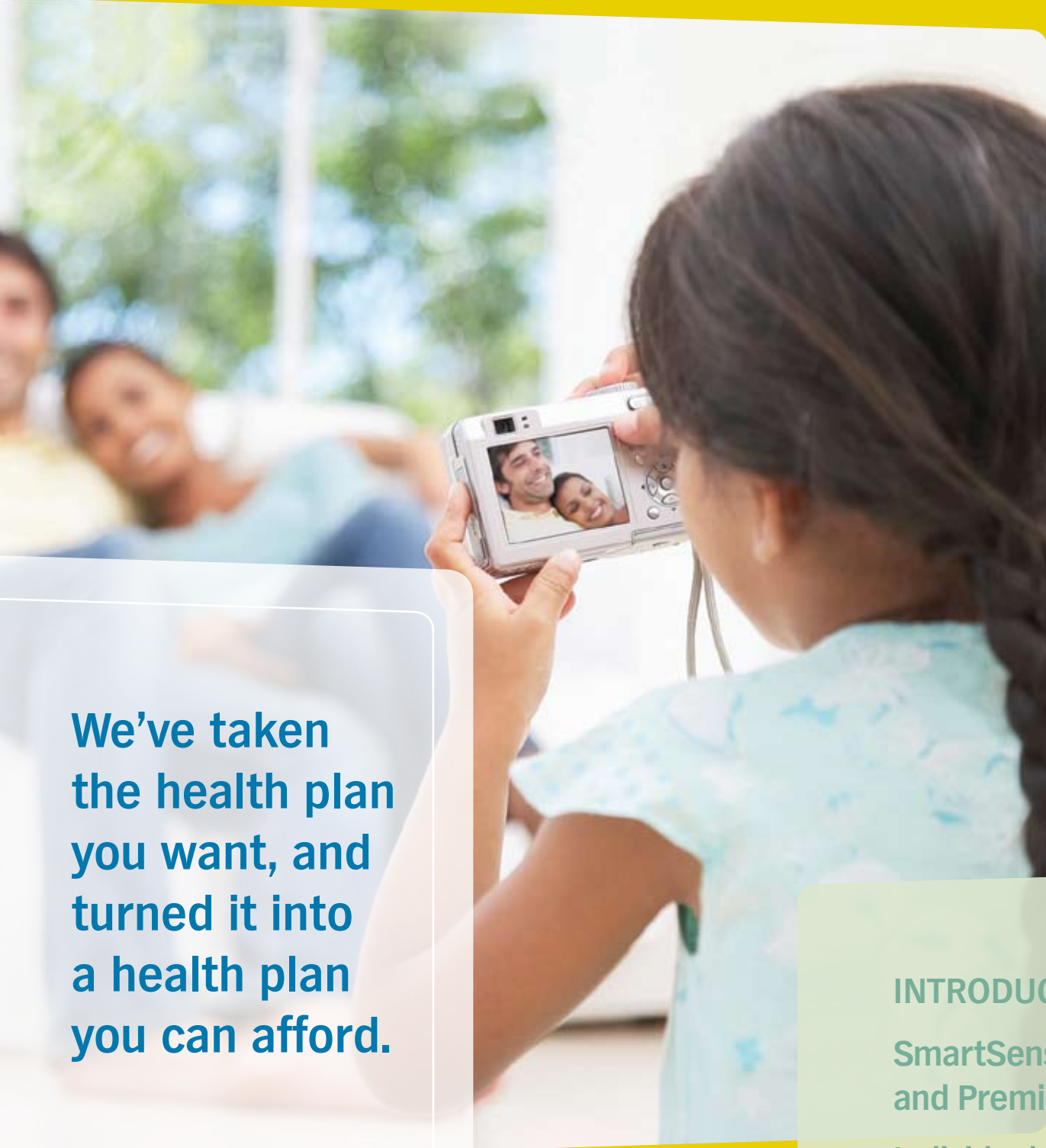




INDIVIDUAL AND FAMILY  
HEALTH CARE PLANS FOR GEORGIA



**We've taken  
the health plan  
you want, and  
turned it into  
a health plan  
you can afford.**

**INTRODUCING:  
SmartSense  
and Premier  
Individual PPO  
Health Plans**

# SmartSense and Premier Individual PPO health plans:

## The benefits you want, at prices you've been looking for.

Don't have health coverage? Here's some good news: Whether you're self-employed, an early retiree, a recent graduate or don't have health coverage at work, an Individual SmartSense or Premier health plan could be just what the doctor ordered.

### Inside:

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## Why a SmartSense or Premier PPO is a wise choice.

Whether you're looking for a health plan with lots of benefits or basic coverage at a lower cost, SmartSense and Premier offer a world of coverage possibilities:

- **More choices to fit your lifestyle:** No matter where you are in life, we've got a health plan designed to fit your health care needs and budget.
- **One of the largest provider networks in Georgia:** With more than 34,000 doctors and 165 hospitals, you'll find it easy to stay within our PPO network for health care services. And our negotiated rates will help lower your share of medical costs.
- **No referrals or paperwork:** You won't need a referral to see a specialist. And there are no claims or paperwork when you use a network doctor, hospital or other health care provider.
- **Preventive care benefits:** To keep you and your family healthy, our plans include benefits for routine physical exams, health screenings, childhood immunizations and well-child visits.
- **Coverage that travels with you:** No matter where life takes you – whether it's around the state or across the country – your health coverage will go with you. And our provider network across the country will help make it easy to get the care you need.
- **Built-in prescription benefits:** From generic-only savings to brand-name and specialty coverage, benefits are available to help you save on the high cost of prescription drugs.
- **Optional dental and life insurance:** For extra security, you can choose to add one of our popular dental and term life coverage options.
- **Experience you can rely on:** As one of the most trusted names in health coverage, Blue Cross and Blue Shield of Georgia has been providing quality health benefits to Georgians for over 70 years. Our experience has taught us how to create health plans that offer you the kind of benefits you want most.

# How to choose the health plan that's right for you.

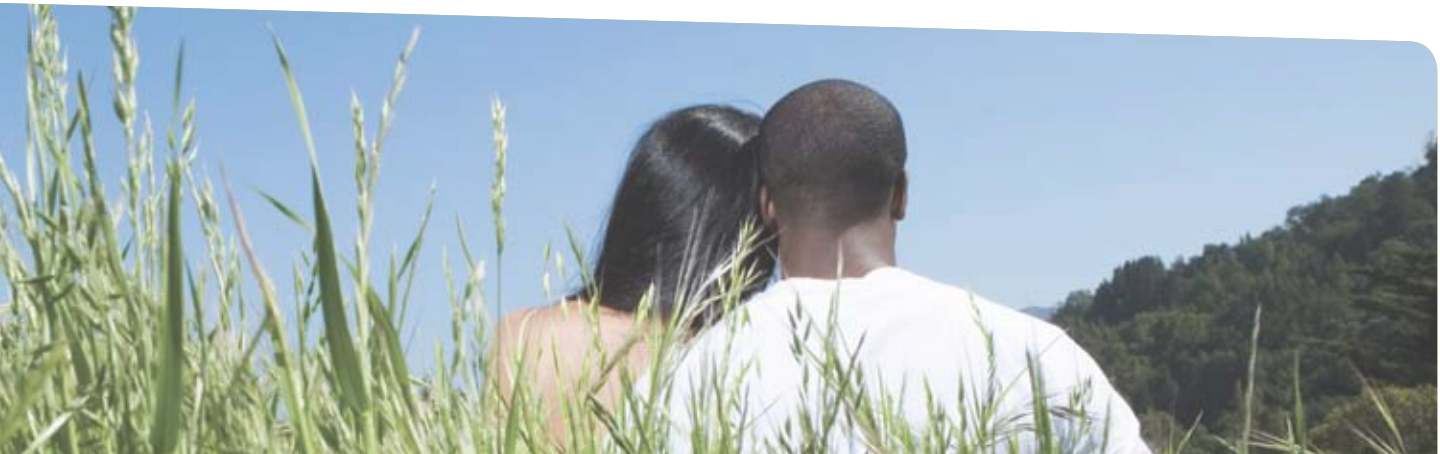
## What a PPO health plan does.

A PPO, or preferred provider organization, is the kind of health plan that:

- Pays a portion of your medical expenses when you go to any doctor or hospital you choose.
- Pays more toward your medical expenses when you use a doctor or hospital in the PPO network.

With a PPO, your share of expenses includes:

- **Deductible:** This is the amount you have to pay each calendar year for services that your health care plan covers before the plan begins paying. Usually, the higher a plan's deductible is, the lower the monthly premiums are.
- **Coinsurance:** After your yearly deductible is met, this is the percentage of the cost you will have to pay for services covered by your health plan.



For more information, contact your authorized Blue Cross and Blue Shield of Georgia agent.

## Which Individual health care plan is right for you?

Our Individual PPO plans offer you a world of coverage possibilities, including coverage for routine physical exams, health screenings, childhood immunizations and other important preventive care services.

| SmartSense  | Premier  |
|---|--|
| <p>If cost is your biggest concern, these are some of our lowest priced plans with solid protection to cover the essentials.</p>  | <p>These plans offer lots of benefits and are perfect for families that have young children or are planning to have children.</p>  |
| <p><b>Offers:</b></p> <ul style="list-style-type: none"> <li>· Choice of six calendar year deductible options ranging from \$750 to \$20,000</li> <li>· Coverage for first three doctor visits (per plan member) before deductible is met (This may include routine wellness visits or sick care)</li> </ul>        | <p><b>Offers:</b></p> <ul style="list-style-type: none"> <li>· Choice of six calendar year deductible options ranging from \$750 to \$20,000</li> <li>· Easy, predictable copays for doctors' office visits, annual physical exam, annual vision exam and other preventive care services</li> <li>· Optional Maternity benefits</li> </ul> |
| <p><b>Rx coverage:</b><br/>Choose from two options:</p> <ul style="list-style-type: none"> <li>· Optional comprehensive coverage: includes benefits for generic and brand-name drugs (Separate \$250 deductible required for brand-name drugs)</li> <li>· Generic-only coverage (no separate deductible)</li> </ul> | <p><b>Rx coverage:</b><br/>Includes comprehensive coverage for:</p> <ul style="list-style-type: none"> <li>· Generic drugs: No deductible</li> <li>· Brand-name drugs: Separate deductible required</li> </ul>   |
| <p><b>Good to know:</b></p> <ul style="list-style-type: none"> <li>· Maternity benefits are not available with this plan</li> </ul>   | <p><b>Good to know:</b></p> <ul style="list-style-type: none"> <li>· Since these plans offer our most comprehensive benefits, the premiums are generally higher than our SmartSense plans</li> </ul>   |

## SmartSense and Premier ~ the details

From deductibles and coinsurance to prescription coverage, this side-by-side comparison gives you all the benefit details about each plan. It's everything you need to make a smart decision about which plan option to choose.

| Plan Benefits  |            | SmartSense                                    |          |          |                               |          |          | Premier                                       |          |          |                               |          |          |
|--|------------|---|----------|----------|-------------------------------|----------|----------|---|----------|----------|-------------------------------|----------|----------|
|  |            | In-Network                                    |          |          | Out-of-Network                |          |          | In-Network                                    |          |          | Out-of-Network                |          |          |
| <b>Calendar Year Deductible Choices</b><br><i>(separate deductibles apply for in-network and out-of-network)</i> | Individual | \$750   | \$1,500  | \$2,500  | \$750                         | \$1,500  | \$2,500  | \$750   | \$1,500  | \$2,500  | \$750                         | \$1,500  | \$2,500  |
|  |            | \$5,000                                       | \$10,000 | \$20,000 | \$5,000                       | \$10,000 | \$20,000 | \$5,000                                       | \$10,000 | \$20,000 | \$5,000                       | \$10,000 | \$20,000 |
|  | Family     | \$1,500                                       | \$3,000  | \$5,000  | \$1,500                       | \$3,000  | \$5,000  | \$1,500                                       | \$3,000  | \$5,000  | \$1,500                       | \$3,000  | \$5,000  |
|  |            | \$10,000                                      | \$20,000 | \$40,000 | \$10,000                      | \$20,000 | \$40,000 | \$10,000                                      | \$20,000 | \$40,000 | \$10,000                      | \$20,000 | \$40,000 |
| <b>Calendar Year Out-of-Pocket Maximum</b>   | Individual | Your deductible plus \$3,000                  |          |          | Your deductible plus \$7,500  |          |          | Your deductible plus \$2,500*                 |          |          | Your deductible plus \$7,500  |          |          |
|  | Family     | Your deductible plus \$6,000                  |          |          | Your deductible plus \$15,000 |          |          | Your deductible plus \$5,000*                 |          |          | Your deductible plus \$15,000 |          |          |
| <b>Lifetime Maximum</b><br><i>(maximums are combined for in-network and out-of-network)</i>                      |            | Health Plan pays up to \$7 Million per member |          |          |                               |          |          | Health Plan pays up to \$7 Million per member |          |          |                               |          |          |

| Covered Services<br>These amounts show your share of costs after deductible, if any.  | In-Network   | Out-of-Network                   | In-Network                                  | Out-of-Network                                    |
|---|--|----------------------------------|---|---|
| <b>Doctors' Office Visits including preventive visits</b><br><i>(Preventive visits for children through age 5 are covered before the deductible.)</i> | \$30 copay for the first 3 visits, per member per year, not subject to deductible.<br>After 3 visits, once deductible is met, then 30% | 40%                              | \$35 copayment<br>Not subject to deductible | 40%<br>(30% with \$10,000 or \$20,000 deductible) |
| <b>Child Preventive Services (through age 5)</b><br><i>(Services such as immunizations, laboratory testing.)</i>                                      | 30%<br>Not subject to deductible   | 40%<br>Not subject to deductible | 20%<br>Not subject to deductible            | 40%<br>Not subject to deductible                  |

|  |                             |     |  |   |
|--|-----------------------------|-----|--|---|
| <b>Preventive Services (age 6 and over)</b><br><i>(Services such as PSA test, Colorectal screening, mammograms, pap test, flu shot and colonoscopy.)</i> | 30%                         | 40% | 20%<br>Not subject to deductible   | 40%   |
| <b>Professional Services</b><br><i>(x-ray, lab, anesthesia, surgeon, diagnostics, etc.)</i>  | 30%                         | 40% | 20%<br>(0% with \$10,000 or \$20,000 deductible)   | 40%<br>(30% with \$10,000 or \$20,000 deductible) |
| <b>Hospital Inpatient</b><br><i>(overnight hospital stays)</i>   |                             |     |  |   |
| <b>Hospital Outpatient</b><br><i>(if you don't stay overnight)</i>   |                             |     |  |   |
| <b>Emergency Room Services</b><br><i>(Accidental injury or Medical Emergency as defined by BCBSGa)</i>   | 30%                         |     | 20%<br>(0% with \$10,000 or \$20,000 deductible)   |   |
| <b>Maternity</b>   | not covered                 |     | <b>NOT COVERED; OPTIONAL COVERAGE AVAILABLE</b><br><b>Separate 12 month waiting period</b> |   |
|  |                             |     | Physician care - 20%<br>Hospital Facility - \$3,000 copay, not subject to deductible       | Physician care - 40%<br>Hospital Facility - 30%   |
| <b>Dental</b>  | Optional coverage available |     | Optional coverage available  |   |
| <b>Life</b>  | Optional coverage available |     | Optional coverage available  |   |

| Prescription Drug Coverage   | In-Network   | Out-of-Network | In-Network  | Out-of-Network |
|--|--|----------------|---|----------------|
| <b>Generic Prescription Drug Coverage</b>                                  | \$15 copay (or 40%, whichever is greater)<br>Not subject to deductible   |                | \$15 copay (or 40%, whichever is greater)<br>Not subject to deductible  |                |
| <b>Comprehensive (Specialty and Brand name) Prescription Drug Coverage</b> | <b>NOT COVERED; OPTIONAL COVERAGE AVAILABLE</b><br><b>Separate \$250 deductible per member per calendar year for brand-name or specialty drugs</b><br>\$15 copay or 40% (whichever is greater) plus difference in allowable charge if Brand is chosen over an available generic<br>Out of pocket maximum \$300 per prescription and \$4,000 per person per calendar year |                | <b>Separate \$250 deductible per member per calendar year for brand-name or specialty drugs</b><br>\$15 copay or 40% (whichever is greater) plus difference in allowable charge if Brand is chosen over an available generic<br>Out of pocket maximum \$300 per prescription and \$4,000 per person per calendar year |                |

\* For Premier, 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.

# How to turn your health plan into the ultimate security package.

One application, one premium bill and two great insurance options make it easy to create a complete benefit solution for you and your family.

## Blue Choice Dental

According to the American Dental Hygienist Association, gum and tooth disease have been linked to a number of major health conditions like heart disease, stroke, respiratory disease and diabetes. That's why it's important to take good care of your oral health. Enroll in dental coverage from Blue Cross and Blue Shield of Georgia and appreciate the convenience of:

- Day one coverage for routine dental care, so no waiting periods for cleanings and x-rays
- No deductible for diagnostic and preventive benefits

- Quality dental benefits up to \$1,000 per member per year
- In and out-of-network coverage (But you get the greatest savings when you choose a dentist from our broad network. To find a provider, visit [bcbsga.com](http://bcbsga.com) and click Find a Doctor.)

### Monthly Dental Rates\*

- Adult \$27/month
- Child \$27/month
- Family \$76 /month

\*Rates subject to change.

Medical. Dental.  
Term Life.

One application  
fits all, and no  
application fees!

## Preventive and Diagnostic Care

| Procedure   | Blue Choice Dental pays |
|---|-------------------------|
| Initial Oral Exam   | \$16                    |
| Periodic Oral Exam - limited to 2 exams per member per year | \$16                    |
| Bitewing X-rays - single film                               | \$9                     |
| Bitewing X-rays - two films                                 | \$16                    |
| Single (periapical) X-rays - first film                     | \$9                     |
| Single X-rays - additional films                            | \$9                     |
| Bitewing X-rays - four films                                | \$23                    |
| Full mouth X-rays - limited to one set every 3 years        | \$47                    |
| Routine Cleaning - limited to 2 per adult per year          | \$37                    |
| Routine Cleaning - limited to 2 per child per year          | \$26                    |
| Cleaning with Fluoride - limited to 2 per child per year    | \$37                    |
| Topical Fluoride Only - limited to 2 per child per year     | \$14                    |

### Notes

- Coverage begins on your effective date. Preventive & diagnostic care is not subject to a \$50 deductible. Maximum of three dental deductibles charged per family, per year.
- Two oral examinations and two dental cleanings per member, per year.
- Included single and bitewing X-rays not to exceed \$47.

## Term life insurance

Losing a loved one is painful enough without having to worry about finances. So why not give your family the extra support they'll need with term life insurance from Greater Georgia Life Insurance Company.



- **It's inexpensive.** Just pennies a day.
- **It's easy.** No medical exam or additional enrollment forms needed.

| Georgia Individual |          |          |          |          |           |
|--------------------|----------|----------|----------|----------|-----------|
| Age                | \$15,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 |
| 1-19               | \$1.50   | \$2.50   | N/A      | N/A      | N/A       |
| 20-29              | \$2.80   | \$4.65   | \$9.30   | \$11.25  | \$13.00   |
| 30-39              | \$3.25   | \$5.40   | \$10.80  | \$13.50  | \$16.00   |
| 40-49              | \$7.50   | \$12.50  | \$25.00  | \$33.75  | \$42.00   |
| 50-59              | \$20.90  | \$34.80  | \$69.60  | \$97.50  | \$125.00  |
| 60-64              | \$29.40  | \$49.00  | \$98.00  | \$142.50 | \$185.00  |

| Basic Dental Care                           |                         |
|---|-------------------------|
| Procedure                                   | Blue Choice Dental pays |
| Filling - one surface, primary              | \$35                    |
| Filling - one surface, permanent            | \$42                    |
| Filling - two surfaces, primary             | \$47                    |
| Filling - two surfaces, permanent           | \$52                    |
| Filling - three surfaces, primary           | \$55                    |
| Filling - three surfaces, permanent         | \$62                    |
| Filling - four or more surfaces, primary    | \$68                    |
| Filling - four or more surfaces, permanent  | \$76                    |
| Extraction - single tooth (simple)          | \$43                    |
| Extraction - each additional tooth (simple) | \$43                    |
| Surgical Extraction                         | \$72                    |
| Removal of Impacted Tooth - soft tissue     | \$100                   |
| Removal of Impacted Tooth - partial bony    | \$126                   |
| Removal of Impacted Tooth - complete bony   | \$150                   |

| Major Dental Care                 |                         |
|-----------------------------------|-------------------------|
| Procedure                         | Blue Choice Dental pays |
| Scaling/Root Planing per Quadrant | \$48                    |
| Gingivectomy - per tooth          | \$30                    |
| Gingivectomy - per quadrant       | \$140                   |
| Root Canal - 1 canal              | \$150                   |
| Root Canal - 2 canals             | \$180                   |
| Root Canal - 3 canals             | \$230                   |
| Crown (except stainless steel)    | \$250                   |
| Stainless Steel Crown             | \$60                    |
| Pontic                            | \$250                   |
| Complete Denture (upper or lower) | \$300                   |
| Partial Denture (upper or lower)  | \$275                   |
| Denture Reline (chair-side)       | \$65                    |
| Denture Reline (lab)              | \$85                    |

### Notes

- Coverage begins after your Plan has been in effect for 12 continuous months.

### Notes

- Coverage begins after your Plan has been in effect for 6 continuous months.

## What Individual health care plans do not provide benefits for:

As with all health plans, there are some exclusions. 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; infertility or 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.



## Get a free look with a money-back guarantee

If you're approved for coverage, you'll receive your health plan policy by mail. You'll then have 10 days to review your policy. If you decide that the coverage isn't right for you, you may cancel your policy within those 10 days and your premiums will be refunded (less any claims that were already paid).

# Enrollment guidelines for Individual health plans

## To enroll, you must be:

- Age 64¾ or younger;
- A permanent legal resident of Georgia
- A U.S. resident for at least the last 3 months
- Not eligible for Medicare

## Your qualified dependents include:

- Spouse or domestic partner age 64¾ or younger;
- 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 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, a number of things may happen:

- You may be offered coverage at the standard premium charge, 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, or
- You may be given information about other options available to you.

If you have a significant medical condition and 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 will credit the time you were enrolled on the previous plan. Consult with your Blue Cross and Blue Shield agent or representative if you have a question about the underwriting process.



## Apply now!

1. Complete your Enrollment Application
2. Complete the Health Statement and any other health questionnaires, if applicable.
3. Return your completed forms, along with your first month's premium, to your agent.

## Questions? Need help?

Your Blue Cross and Blue Shield of Georgia agent will be happy to help.

### If your application is approved:

Your coverage can start on any day you choose, as early as the date you signed your application (provided we receive it within 10 days of the date you sign.) We will notify you of your chosen effective date in writing.

### Sign up for automatic premium payment

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment.

To sign up, just fill out the billing section of the Enrollment Application.

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.

Si necesita asistencia o materiales de venta en español, por favor contacte a su agente Blue Cross and Blue Shield.

**[bcbsga.com](http://bcbsga.com)**

*Rates and benefits effective July 18, 2008 and are subject to change*