

2020 PLAN CHANGES AND IMPORTANT REMINDERS

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

HEALTH PLANS

If your health plan is not an option in 2020, your personalized Option Period form indicates the coverage end date. You then need to choose a new plan. If you do not, your health coverage will end Dec. 31, 2019.

Aetna INTEGRIS and Aetna St. John HMO

- Aetna will **not** be available in 2020.

Blue Cross and Blue Shield of Oklahoma – BlueLincs HMO

- Bariatric surgery is now a covered benefit with a \$250 copay per day with a \$750 maximum per admission.
- CDC-recognized Diabetes Prevention Program is now a covered benefit with a \$0 copay for Omada Health.

GlobalHealth HMO

- There is no longer a separate physician cost-share for inpatient, outpatient and emergency room stays.
- Hospital inpatient and mental health and substance abuse inpatient have increased to a \$300 copay per day with a \$900 maximum per admission.
- Hospital outpatient has increased to a \$300 copay in a preferred facility and an \$800 copay in a non-preferred facility.
- The emergency room copay has increased to \$400 for the facility charge.
- There is no longer a copay for maternity postnatal care.
- A 30-day supply of preferred specialty drugs has increased to \$200 and \$400 for non-preferred specialty drugs.
- Bariatric surgery is now a covered benefit with a \$300 copay per day with a \$900 maximum per admission.
- CDC-recognized Diabetes Prevention Program is a covered benefit with a \$0 copay.

HealthChoice Health Plans

- CDC-recognized Diabetes Prevention Program is a covered benefit with a \$0 copay.



REMINDER

The online attestation for Plan Year 2020 is open Sept. 1-Nov. 8, 2019. HealthChoice members who are tobacco free can update their annual Verification of Other Insurance Coverage and their Tobacco-Free Attestation online in just a few minutes.

Tobacco-Free Attestation

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 2020 available at www.healthchoiceconnect.com by Nov. 8, 2019.

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. 8:

- 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.

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.

Coordination of Benefits

You are required to annually verify if you or any of your covered dependents have other health or dental insurance. Failure to verify other insurance coverage will result in denial of claims until verification is completed. You may complete your verification by logging in at www.healthchoiceconnect.com or by calling HealthChoice customer care at 800-323-4314.

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.

