



How do I access my HealthChoice Connect online portal?

healthchoiceconnect.com

Will I get a new ID card after Option Period?

If you are a new HealthChoice member or have added or dropped a spouse and/or dependent, you will receive a new ID card. If you are a current HealthChoice member, you will not receive a new medical or pharmacy ID card.

HealthChoice High, High Alternative, Basic, Basic Alternative plans and High Deductible Health Plan

To request additional or replacement medical and/or dental ID cards, call the HealthChoice medical and dental claims administrator toll-free at 800-323-4314. TTY users call 711.

To request additional or replacement pharmacy ID cards, call the HealthChoice pharmacy benefit manager at 877-720-9375. TTY users call 711.

HealthChoice Medicare supplement plan

To request additional or replacement medical and/or dental ID cards, call the medical and dental claims administrator toll-free at 800-323-4314. TTY users call 711.

To request additional or replacement pharmacy ID cards, call the pharmacy benefit manager at 866-275-5253. TTY users call 711.

If I choose the HealthChoice High Deductible Health Plan, am I required to open a health savings account?

No. An HSA is not required. While this is a great way to set aside pretax contribution from your paycheck to offset cost shares, it is not required for an HDHP.

Are referrals required for any of the HealthChoice plans?

No. Referrals are not required for specialists.

What is the best HealthChoice plan for me and my family?

HealthChoice has a plan to meet your needs! Review the summaries of benefits and coverage below to see how they compare.

[HealthChoice Basic – budget-friendly plan](#)

[HealthChoice High – flexible plan](#)

[HealthChoice High Deductible Health Plan – savings plan](#)

Where can I find the list of participating providers for HealthChoice medical and dental?

[HealthChoice Network Provider Directory](#)

What is HealthChoice Select?

HealthChoice Select is a program that offers specified services for zero cost share! The Select program is available to any enrolled person on the HealthChoice High, High Alternative, Basic, Basic Alternative or High Deductible Health Plan.

- No need to opt in or sign up to qualify.
- HealthChoice must be member's primary coverage.
- No limit to number of services received throughout the year.
- No age limit for covered services.
- Not available for HealthChoice Medicare supplement plan members.
- Not available for services originated in an emergency department.

You can also [search for a list of services and procedures](#) available through HealthChoice Select.

Does HealthChoice offer an app?

Yes. The HealthChoice app has everything you need in one easy place. Create an account in less than a minute. Download the HealthChoice Benefits app from your app store and experience easy navigation to your benefits information at your fingertips.

The HealthChoice Benefits app can help you:

- Find Select providers for \$0 services.
- Deductible and out-of-pocket accumulators.
- Talk with a doctor using SwiftMD.
- Access your digital ID card.

Is telemedicine available with my plan?

Yes. HealthChoice members and covered dependents are eligible for consults with SwiftMD doctors by phone and videoconference. With SwiftMD, you can receive a diagnosis and medical advice for common medical conditions, minor illnesses and injuries at home or on the go. When necessary, they can send a prescription to your preferred local pharmacy where you can pick it up at your convenience. They are available 24/7, offering a great alternative to the emergency room, urgent care clinic and even a visit to your primary care doctor for common illnesses and conditions.

To get started: Call SwiftMD at 833-980-1442 or [register online](#) with code HCOK20. For more information, visit [SwiftMD](#).

Can I add life insurance at Option Period?

Yes. The [Option Period/Midyear Coverage Change form](#) is required and is subject to plan approval.

What is the maximum amount of Supplemental Life available?

\$500,000.

Can I purchase life insurance for my spouse and children?

Yes. Plus, no separate life insurance application is required. The member must be enrolled in Basic Life to be eligible to cover spouse and children. Children are covered until age 26. There are three options to choose from: Low Option, Standard Option and Premier Option. Refer to the [Benefit Options Guide](#) for premium amounts.

Do I need to fill out a beneficiary form for life insurance?

Yes. A [Beneficiary Designation Form](#) designates who will receive payment of benefits provided under the plan in the event of your death. You can change your designation at any time.

Who needs to complete the Tobacco-free Attestation?

If you are currently enrolled in the HealthChoice High or Basic plan and wish to stay enrolled in that plan for the plan year 2021, you must complete the online Tobacco-Free Attestation at healthchoiceok.com or healthchoiceconnect.com.

I will be new to a HealthChoice plan for 2021, do I need to complete the TFA?

No, if you will be a new HealthChoice High or Basic plan member as of Jan 1, 2021, the attestation is waived for the first year of enrollment.

I have been enrolled in the HealthChoice High Deductible Health Plan, but will be changing to the HealthChoice High or Basic for 2021. Do I need to complete the TFA?

If you have been enrolled in the HealthChoice HDHP prior to enrolling in the HealthChoice High or Basic plan, you will need to complete the Tobacco-Free Attestation.

What happens if I do not complete the TFA?

If you do not complete the Tobacco-Free Attestation or complete one of the reasonable alternatives and you are not in the first-year grace period, you will automatically be enrolled in the HealthChoice High Alternative or Basic Alternative plan effective Jan 1, and your annual deductible will be \$250 higher.

What if I or my covered dependents currently use tobacco products?

If you or your covered dependents currently use tobacco, you should enroll in either the HealthChoice High Alternative or Basic Alternative plan, unless you are currently in a grace period.

What if I and my covered dependents want to enroll in the HealthChoice High Deductible Health Plan?

The HealthChoice High Deductible Health Plan does not require the Tobacco-Free Attestation.

What if I have HealthChoice dental but not HealthChoice health coverage?

The Tobacco-Free Attestation only applies to members who are currently enrolled in the HealthChoice High or Basic health plan.

What if I or my covered dependent is trying to quit using tobacco products, can I complete the Tobacco-Free Attestation?

You and/or your dependent must be tobacco free for 90 days prior to completing the attestation. If you cannot sign the Tobacco-Free Attestation because either you or a covered dependent uses tobacco, you can still qualify for the High or Basic plan if those who use tobacco complete one of the following alternatives:

- Show proof of an attempt to quit using tobacco by enrolling in the quit tobacco program available through the Oklahoma Tobacco Helpline (800-QUIT-NOW) and Optum and completing three coaching calls.
- Provide a letter from your doctor indicating it is not medically advisable for you or your covered dependents to quit tobacco.

What is coordination of benefits?

Coordination of benefits is an industry standard process that occurs when two insurance plans must work together to pay claims for the same person. Coordinating benefits establishes which plan is primary and which plan is secondary and helps avoid duplicate payments by making sure the two plans do not pay more than the total amount of the claim. The primary plan pays first and the secondary plan pays any remaining balance after your share of the costs is deducted. This process also helps reduce the cost of insurance premiums.

Who needs to complete the Verification of Other Insurance Coverage/coordination of benefits?

If you or your covered dependents have other health and/or dental coverage and are also enrolled in a HealthChoice health or dental plan, you are required to complete the Verification of Other Insurance Coverage information. You should also notify us when you or your covered dependent(s) add or drop other health or dental coverage. Failure to verify other insurance coverage will result in denial of claims until verification is

completed. Complete your verification by registering at healthchoiceconnect.com or by calling HealthChoice Customer Care at 800-323-4314.