HealthChoice
The Plan of Choice

HealthChoiceOK.com

Many options.

The right **CHOICE!**

FOR MORE INFORMATION

visit **HealthChoiceOK.com**, download the **HealthChoice Benefits App**, or call **405-717-8780** or **800-752-9475**. TTY users call **711**.

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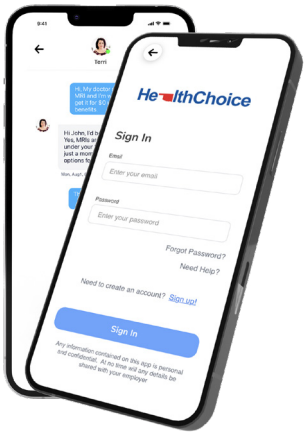
HealthChoice
The Plan of Choice

Download the HealthChoice app today!

- Chat with a Care Guide 24/7.
- Access $0 medical care.
- View claims.
- Carry the digital card.



Scan here to download the app to get started!

WHAT'S NEW!

- **Specialty pharmacy copay**
  - Preferred has a 30% coinsurance.
  - Non-preferred has a 30% coinsurance.
- **High and Basic plans pharmacy out-of-pocket**
  - Individual annual pharmacy out-of-pocket is $5,000.
  - Family annual pharmacy out-of-pocket is $10,000.
- **High Deductible Health Plan (HDHP)**
  - Individual deductible is $2,000.
  - Family deductible is $4,000.
  - Individual out-of-pocket is $6,250.
  - Family out-of-pocket is $12,500.

HealthChoice
Telehealth/Telemedicine

HealthChoice offers members the option for telehealth visits with local network and non-network providers in accordance with standard plan benefits, including copays, deductible and coinsurance. Some limitations and exclusions may apply.

HealthChoice offers members the option for telemedicine visits for many common, minor medical conditions through Revive.

24/7 nationwide access to U.S. Board-Certified physicians.

Convenient consults from your home, office, or on the road, usually within 30 minutes.

Doctor makes diagnosis and recommends treatment, and sends prescriptions to your preferred local pharmacy.

Free telemedicine visits using Revive!

Benefits of Revive:

- Services are $0 using Revive for all HealthChoice Plans.
- 24/7 consults with U.S.-trained doctors by phone or videoconference.
- Diagnosis and advice for many common, minor medical conditions, and prescriptions if appropriate.

www.Revive.Health | 888-220-6650

Download on the App Store

GET IT ON Google Play

CONDITIONS WE TREAT

- Allergies and rashes
- Cold sores
- Earache
- Fever and flu
- Headache
- Pink eye
- Poison ivy
- Sinusitus
- Sore throat
- Urinary tract infections
- Your individual medical concerns

Revive does not replace your PCP or specialists managing chronic and serious conditions. Revive doctors do not prescribe controlled substances.
For more info go to www.Revive.Health.

We have a pharmacy package for you and your family!

All HealthChoice health plans include prescription drug coverage.

YOUR COSTS FOR NETWORK SERVICES

PRESCRIPTIONS		30-DAY SUPPLY	90-DAY SUPPLY
TIER 1 – $	GENERIC DRUGS	Up to $10	Up to $25
TIER 2 – $$	PREFERRED DRUGS	Up to $45	Up to $90
TIER 3 – $$$	NON-PREFERRED DRUGS	Up to $75	Up to $150
TIER 4 – $$$$	SPECIALTY DRUGS	Generic – $10 copay Preferred – 30% coinsurance Non-preferred – 30% coinsurance	30-day copays apply to each additional 30-day supply

To find information on drug benefits, visit HealthChoiceOK.com.

HealthChoice High/High Alternative and Basic/Basic Alternative plans have an annual prescription drug deductible of $100 individual with a maximum of $300 per family. HDHP members must meet the combined medical and pharmacy deductible before pharmacy copays apply.

Fill your prescriptions at any local retail network pharmacy. Locate a participating pharmacy near you.

HealthChoice *Select*

$0 Cost services!

We have a team standing by to HELP!

- Zero-Cost Services with no out-of-pocket costs.*
- Covered at 100% of the allowable fee.
- No age or number of service limits for Select Services.
- Dedicated provider directory on the HealthChoice website.
- Prescriptions are covered subject to the member's plan provisions.

*HealthChoice HDHP members are covered at 100% after their annual deductible is met.

Find a provider, as well as more information about Select services, at HealthChoiceOK.com.

WHICH PLAN IS RIGHT FOR YOU AND YOUR FAMILY?

HealthChoice offers different health care plans for you and your family to choose from.
Each plan offers slightly different benefit designs and different premiums.

TOBACCO FREE

OPTION 1	OPTION 2	OPTION 3
HealthChoice High	**HealthChoice High Deductible Health Plan (HDHP)**	**HealthChoice Basic**
FLEXIBILITY Enjoy the flexible use of your health plan. This plan offers the lowest deductible and out-of-pocket maximums for individuals and families.	**SAVINGS** Lower your premium to maximize your savings. This plan offers the lowest premium for individuals and families.	**BUDGET-FRIENDLY** Offers first-dollar coverage, which means no out-of-pocket cost, for services up to the $500 limit. This plan offers mid-range premiums, deductibles and out-of-pocket maximums. Ideal for those with minimal health care needs.
Individual deductible: $750 Family deductible: $2,000 Maximum out-of-pocket: $3,300 Ind./$8,400 Fam. **COPAYS FOR COVERED NETWORK SERVICES:** **Primary office visit: $30** **Specialist office visit: $50** **Urgent care: $30** **ER: $200** **AFTER DEDUCTIBLE HAS BEEN MET:** You pay 20% coinsurance. HealthChoice pays 80%. You may self-refer to a specialist.	Individual deductible: $2,000 Family deductible: $4,000 Maximum out-of-pocket: $6,250 Ind./$12,500 Fam. Combined medical and pharmacy deductible must be met before benefits are paid, other than for preventive services. **COPAYS FOR COVERED NETWORK SERVICES AFTER DEDUCTIBLE:** **Primary office visit: $30** **Specialist office visit: $50** **Urgent care: $30** **ER: $200** **CAN BE USED WITH A HEALTH SAVINGS ACCOUNT (HSA).** **AFTER DEDUCTIBLE HAS BEEN MET:** You pay 20% coinsurance. HealthChoice pays 80%. You may self-refer to a specialist.	HealthChoice pays the first $500 of covered medical expenses for each covered person. **AFTER HEALTHCHOICE PAYS YOUR FIRST $500 OF COVERED EXPENSES:** You pay: $1,000 Ind./$1,500 Fam. deductible. **AFTER YOU MEET THE DEDUCTIBLE:** You pay 50% and HealthChoice pays 50% of allowed charges until you reach the out-of-pocket maximum. Maximum out-of-pocket: $4,000 Ind./$9,000 Fam. No copays on this plan for network services. You may self-refer to a specialist.

TOBACCO USERS

The premiums for these plans are the same as the plans for non-tobacco users. These plans offer a slightly higher deductible or a decreased first-dollar coverage. HDHP members are not required to complete the annual Tobacco-Free Attestation.

OPTION 1

HealthChoice High Alternative

Increases your annual deductible by $250.

Individual deductible: $1,000

Family deductible: $2,750

Maximum out-of-pocket: $3,550 Ind./$8,400 Fam.

ALL OTHER BENEFITS ARE THE SAME AS THE HEALTHCHOICE HIGH PLAN.

OPTION 2

HealthChoice Basic Alternative

Decreases your first-dollar coverage to $250.

HealthChoice pays the first $250 of covered medical expenses.

AFTER THAT, YOU WILL PAY THE ANNUAL DEDUCTIBLE OF $1,250 IND./$1,750 FAM.

ALL OTHER BENEFITS ARE THE SAME AS THE HEALTHCHOICE BASIC PLAN.

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