

2019 PLAN CHANGES AND IMPORTANT REMINDERS

Plan changes are indicated by **bold text** in the comparison of benefits charts.

HEALTH PLANS

Aetna INTEGRIS and Aetna St. John HMO

- Aetna St. John ZIP code service area has expanded.
- Calendar year out-of-pocket maximum has increased to \$5,000 for an individual and \$10,000 for a family.
- Maximum copay for inpatient stays has increased to \$1,000.
- Copays for some services have changed. Refer to the Comparison of Network Benefits for Health Plans.

Blue Cross and Blue Shield of Oklahoma BlueLincs HMO

- BlueLincs HMO is a new plan for 2019. Refer to the ZIP code service area for eligibility. Refer to the Comparison of Network Benefits for Health Plans.

CommunityCare HMO

- Inpatient hospital copays have increased to \$350 copay per day with a \$1,750 maximum.
- Outpatient hospital copay has decreased to \$300 per visit.
- Copays for some services have changed. Refer to the Comparison of Network Benefits for Health Plans.
- CommunityCare is changing the Pharmacy Benefit Manager to CVS. Along with this change, the preferred/non-preferred pharmacy network arrangement will no longer be in place.
- Pharmacy benefit structure has been redesigned. Refer to the Comparison of Network Benefits for Health Plans for pharmacy plan information.

GlobalHealth HMO

- Calendar year out-of-pocket maximum has increased to \$4,000 for an individual and \$12,000 for a family.
- Copays for some services have changed and some services now include an additional copay for physician charges. Refer to the Comparison of Network Benefits for Health Plans.

HealthChoice Health Plans

- There will be some changes to the list of preferred medications. If you are a HealthChoice health plan member who is taking a medication that will no longer be covered in 2019, you will be notified by mail. For a complete list of medications that will no longer be covered, please visit www.healthchoiceok.com.

HealthChoice High

- Copay for urgent care is \$30.

HealthChoice High Deductible Health Plan (HDHP)

- The HSA maximum annual contribution for an individual is increasing from \$3,450 to \$3,500.
- The HSA maximum annual contribution for a family is increasing from \$6,900 to \$7,000.

DENTAL PLANS

If your plan is not an option in 2019, your personalized Option Period form indicates the coverage end date. You then need to choose a new plan. If you do not, your dental coverage will end Dec. 31, 2018.

Delta Dental

- Delta Dental PPO Plus Premier will not be available in 2019.

MetLife

- MetLife Value PDP will not be available in 2019.
- MetLife High Classic MAC was formerly known as MetLife Classic.
- MetLife Low Classic MAC was formerly known as MetLife Value MAC.
 - Deductible increased to \$50 for an individual and \$150 for a family.
 - Basic Care: Member network coinsurance increased to 30%.
 - Major Care: Member network coinsurance increased to 50%.
 - Orthodontic Care: Member network coinsurance increased to 50%.
 - Plan Year Maximum decreased to \$1,500.

Sun Life (formerly Assurant)

- Assurant Heritage Plus with SBA (Prepaid) and Assurant Heritage Secure will not be available in 2019.
- Sun Life Preferred Active PPO was formerly known as Assurant Freedom Preferred.

VISION PLANS

Vision Care Direct

- **Lenses** Network: \$15 copay includes lenticular lenses; PLUS Plan offers free upgrades for high definition polycarbonate, premium anti-reflection, scratch and UV coatings, and no-line progressive lenses. Non-network: Plan reimbursement for bifocals increased to \$75.

VSP

- **Eye exams** Non-network: Plan reimbursement is after a \$10 copay.
- **Lenses** Non-network: Plan reimbursement is after a \$25 materials copay.
- **Frames** Non-network: Plan reimbursement is after a \$25 materials copay.

REMINDER

If you are enrolled in the HealthChoice High or Basic Plan and wish to stay enrolled in that plan, you must complete the online tobacco-free attestation for Plan Year 2019 available at www.healthchoiceok.com by Nov. 9, 2018.

The attestation is waived for the first year of enrollment in the High or Basic plan but is required each year thereafter to remain enrolled. If you are in the process of quitting tobacco, you must be tobacco free for 90 days prior to the deadline to attest to being tobacco free.

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 by Nov. 9:

- Show proof of an attempt to quit using tobacco by enrolling in the quit tobacco program available through the Oklahoma Tobacco Helpline (1-800-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.

If you do not complete the tobacco-free attestation or complete one of the reasonable alternatives, 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.