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Welcome to Blue Cross and Blue Shield of Oklahoma, and to your benefit enrollment period. This is your opportunity to select health benefits for you and your family for the coming year. We are delighted that the Oklahoma State University (OSU) / A&M System has chosen us as your health benefits company.

For years, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has delivered high value products and unrivaled customer service to more Oklahomans than any other health insurance plan. And our nationwide network of physicians and hospitals, coupled with local resources and friendly service, keeps you connected to your health care coverage no matter where you are.

We are pleased to offer benefits that give you and your family the best care possible and services that allow you to put your health care decisions and health education closer to your fingertips. Please take a few minutes to look through this summary guide and review the options that are available to you. You may also visit bcbsok.com/OSU for more information. It is our desire during the enrollment period that you gain a clear understanding of each option and to help you decide what is best for you and your family.

Being a member of BCBSOK doesn’t just provide you with traditional insurance coverage; you also have a complete suite of health and wellness resources and tools at your fingertips, to encourage healthier living and smarter health decisions. Blue Cross and Blue Shield of Oklahoma is a health care industry leader in creating and promoting wellness programs that you and your family can conveniently integrate into your daily life. Merging technology and medical management with online resources, education, one-on-one coaching, rewards and multiple touch points, BCBSOK’s Blue Care Connection® program aims to ultimately improve you and your family’s health and wellness.

BCBSOK offers many tools to help you manage your personal wellness and encourage healthier behaviors. These are outlined later in this document.

Our goal at Blue Cross and Blue Shield of Oklahoma is to provide you with first class service, and to do the job right the first time, every time. We appreciate the opportunity to serve you.

Sincerely,

Stephania Grober
Vice President, Marketing and Sales
Blue Cross and Blue Shield of Oklahoma
OSU/A&M Institutions are committed to providing a healthy environment including health care insurance for employees and dependents. The continual rising cost of health care has added challenges for consumers, employers and the government. In addressing these costs, the OSU/A&M institutions have had to make adjustments to ensure flexible and affordable options are available for all of our employees and their dependents.

Preventive care and wellness benefits are important to promote well being and to help limit the cost of health care. Our health care program with Blue Cross and Blue Shield of Oklahoma offers insurance coverage and wellness programs to help us achieve and maintain a healthier lifestyle.
Eligibility

Health Care Insurance Plan Options
With the OSU/A&M System, you will be able to select between two different health care insurance plans: BlueOptions and BlueEdge HSA. The following pages provide an overview of the health benefits of each of the options. These are only summaries – not the actual plan descriptions. If you have questions that aren’t answered in the summary information in this booklet, please contact customer service at 877-258-6781 or review the detailed Summary Plan Descriptions located on our website, bcbsok.com/OSU. Dental care and vision benefits are offered separately, and are not highlighted in this benefit guide.

Benefit Enrollment and Making Changes During the Year
During the open and new member enrollment period, you can add or drop dependents from your health care coverage without a qualifying event. The enrollment period is the time to make sure all of your eligible dependents are enrolled and that Human Resources has all the correct information about your dependents on file.

The health care plan options you select during the enrollment period will remain in effect during the calendar year. In order to change benefit elections outside of the enrollment period, the employee must have:

1) Experienced an Applicable Qualifying Event, as defined by the Internal Revenue Service (IRS). Changes based on financial reasons alone are not allowed under the current IRS regulations.

AND

2) The request for a change of benefits must be made within 31 days of the Applicable Qualifying Event. Within the context of changing benefits, “Applicable” refers to a change that is directly related to the individual experiencing the qualifying event.

A qualifying event includes:
• A birth or adoption
• Marriage, divorce or legal separation
• Death
• Child loses eligibility because of age
• Employee’s spouse gains or loses coverage through employment
• Significant change in the financial terms of health benefits provided through a spouse’s employer or another carrier

Except for coverage of a newborn or adopted child, all other changes in coverage begin the first day of the month following the qualifying event. Coverage for the newborn is effective on the child’s date of birth. Coverage for an adopted child is effective on the date of placement. In both instances, the employee must initiate and complete the appropriate paperwork.

Changes in provider networks (for example, your doctor leaving the network) are not considered acceptable reasons for you to be able to change your product election outside of the enrollment period.

Available Health Care Plans
With the OSU/A&M System, you may select one of two different plans: BlueOptions or BlueEdge HSA. Both plans are preferred provider organization type of plans. Blue Cross and Blue Shield of Oklahoma has negotiated discounts with medical providers to reduce the cost of health care. The discount is applied before there is any payment for services from you or from BCBSOK. The two plans offered also give you the flexibility to choose a non-PPO, “out-of-network” provider with whom BCBSOK does not have a contract. The cost of services is usually lower and the benefits you receive higher if you use a PPO provider.
BlueOptions utilizes two networks, the Blue Choice PPO℠ network and the Blue Preferred PPO℠ network, which offers deeper discounts but has fewer providers than the Blue Choice PPO network. The BlueEdge HSA pairs a high deductible and the Blue Choice PPO network with the possibility of a health savings account that can be used to pay for certain out-of-pocket medical expenses.

You will want to consider the plan best suited for you and your family. There are important differences between the plans that should be considered. Details of the benefits and plans are listed on the following pages for easy comparison. Here are some factors to keep in mind.

**Benefit design** – There are notable differences between the plans, which impacts the coverage and the out-of-pocket costs you’ll have when you utilize your benefits.

Both plans promote wellness, offer preventive care and have unlimited lifetime maximums. BlueEdge HSA has a notably higher deductible per calendar year. On BlueEdge HSA, some preventive care services are covered in full at the allowable charge, most other services are subject to the entire deductible before coinsurance begins. If you have family coverage, the full family deductible must be satisfied before coinsurance begins. Discounts also apply for prescriptions, but you must satisfy the calendar year deductible before the coinsurance applies.

**Provider access** – The Blue Choice PPO network, which is the only network for BlueEdge HSA plans, is Blue Cross Blue Shield of Oklahoma’s largest network in the state. In addition to Blue Choice PPO, Blue Preferred PPO is also available to BlueOptions members. You can verify that your current physicians are in the network for the plan you are considering by checking the provider listing on [bcbsok.com/osu](http://bcbsok.com/osu).

All members (BlueOptions and BlueEdge HSA) have nationwide access to contracting providers through the BlueCard® program when you or your covered family members live, work, or travel anywhere in the country. Additionally, when you travel outside the United States, PPO members have access to contracting providers in more than 200 countries through BlueCard Worldwide®.

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**Nourish to flourish.**

People sometimes turn to popular diets to achieve quick weight loss. For lasting changes and healthy eating, balance what you eat to meet your need for nutrition and enjoyment. Enjoy a variety of foods while keeping key food groups in mind and use moderation when choosing less nutritious foods.
Prescription Drug Program

In order to provide greater discounts, Blue Cross and Blue Shield of Oklahoma has negotiated discounts with drug companies. A list of prescription drugs, both generic and brand names, compose the drug formulary. The purpose of the formulary is to offer less costly medications. The drug formulary is divided into tiers. Visit bcbsok.com/osu to view the drug formulary and to find out which tier your medication(s) falls. Specialty drugs are handled by a separate drug program administered through Prime Therapeutics®.

Blue Cross and Blue Shield’s national pharmacy network includes most national chains and independent pharmacies across the country. When you fill your prescription drugs at retail, your pharmacy copayment depends on the formulary tier to which the drug has been classified. You will pay the cost up to the tier copay for the lesser of a 34 day supply or 200 doses with an exception on day supply/dose units for Diabetic Test Strips, which are a 34 day supply or 300 units, whichever is less. You may receive up to a three month supply for most maintenance drugs, but you will pay one copay for each month’s supply.

Blue Cross and Blue Shield also offers a mail order pharmacy program and an extended supply network that may provide discounts for maintenance drugs. For more information about PrimeMail or to view a list of maintenance drugs, visit bcbsok.com/osu.

The BlueEdge HSA plan offers discounts at the time you have your prescription filled. You will pay the total discounted amount at the time of purchase until your individual or family deductible is satisfied. Once your deductible is satisfied, you will pay 20% of the discounted price when receiving services at an in-network pharmacy. BlueEdge HSA does not have a formulary like the BlueOptions plan, but you should consider using generics to receive the lowest out of pocket expenses.

BlueOptions

BlueOptions is a preferred provider organization plan, which gives you the flexibility to choose your provider and network at the time of service. BlueOptions gives you the freedom to select any health care providers (whether they’re in-network or not). It is important to remember that you do not need to select a Primary Care Physician.

Your choice of health care providers can affect the level of your health care benefits – based on the network your doctor/hospital is in. With the BlueOptions plan, you have the option to choose from two different networks each time you need health care. Or, you may choose to see providers that are not in a Blue Cross network.

The Blue Preferred PPO network will provide the biggest discount and pay your benefits at the highest level.

The Blue Choice PPO network will pay your benefits at the second highest level.

Out-of-network will provide no discount and pay your benefits at the lowest level. Out-of-network providers are not part of any Blue Cross and Blue Shield network.

Finding out which network your providers are located in is easy! Simply visit bcbsok.com/osu and click on “Find a Doctor or Hospital in your area.” Search by a doctor’s name, location, network, etc. You’ll find a choice of providers that meet your needs.

*Prime Therapeutics LLC, a separate company, is a pharmacy benefit management company. Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSOK and contracting pharmacies is that of independent contractors. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.
The office copays, deductible and out-of-pocket maximums are the same for both the Blue Preferred PPO and the Blue Choice PPO networks. The coinsurance paid by BCBSOK is higher for the Blue Preferred PPO network which results in lower costs to you.

**BlueEdge HSA**

With the BlueEdge HSA high deductible plan, you have the option of depositing money into a health savings account. When you need any covered medical care, you may use these funds to pay your out-of-pocket expenses. If you don’t spend all of your health savings account funds in one year, the balance rolls over to the next year and is added to the annual amount contributed to your account. There is no maximum on the amount you can accumulate.

While BlueEdge HSA is the name of the high deductible plan, the network of providers that are covered under BlueEdge HSA is the Blue Choice PPO network. Like BlueOptions, you do not have to select a primary care physician and you never need a referral to see a specialist.

As a BlueEdge HSA member you have access to an extensive network of providers and hospitals throughout the country. You can select any provider for care within the Blue Choice PPO network or outside the network. When you receive care from a BlueChoice™ provider, you receive the highest level of benefits with a significant discount. When you receive care from a non-network provider, you receive a lower level of benefits.

Under BlueEdge HSA, some of your well child and adult preventive care services are covered in full, including routine OB/GYN exams and mammograms, and well child immunization. Other medical expenses, including prescriptions, will first be subject to the deductible and then coinsurance. Once your out-of-pocket maximum is reached, eligible health care services will be covered at 100 percent of the allowable amount for the remainder of the calendar year.

**24/7 Nurseline: Around-the-Clock, Toll-Free Support**

Health concerns don’t always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at 800-581-0407 to answer your health questions, wherever you may be, 24 hours a day, seven days a week.

The 24/7 Nurseline’s registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.
National and International Coverage

With Blue Cross and Blue Shield of Oklahoma, you have nationwide access to contracting providers through the BlueCard program when you or your covered family members live, work or travel anywhere in the country. You can easily locate network doctors and hospitals at bcbsok.com/osu or by calling BlueCard® Access at 800-810-BLUE (2583). When you use BlueCard providers, you receive the highest level of benefits. You usually do not have to pay up front or file claim forms, and you take advantage of the savings the local plan has negotiated with area providers.

When you travel outside the United States, you have access to contracting providers in more than 200 countries through BlueCard Worldwide. If you receive care from a non-BlueCard Worldwide provider, you will have to pay the doctor or hospital for care at the time of service and then submit a claim for reimbursement.
ID Cards

You should present your ID card when visiting a physician’s office or hospital, and verify that they have the correct insurance information on file for you. Your card will resemble the card below, and will be customized with your name and plan information. Additional cards can be ordered through customer service or online via the Blue Access for MembersSM (BAMSM) website at bcbsok.com/osu.

You can print a temporary ID card and order a replacement card on Blue Access for Members if you ever lose or misplace your card.

The magnetic stripe on the back of the ID card will allow BCBSOK and your providers to take advantage of emerging “card-reading” technologies. For providers who have card readers, office staff will be able to “swipe” your ID card when registering your new insurance information, and in real time, he/she can verify your eligibility and benefits (such as copayment amounts). Currently, the magnetic stripe on your ID card only includes your general information (such as name, birth date, ID number and group ID number) and can be read only by health care providers with certain card readers, software, and connectivity.

The Blue Choice PPO network is one of the largest in the state, with more than 5,600 physicians and specialists and over 120 hospitals contracting with Blue Cross and Blue Shield of Oklahoma. The National PPO network includes more than 800,000 doctors and 5,000 hospitals contracting with Blue Cross and Blue Shield Plans nationwide.

You can easily locate PPO network doctors and hospitals at bcbsok.com/osu or by calling BlueCard Access at 800-810-BLUE (2583).
<table>
<thead>
<tr>
<th>Benefits</th>
<th>BlueOptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Period</strong></td>
<td>Calendar Year – January 1 through December 31</td>
</tr>
<tr>
<td><strong>Office Visit Copay</strong></td>
<td>Primary Care Physician $30</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>Individual Coverage – $750</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible</td>
</tr>
<tr>
<td><strong>Per Occurrence Deductible</strong></td>
<td>$100 Emergency Room per occurrence. Waived if admitted.</td>
</tr>
<tr>
<td><strong>Coinsurance After Deductible</strong></td>
<td>80% Blue Preferred PPO</td>
</tr>
<tr>
<td><strong>Out Of Pocket</strong></td>
<td>Deductibles, per occurrence deductibles, medical copays, and pharmacy copays are included.</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Preventive Services listed below are Covered at 100% of allowed charge in and out-of-network. In the event that a follow up exam or test is required due to a medical condition the services would then apply to regular medical benefits. Additional preventive care services not listed may be covered at 100% of the allowable charge. For further information, please contact BCBSOK customer service at 877-258-6781.</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>— Well Child and Adult</td>
</tr>
<tr>
<td><strong>Routine Office Visit Exam Guidelines</strong></td>
<td>— Routine for women and men ages 19 and older. Well child through the age of 18</td>
</tr>
<tr>
<td><strong>Routine Lab</strong></td>
<td>— PSA (Prostate Specific Antigen) Test</td>
</tr>
<tr>
<td><strong>Routine Bone Density Testing</strong></td>
<td>— Bone density testing when ordered or performed by a Physician or other Provider</td>
</tr>
<tr>
<td><strong>Colorectal Exam</strong></td>
<td>— Colorectal cancer examinations and laboratory tests for cancer for any non-symptomatic Subscriber, in accordance with standard, accepted published medical practice guidelines for colorectal cancer screening</td>
</tr>
<tr>
<td><strong>Women’s Preventive Care Benefits</strong></td>
<td>— Routine gynecological exam; Routine Breast Exam; Routine pap smear; Routine mammogram; Health education/counseling services; Well-woman visits; Certain FDA-approved contraception methods for women, Female sterilization; Breast feeding support, supplies and counseling.</td>
</tr>
</tbody>
</table>
**BlueEdge HSA**

Coverage represents Blue Choice PPO Network coverage. Out-of-network is subject to the deductible and then covered at 50% of allowable charge.

The institution provides $83.34 per month to an HSA for Employee-only Coverage or $125 for Family Coverage.

<table>
<thead>
<tr>
<th>Calendar Year – January 1 through December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject to calendar year deductible. No office visit copay.</td>
</tr>
<tr>
<td>Individual - $2,700</td>
</tr>
</tbody>
</table>

80% of allowed charges after calendar year deductible

<table>
<thead>
<tr>
<th>Deductibles, per occurrence deductibles, medical copays, and pharmacy copays are included.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Maximum - $6,650</td>
</tr>
</tbody>
</table>

Unlimited

Preventive Services listed below are Covered at 100% of allowed charge in and out-of-network. In the event that a follow up exam or test is required due to a medical condition the services would then apply to regular medical benefits. Additional preventive care services not listed may be covered at 100% of the allowable charge. For further information, please contact BCBSOK customer service at 877-258-6781.

<table>
<thead>
<tr>
<th>Immunizations — Well Child and Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Office Visit Exam Guidelines — Routine for women and men ages 19 and older. Well child through the age of 18</td>
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<td>Routine Lab</td>
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<td>Routine Bone Density Testing — Bone density testing when ordered or performed by a Physician or other Provider</td>
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<tr>
<td>Colorectal Exam — Colorectal cancer examinations and laboratory tests for cancer for any non-symptomatic Subscriber, in accordance with standard, accepted published medical practice guidelines for colorectal screening</td>
</tr>
<tr>
<td>PSA (Prostate Specific Antigen) Test</td>
</tr>
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<td>Women’s Preventive Care Benefits — Routine gynecological exam; Routine Breast Exam; Routine pap smear; Routine mammogram; Health education/counseling services; Well-woman visits; Certain FDA-approved contraception methods for women; Female sterilization; Breast feeding support, supplies and counseling.</td>
</tr>
</tbody>
</table>
### Benefits

#### BlueOptions

Coverage represents Blue Preferred PPO and Blue Choice PPO Network Levels Only. Out-of-network is subject to deductible then covered at 50% of allowable charge.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Tier 5</th>
<th>Tier 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Generics: $10 copay</td>
<td>Non-Preferred Generics: $25 copay</td>
<td>Preferred Brand: $50 copay</td>
<td>Non-Preferred Brand: $100 copay</td>
<td>Preferred Specialty Drugs: $150 copay</td>
<td>Non-Preferred Specialty Drugs: $150 copay</td>
</tr>
</tbody>
</table>

Prescription Drugs

If cost of the prescription period is less than the maximum copayment, then the copayment will be the cost of the prescription period based on a 34 day supply or 200 dose units, whichever is less.

*Reduced co-pays on the BlueOptions plan only may be available for members actively engaged and participating in a Diabetes or Coronary Artery Disease Management program with BCBSOK. For more information please contact customer service at 877-258-6781.

*Members electing to purchase preferred/non-preferred brand name drugs when a generic equivalent is available, will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the preferred brand name copay.

*PPIs (Proton Pump Inhibitors) are a class of drugs used to treat conditions linked to acid reflux disease or ulcers and are excluded. There are over the counter (OTC) drugs that can be purchased without a prescription, such as: Omeprazole (Prilosec® OTC), Lansoprazole (Prevacid® 24 HR), esomeprazole (Nexium® 24 HR) and omeprazole-sodium bicarbonate (Zegerid OTC®). These OTC drugs are not covered but may be your lowest cost options.

### Allergy Treatment & Testing

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

### Autism

Diagnosis includes autism, childhood disintegrative disorders, Asperger’s Rhett’s syndrome

(See benefits book for additional benefits and limitations) | Subject to Deductible and Coinsurance

### Chiropractic and Manipulative Therapy

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

Limited to 25 visits including physical therapy and occupational therapy visits

### Contraceptive Services

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

### Diagnostic Lab and X-ray

100% of allowed charges. Cat Scans, MRIs, etc are subject to calendar year deductible

### Durable Medical Equipment (DME)

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

Precertification required for items over $4,000

### Hearing Aids

Not a covered benefit except for children up to age 18

Audiological services/hearing aids are covered as durable medical equipment

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

### Hospice

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

### Infertility Services

Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible

Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

Benefits are available for diagnosis and injections only
If the cost of the prescription period is less than the maximum copayment, then the copayment will be the
Prescription Drugs.

Infertility Services

Equipment (DME)

Allergy Treatment

Chiropractic and

Durable Medical

Diagnostic Lab

Contraceptive

Hearing Aids

Benefits

100% of allowed charges. Cat Scans, MRIs, etc are subject to calendar year deductible

Services

Hospice

Autism

Diagnosis includes autism, childhood disintegrative disorders, Asperger’s Rhett’s syndrome

(See benefits book for additional benefits and limitations) Subject to Deductible and Coinsurance

PPIs (Proton Pump Inhibitors) are a class of drugs used to treat conditions linked to acid reflux disease or ulcers and are excluded. There are over the counter (OTC) drugs that can be purchased without a prescription, such as: Omeprazole (Prilosec® OTC), lansoprazole (Prevacid® 24 HR), esomeprazole (Nexium® 24 HR) and omeprazole-sodium bicarbonate (Zegerid OTC®). These OTC drugs are not covered but may be your lowest cost options.

80% of allowed charges after calendar year deductible

Diagnosis includes autism, childhood disintegrative disorders, Asperger’s Rhett’s syndrome (See benefits book for additional benefits and limitations) Subject to Deductible and Coinsurance

Limited to 25 visits including physical therapy and occupational therapy visits

80% of allowed charges after calendar year deductible

Precertification required for items over $4,000

Not a covered benefit except for children up to age 18; Audiological services/hearing aids are covered as durable medical equipment

80% of allowed charges after calendar year deductible

Precertification is required

80% of allowed charges after calendar year deductible. Benefits are available for diagnosis and injections only

BlueOptions plan only may be available for members actively engaged and participating in a Diabetes or Coronary Artery Disease Management program with BCBSOK. For more information please contact customer service at 877-258-6781.

Based on a 34 day supply or 200 dose units, whichever is less.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>BlueOptions</th>
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<tbody>
<tr>
<td><strong>Maternity</strong></td>
<td>Prenatal visit subject to $30 office visit copay for initial visit;</td>
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<tr>
<td></td>
<td>remaining office visits, delivery charges, hospitalization, and anesthesia</td>
</tr>
<tr>
<td></td>
<td>are covered: 80% Blue Preferred PPO Network or 70% Blue Choice PPO Network</td>
</tr>
<tr>
<td></td>
<td>of allowed charges after calendar year deductible.</td>
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<tr>
<td></td>
<td>A $250 deductible credit is available for members who both enroll in and</td>
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<td></td>
<td>complete the Special Beginnings® program with BCBSOK. For more information,</td>
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<tr>
<td></td>
<td>please contact customer service at 877-258-6781.</td>
</tr>
<tr>
<td><strong>Medical Transportation</strong></td>
<td>100% of allowed charges</td>
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<tr>
<td></td>
<td>Medically necessary ground, air, or non-emergency transport*</td>
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<td></td>
<td>*Out of network providers can balance bill for any amounts billed over the</td>
</tr>
<tr>
<td></td>
<td>allowed amount</td>
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<tr>
<td><strong>Mental Health Inpatient</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year</td>
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<tr>
<td></td>
<td>deductible Blue Choice PPO Network 70% of the allowable charges after</td>
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<tr>
<td></td>
<td>calendar year deductible Precertification is required</td>
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<tr>
<td><strong>Mental Health Outpatient</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year</td>
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<td>calendar year deductible</td>
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<tr>
<td><strong>Physical and Occupational Therapy</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year</td>
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<td></td>
<td>deductible Blue Choice PPO Network 70% of the allowable charges after</td>
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<tr>
<td></td>
<td>calendar year deductible Limited to 25 visits including chiropractic visits</td>
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<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year</td>
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<td></td>
<td>deductible Blue Choice PPO Network 70% of the allowable charges after</td>
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<td></td>
<td>calendar year deductible Precertification required</td>
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<tr>
<td><strong>Temporomandibular Joint Dysfunction</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year</td>
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<td></td>
<td>deductible Blue Choice PPO Network 70% of the allowable charges after</td>
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<td></td>
<td>calendar year deductible</td>
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<tr>
<td><strong>Transplants</strong></td>
<td>Blue Preferred PPO Network 80% of the allowed charges after calendar year</td>
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<tr>
<td></td>
<td>deductible Blue Choice PPO Network 70% of the allowable charges after</td>
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<tr>
<td></td>
<td>calendar year deductible</td>
</tr>
<tr>
<td><strong>Weight Loss Surgery</strong></td>
<td>80% of the allowed charges after calendar year deductible</td>
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<tr>
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</tr>
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<td>enrolled in the health plan for two consecutive years.</td>
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BlueEdge HSA
Coverage represents Blue Choice PPO Network coverage. Out-of-network is subject to the deductible and then covered at 50% of allowable charge.

Prenatal care
80% of allowed charges after calendar year deductible.

Maternity
Prenatal visit subject to $30 office visit copay for initial visit; remaining office visits, delivery charges, hospitalization, and anesthesia are covered: 80% Blue Preferred PPO Network or 70% Blue Choice PPO Network of allowed charges after calendar year deductible. A $250 deductible credit is available for members who both enroll in and complete the Special Beginnings® program with BCBSOK.

For more information, please contact customer service at 877-258-6781.

Prenatal care
80% of allowed charges after calendar year deductible

Transport
100% of allowed charges after calendar year deductible
Medically necessary ground, air, or non-emergency transport*
*Out of network providers can balance bill for any amounts billed over the allowed amount

Mental Health
Inpatient
Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible
Blue Choice PPO Network 70% of the allowable charges after calendar year deductible
Precertification is required

Outpatient
Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible
Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

Physical and Occupational Therapy
Blue Preferred PPO Network 80% of the allowed charges of calendar year deductible
Blue Choice PPO Network 70% of the allowable charges after calendar year deductible
Limited to 25 visits including chiropractic visits

Skilled Nursing Facility
Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible
Blue Choice PPO Network 70% of the allowable charges after calendar year deductible
Precertification required
Limited to 100 inpatient days per year

Temporomandibular Joint Dysfunction
Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible
Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

Transplants
Blue Preferred PPO Network 80% of the allowed charges after calendar year deductible
Blue Choice PPO Network 70% of the allowable charges after calendar year deductible

Weight Loss Surgery
Subject to BCBSOK medical policy requirements. Services must be performed at a Blue Distinction® Center or Blue Distinction® Center+.
Member must be enrolled in the health plan for two consecutive years.

80% of the allowed charges after calendar year deductible

80% of allowed charges after calendar year deductible

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**Tools for Healthy Living**

Health care is more than just insurance to help pay medical bills when you are sick or injured. Blue Cross and Blue Shield of Oklahoma provides additional resources to improve health and wellness.

**Well onTarget®**

Well onTarget offers personalized tools and resources to help all members – no matter where you may be on the path to health and wellness.

**Member Wellness Portal**

The Member Wellness Portal portal is the heart of the Well onTarget program. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **Self-directed Courses** Online courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, weight management, tobacco cessation and stress. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points.

- **Health and Wellness Content** Health library teaches and empowers through evidence-based, user-friendly articles.

- **Tools and Trackers** Interactive tools help keep you on course while making wellness fun. Use food and workout diaries, health calculators and medical and lifestyle trackers.

**Wellness Coaching**

Certified health coaches offer you guidance in nutrition, fitness and stress management. You can interact with your coach by phone or send a secured message through the portal.

**Health Assessment (HA)**

The HA features adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. The confidential record offers tips for living your healthiest life. Your answers will be used to tailor the Member Wellness Portal with the programs that may help you reach your goals.

**Blue Points℠ Program**

Blue Points will help motivate you to maintain a healthy lifestyle. Earn points by taking part in wellness activities. Points can be redeemed in the new online shopping mall. Real-time granting of points lets you instantly use your points. To earn a larger reward, you can add to your point total at checkout.

**Blue Care Connection**

Through the Blue Care Connection program, you’ll find tools and services that inform, support and motivate you on your journey to wellness.

**Weight Management**

Support for a slimmer, healthier you

The program offers guidance and support through behavioral and motivational coaching, personalized goal setting with an action plan, online tools and discounts to wellness-related products and services. To get started, call BCBSOK customer service.

**Tobacco Cessation**

Support for tobacco users who want to quit

The program provides personal coaching, online tools and discounts to wellness-related products and services. To participate call BCBSOK customer service.

Well onTarget is a registered mark of HCSC. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.
24/7 Nurseline
Health concerns don’t always follow a 9 to 5 schedule. Fortunately, you can call the toll-free 24/7 Nurseline 24 hours a day, seven days a week to get the information you need…when you need it.

The 24/7 Nurseline is staffed by registered nurses who can answer your general health questions and direct you to your doctor or encourage you to seek emergency services if necessary. In a matter of minutes, a nurse can help identify options and provide information to help you choose the appropriate care for your concerns. Plus, when you call, you also have the option to access an audio library of more than 1,000 health topics – from allergies to women’s health – with more than 600 topics available in Spanish.

Call the 24/7 Nurseline toll free at 800-581-0407. This number is conveniently located on the back of your ID card for easy reference.

Special Beginnings®
A healthy start for mothers and babies
If you are expecting, this prenatal program can help guide you through your pregnancy and postpartum care. The program provides support and education, pregnancy risk assessment and ongoing attention/monitoring.

Enrolled members receive frequent, personal contact from obstetrical nurses who can help them better understand and manage their pregnancies. Educational materials promote healthy behaviors, preventive care, and identify warning signs of complications. Topics also include nutrition, fetal development and newborn care. Additionally, members can call a 24-hour toll-free Babyline staffed by maternity nurses.

For information on enrolling, call the toll-free Special Beginnings phone number at 888-421-7781.
**Blue Care Advisor SM**

If you have certain chronic health conditions or are at risk for medical complications, a Blue Care Advisor may contact you. Working with you through regularly scheduled telephone calls, these registered nurses and other health care professionals offer health counseling, coaching and support.

The Blue Care Advisor can help you learn to manage your condition more successfully, identify behaviors that may be barriers to better health, set goals for improving your health and help you adopt healthier habits.

**Case Managers**

In the event that you or a covered family member experiences multiple or complex medical problems, our case management nurses – registered nurses with specialized training and clinical experience – can work with you.

**At a time that’s usually stressful, case managers can be your advocate by:**

- Helping to explain your medical problems and treatment plans
- Facilitating communication among many health care providers
- Coordinating treatment plans
- Explaining your health care benefits and how to get the most out of them
- Helping you access the right resources and services
- Assisting with transitions from one health care setting to another

**The Blue365® Discount Program**

With Blue365, you can take advantage of discounts on health-related products and services that help support a healthy lifestyle. These discounts apply to health care products and services not usually covered by your health care benefits plan. Plus, there are no claims to file, no referrals or pre-authorizations and no additional fees to participate. To find out more about Blue365, visit [blue365deals.com/bcbsok](http://blue365deals.com/bcbsok).

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSOK does not guarantee or make any claims or recommendations about the program’s services or products. You may want to talk to your doctor before using these services and products. BCBSOK reserves the right to stop or change this program at any time without notice.
Other Resources to Help You

Blue Cross and Blue Shield of Oklahoma also provides other health and wellness information.

Preventive Health Care Guidelines are published each year and made available via bcbsok.com/osu. This is a good source of information on preventive care guidelines, which are based on recommendations set by national health agencies and medical associations. You can learn about recommended screenings, and immunizations and doctor visits for all ages, from prenatal care and infancy through the senior years.

Glucose Meters help members with diabetes manage their condition and can be ordered at no charge. For information on the meters that are available, call customer service at 877-258-6781.

The Livongo® for Diabetes Program will be implemented and offered, at no cost, to covered employees and their family members with diabetes. This program is designed with a new approach to diabetes management – combining the latest technology with coaching.

Key benefits of the program include unlimited test strips and lancets, availability of a glucose meter with automatic uploads providing you with secure access to your readings at any time, as well as real-time personalized tips to help you manage your diabetes effectively. Program participants will also have access to Certified Diabetes Educators who can answer nutrition or lifestyle questions.

How to Reduce Your Pharmacy Costs

Everyone is looking for ways to reduce medical costs. One of the most effective ways to do this, is manage your pharmacy costs. Here are some tips to make your medical dollars go further.

• Choose generic medications over brand name counterparts. Generic drugs are Food and Drug Administration-approved and are as safe and effective as their brand name equivalents. There was a time when people questioned generics, but most doctors and patients embrace them today. The FDA mandates that generics are made with the same active ingredients and are available in the same strength and dosage as their competitors. Most generics are dramatically cheaper than brand name drugs and many are manufactured by the same companies that make the original brand name drug.

• Employ the step therapy program. Step therapy is a pharmacy policy based on the concept of comparative effectiveness. Comparative effectiveness examines forms of treatment to determine which is best in a given situation. Many assume that the most expensive option is the best, but as generics prove, this is not always the case. Ask your doctor to explore less expensive treatments before resorting to more expensive drug therapies. If the first treatment fails, then the next will be explored, and so on.

• And as always, prevention is the best medicine. Taking care of yourself, eating well, exercising and general preventive health care will help keep your need for prescription drugs down overall.

You can help control your pharmacy costs with some thoughtful planning.

Livongo is an independent company that administers the diabetes management and coaching program for Blue Cross and Blue Shield of Oklahoma.
Online Benefit Resources

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<tr>
<th>RESOURCE</th>
<th>PURPOSE</th>
<th>HOW TO ACCESS</th>
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| BCBSOK Website for OSU            | • Log in to Blue Access for Members (BAM) to access the Well onTarget portal or view claims  
                                         • View/print benefit brochures  
                                         • Locate a doctor or hospital                          | bcbsok.com/OSU                                       |
| Blue Access for Members           | Site provides:  
                                         • Ability to print a temporary member ID card and order a new card  
                                         • View claim status and Explanation of Benefits (EOB)  
                                         • Find a doctor or hospital  
                                         • View Wellness Rewards points  
                                         • Access to Well onTarget                                | Go to bcbsok.com/OSU  
                                         • Enter Blue Access for Members user ID and password  
                                         • If you do not have a user ID and password, go to “Register Now”. |
| Blue Points                       | Earn points, redeemable for rewards, for health-related activities     | Go to BAM at bcbsok.com/OSU  
                                         • Click on Well onTarget                                |
| Locate a Health Care Provider     | Find a doctor, specialist, or hospital in your area                    | Go to bcbsok.com/OSU  
                                         • Click on Find a Doctor                                  |
| OSU Benefits Website              | Find benefit related information                                       | hr.okstate.edu                                       |

Contacts

This enrollment guide highlights OSU’s Benefits Program. A complete description of each benefit can be found in the legal documents governing the plans. Every effort has been made to provide an accurate summary of the plans in this guide. However, if there is a conflict between this material and the legal documents, the legal documents will govern. If you have any questions after reviewing your enrollment materials, please contact customer service at the number below.

<table>
<thead>
<tr>
<th>SUBJECT</th>
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<tbody>
<tr>
<td>Customer Service</td>
<td>877-258-6781</td>
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<tr>
<td>Pharmacy</td>
<td>800-423-1973</td>
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<tr>
<td>BlueCard</td>
<td>800-810-BLUE (2583)</td>
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<tr>
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