



*The plan that offers  
you and your family*  
**CHOICE**

[HealthChoiceOK.com](http://HealthChoiceOK.com)



For more information call  
**405-717-8780** or toll-free **800-752-9475**  
or visit [HealthChoiceOK.com](http://HealthChoiceOK.com). TTY users call **711**.

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 SwiftMD.

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.

## Did you know SwiftMD is included in your HealthChoice medical plans?

### Benefits of SwiftMD:

- Services are \$0 using SwiftMD for High and Basic plans and \$45 for High Deductible Health Plan.
- 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.

**SwiftMD.com | 833-980-1442**

**GROUP PASSCODE: HCOK20**



### CONDITIONS WE TREAT

Allergies and rashes  
Cold sores  
Earache  
Fever and flu  
Headache  
Pink eye  
Poison ivy  
Sinusitis  
Sore throat

Urinary tract infections  
Your individual medical concerns  
Your individual medical concerns

SwiftMD does not replace your PCP or specialists managing chronic and serious conditions. SwiftMD doctors do not prescribe controlled substances. For more info go to SwiftMD.com. © SwiftMD. All Rights Reserved.

## HealthChoice Select

### ZERO-cost services!



- Zero-Cost Services with no out-of-pocket costs.\*
- Covered at 100% of the allowable fee.
- Incentive payment of \$100 for colonoscopies and sigmoidoscopies once a year.
- 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.**

### We have a team standing by to **HELP!**

Find a provider, as well as more information about Select services, at [HealthChoiceOK.com](http://HealthChoiceOK.com).


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HealthChoice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 8020-752-9475 (TDD:866-447-0436). (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-752-9457 (TDD: 866-447-0436). (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-752-9457 (TDD: 866-447-0436).

# We have a pharmacy package for you and your family!

All **HealthChoice** health plans include prescription drug coverage.

## YOUR COSTS FOR NETWORK SERVICES



PRESCRIPTIONS			
TIER 1 – \$	GENERIC DRUGS	Up to <b>\$10</b>	Up to <b>\$25</b>
TIER 2 – \$\$	PREFERRED DRUGS	Up to <b>\$45</b>	Up to <b>\$90</b>
TIER 3 – \$\$\$	NON-PREFERRED DRUGS	Up to <b>\$75</b>	Up to <b>\$150</b>
TIER 4 – \$\$\$\$	SPECIALTY DRUGS	Generic – <b>\$10</b> copay Preferred – <b>\$100</b> copay Non-preferred – <b>\$200</b> copay	30-day copays apply to each additional 30-day supply

Find more information and drug benefits, visit [HealthChoiceOK.com](http://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.



## FREE services included with each plan.

### Preventive Services

- Two routine health/wellness exams.

**Maternity care pre-pregnancy assessments.**

**Ongoing condition care and wellness care.**

**Digital Diabetes Program.**

**Vaccinations for adults and children.**

- Preventive vaccinations are covered at 100% when using a network pharmacy or medical provider.
- HealthChoice covers all CDC-recommended vaccinations through a network pharmacy or provider, such as shingles and flu, under preventive services benefit.

**Online tools and resources.**

- HealthChoice Benefits App – Chat with a Care Guide 24/7 to get connected to \$0 Care, ask benefits questions, schedule care, review explanation of benefits and claims, and more!
- HealthChoiceOK.com – The HealthChoice website is for existing and prospective HealthChoice members detailing information around the clock.
- HealthChoice Member Portal – This online tool is designed to provide quick and easy access to benefit information.



# 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

#### HealthChoice High

### FLEXIBILITY

Enjoy the flexible use of your health plan. This plan offers the lowest deductible and out-of-pocket maximums for individuals and families.

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.

### OPTION 2

#### HealthChoice HIGH Deductible Health Plan

### SAVINGS

Lower your premium to maximize your savings. This plan offers the lowest premium for individuals and families.

Individual deductible: \$1,750  
Family deductible: \$3,500

Maximum out-of-pocket:  
\$6,000 Ind./\$12,000 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.

### OPTION 3

#### HealthChoice Basic

### BUDGET-FRIENDLY

Offers first-dollar coverage which means no out-of-pocket cost for services when received during the first-dollar coverage period. This plan offers mid-range premiums, deductibles and out-of-pocket maximums. Ideal for those with minimal health care needs.

HealthChoice pays the first \$500 of covered medical expenses.

#### 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.

### 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 High Deductible Plan (HDHP)

Deductible and coinsurance amount are the same as non-tobacco users.

HDHP member are not required to complete the annual Tobacco-free attestation.

### OPTION 3

#### 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.**