

MEDICAL BENEFITS



Administered by BlueCross BlueShield of Oklahoma

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Oklahoma Higher Education Employee Interlocal Group.

Oklahoma Higher Education Employee Interlocal Group offers you a choice of one (1) HSA and three (3) PPO medical plans. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.



**BlueCross BlueShield
of Oklahoma**

All Plans: Other Services reduced to \$0 Copay
Plan B & F: Blue Options Network (Includes Blue Choice) combined rates to one option
Plan C: Increased Deductible and OOP Max
Plan F: Increased Deductible

	PLAN A	PLAN B	PLAN C	PLAN F
	Blue Preferred	Blue Options	Blue Preferred	Blue Options — HSA HDHP
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	\$750 single / \$2,250 family	\$1,250 single / \$3,750 family	\$2,000 single / \$5,000 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum	\$3,000 single / \$9,000 family	\$3,500 single / \$10,500 family	\$4,500 single / \$15,000 family	\$6,650 single / \$13,300 family
Coinsurance	20%	20%	20%	20%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$20 copay per visit	\$25 copay per visit	\$35 copay per visit	20% after deductible
Specialist Office Visit	\$40 copay per visit	\$40 copay per visit	\$50 copay per visit	20% after deductible
Preventive Care (screening, immunization)	0%	0%	0%	0%
Diagnostic Test (x-ray, blood work)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
HOSPITAL SERVICES				
Emergency Room	\$100 copay per visit ** + 20% after deductible	\$150 copay per visit ** + 20% after deductible	\$150 copay per visit ** + 20% after deductible	20% after deductible
Inpatient	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care	\$40 copay per visit	\$40 copay per visit	\$50 copay per visit	20% after deductible
OTHER SERVICES				
Physical Therapy, Occupational, Speech Therapy, Chiropractic Services (60 visits)	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	20% after deductible
PRESCRIPTION DRUGS***				
Generic Drugs		Retail: \$30 copay Mail Order: \$90 copay		20% after deductible
Preferred Drugs		Retail: \$60 copay Mail Order: \$180 copay		20% after deductible
Non-Preferred Drugs		Retail: \$90 copay Mail Order: \$180 copay		20% after deductible
Specialty Drugs		Retail: \$90 copay Must be ordered through Prime Oklahoma Specialty Network (no mail order available)		20% after deductible
Supply Limits	30 Day Supply Limit Retail. Up to 90 Day Supply Mail Order			

* Benefits for Blue Options includes both Blue Preferred and Blue Choice networks

** Copay will be waived if admitted

***Listed copay is per prescription



Dental Program Highlights



For Employees of **OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP • 0006441**
Delta Dental PPO – Point of Service – High Plan • January 2024

Your Program Highlights provides a brief description of the most important features of your group’s dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

	PPO Network	Premier Network	Out-of-Network
Class I: Diagnostic and Preventive Services	100%	100%	100%
Class II: Basic Services such as amalgam and composite fillings	85%	70%	70%
Class III: Major Services such as crowns, dentures and implants	60%	50%	50%
Class IV: Orthodontic Services are available to dependent children under age twenty-six (26)	50%	50%	50%

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$100*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$2000**
Lifetime Maximum Benefit Payment Per Child – applies to Class IV only	\$2000

*Family Deductible not to exceed 3 times the Annual Deductible Per Person.

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).



Additional preventive benefits may be available to you with Health *through* Oral Wellness (HOW®).
For more information, please visit DeltaDentalOK.org/HOW.

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
You pay 20% of PPO Allowable	\$14	You pay 20% of Premier Allowable	\$17	You pay Balance of the dentist charge	\$40

How to use your dental program

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee’s social security or member ID number

We also encourage you to register for Spotlight, our online oral health services site. Spotlight provides secure access to real-time information regarding your dental benefits, including an electronic ID card. Register today at DeltaDentalOK.org/Spotlight.

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

Find a Delta Dental participating dentist

Delta Dental is proud to have 96 percent of Oklahoma dentists, and three-quarters of dentists nationwide, participating in at least one of our networks. To find a Delta Dental participating dentist, visit DeltaDentalOK.org/DentistSearch.

Benefit payment procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan’s maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at DeltaDentalOK.org/ClaimForm. Completed claim forms should be submitted to: Delta Dental of Oklahoma – Claims Department, P.O. Box 548809, Oklahoma City, OK 73154-8809



Dental Program Highlights



For Employees of **OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP • 0006441**
Delta Dental PPO – Point of Service – Low Plan • January 2024

Your Program Highlights provides a brief description of the most important features of your group’s dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

	PPO Network	Premier Network	Out-of-Network
Class I: Diagnostic and Preventive Services	100%	100%	100%
Class II: Basic Services such as amalgam and composite fillings	75%	70%	70%
Class III: Major Services such as crowns, dentures and implants	60%	50%	50%
Class IV: Orthodontic Services	N/A	N/A	N/A

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$100*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$1000**

*Family Deductible not to exceed 2 times the Annual Deductible Per Person.

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).



Additional preventive benefits may be available to you with Health *through* Oral Wellness (HOW®).
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Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
You pay 20% of PPO Allowable	\$14	You pay 20% of Premier Allowable	\$17	You pay Balance of the dentist charge	\$40

How to use your dental program

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee’s social security or member ID number

We also encourage you to register for Spotlight, our online oral health services site. Spotlight provides secure access to real-time information regarding your dental benefits, including an electronic ID card. Register today at DeltaDentalOK.org/Spotlight.

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
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Find a Delta Dental participating dentist

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Benefit payment procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan’s maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at DeltaDentalOK.org/ClaimForm. Completed claim forms should be submitted to: Delta Dental of Oklahoma – Claims Department, P.O. Box 548809, Oklahoma City, OK 73154-8809



Dental Program Highlights



For Employees of **OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP (OKHEEI) • 0006441**
Delta Dental PPO – Preventive Plan • January 2024

Your Program Highlights provides a brief description of the most important features of your group’s dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma’s Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	80%
Class III: Major Services such as crowns, dentures and implants	N/A
Class IV: Orthodontic Services	N/A

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Class II	\$50*
Annual Maximum Benefit Per Person – applies to Classes I and II combined	\$750**

*Family Deductible not to exceed 2 times the Annual Deductible Per Person.

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I and II combined services.

Eligible dependent children can be covered to age twenty-six (26).



Additional preventive benefits may be available to you with Health *through* Oral Wellness (HOW®).
For more information, please visit DeltaDentalOK.org/HOW.

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Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85		
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of PPO Allowable	\$56
You pay 20% of PPO Allowable	\$14	You pay Difference between PPO Payment and Premier Allowable	\$29	You pay Balance of the dentist charge	\$44

How to use your dental program

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee’s social security or member ID number

We also encourage you to register for Spotlight, our online oral health services site. Spotlight provides secure access to real-time information regarding your dental benefits, including an electronic ID card. Register today at DeltaDentalOK.org/Spotlight.

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
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Find a Delta Dental participating dentist

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Benefit payment procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan’s maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at DeltaDentalOK.org/ClaimForm. Completed claim forms should be submitted to: Delta Dental of Oklahoma – Claims Department, P.O. Box 548809, Oklahoma City, OK 73154-8809

A Look at Your VSP Vision Coverage

With VSP and OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
	

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

 vision care

More Ways
to Save

Extra
\$20
to spend on
Featured Brands[†]

bebe CALVIN KLEIN
COLE HAAN DRAGON.
FLEXON LACOSTE
 and more

See all brands and offers at vsp.com/offers.

+

Up to
40%
Savings on
lens enhancements[‡]

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary

OKLAHOMA HIGHER EDUCATION EMPLOYEES INTERLOCAL GROUP and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
Base Plan Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club* frame allowance \$80 Costco* frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year 	\$0

BENEFIT	DESCRIPTION	COPAY
Buy Up Plan Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club* frame allowance \$80 Costco* frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year 	\$0
SECOND PAIR	<ul style="list-style-type: none"> This enhancement allows you to get a second pair of glasses or contacts, subject to the same copays as your first pair benefit. 	

EXTRA SAVINGS	Glasses and Sunglasses
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	Routine Retinal Screening
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://www.vsp.com) to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://www.vsp.com).

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

2024 Costs for NOC

BCBS Plan A	Total Monthly Medical Cost	DEFINED CONTRIBUTION	Employee Monthly Cost
Employee Only	\$844.91	\$800.00	\$44.91
Employee + Spouse	\$1,644.82	\$800.00	\$844.82
Employee + Child	\$1,079.70	\$800.00	\$279.70
Employee + Children	\$1,459.31	\$800.00	\$659.31
Employee + Family	\$2,107.39	\$800.00	\$1,307.39

BCBS Plan B	Monthly Medical Cost	DEFINED CONTRIBUTION	Employee Monthly Cost
Employee Only	\$737.70	\$800.00	(\$62.30)
Employee + Spouse	\$1,336.75	\$800.00	\$536.75
Employee + Child	\$947.92	\$800.00	\$147.92
Employee + Children	\$1,287.78	\$800.00	\$487.78
Employee + Family	\$1,750.87	\$800.00	\$950.87

BCBS Plan C	Monthly Medical Cost	DEFINED CONTRIBUTION	Employee Monthly Cost
Employee Only	\$604.09	\$800.00	(\$195.91)
Employee + Spouse	\$1,162.38	\$800.00	\$362.38
Employee + Child	\$801.07	\$800.00	\$1.07
Employee + Children	\$1,119.53	\$800.00	\$319.53
Employee + Family	\$1,550.42	\$800.00	\$750.42

BCBS Plan F	Monthly Medical Cost	DEFINED CONTRIBUTION	Employee Monthly Cost
Employee Only	\$577.07	\$800.00	(\$222.93)
Employee + Spouse	\$1,086.30	\$800.00	\$286.30
Employee + Child	\$736.22	\$800.00	(\$63.78)
Employee + Children	\$1,042.95	\$800.00	\$242.95
Employee + Family	\$1,497.49	\$800.00	\$697.49

Delta Dental High	Monthly Dental Cost
Employee Only	\$50.30
Employee + Spouse	\$103.22
Employee + Child	\$73.38
Employee + Children	\$94.90
Employee + Family	\$149.62

Delta Dental Low	Monthly Dental Cost
Employee Only	\$36.88
Employee + Spouse	\$79.10
Employee + Child	\$54.22
Employee + Children	\$62.22
Employee + Family	\$110.88

Delta Dental Preventative	Monthly Dental Cost
Employee Only	\$18.26
Employee + Spouse	\$37.52
Employee + Child	\$30.24
Employee + Children	\$39.58
Employee + Family	\$60.18

VSP Vision Base	Monthly Vision Cost
Employee Only	\$6.54
Employee + Spouse	\$13.10
Employee + Child	\$12.82
Employee + Children	\$14.00
Employee + Family	\$22.36

VSP Vision Buy-up	Monthly Vision Cost
Employee Only	\$12.29
Employee + Spouse	\$24.63
Employee + Child	\$24.09
Employee + Children	\$26.33
Employee + Family	\$42.04



Your Own Personal Member Site!

Access your Member ID card for QuestSelect, chat live with a PHA and search for care — right from your smart phone.



Sign up now at
my.zero.health



Welcome to Simplicity
Welcome to ZERO

© The Zero Card. All rights reserved.



Chat Live
www.zero.health



Give Us A Shout
855-816-0001



Drop Us A Line
help@zero.health

Say Goodbye to Lab Fees at Over 3,000 Locations

You always pay ZERO.

Step 01

Simply let your doctor know to send your lab orders to the nearest Quest Diagnostics location

Step 02

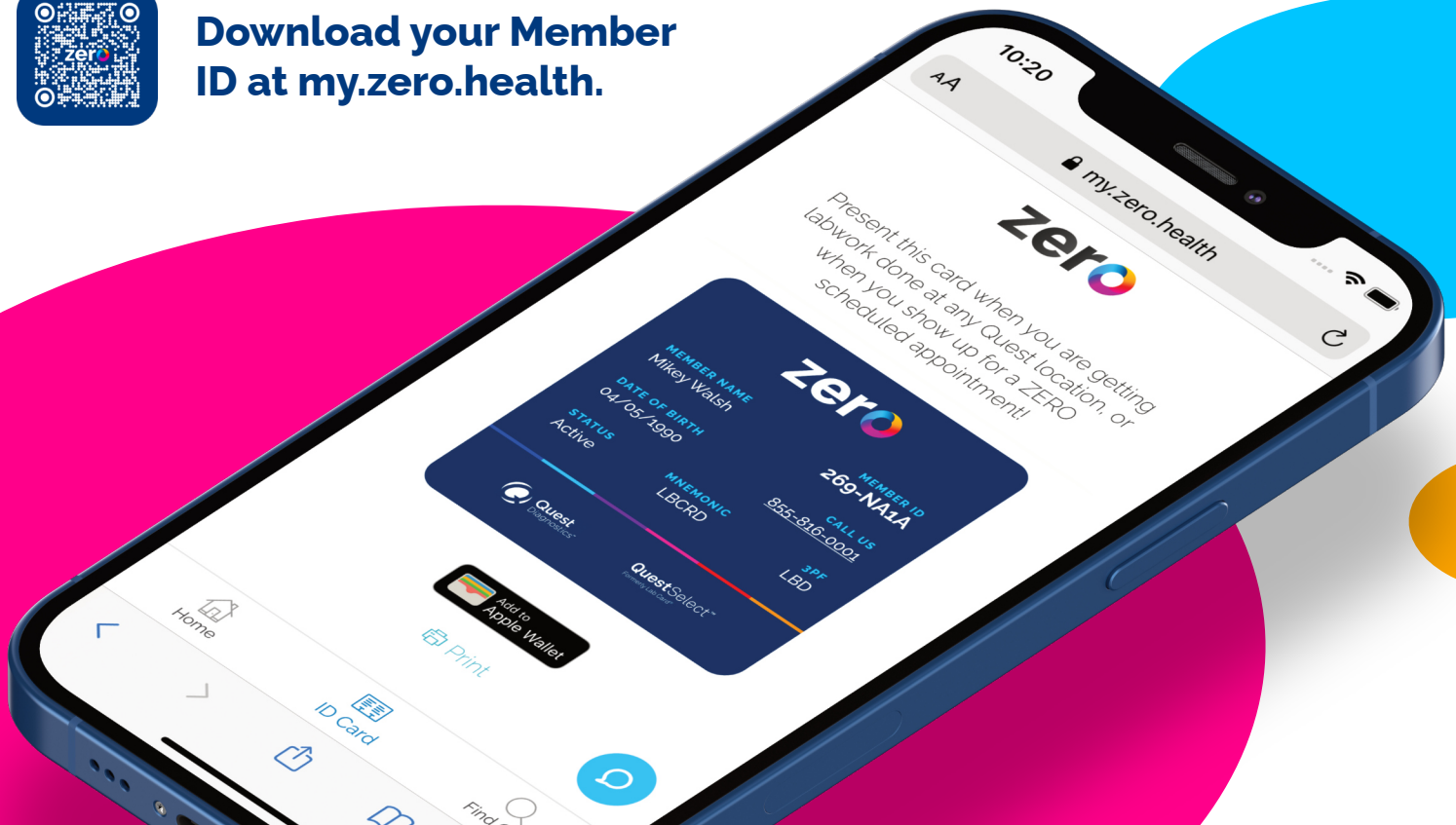
When you show up, you must present your Member ID card in order for labs to be covered with ZERO

Step 03

Quest Diagnostics will then send your lab results back to your doctor



Download your Member ID at my.zero.health.



Chat Live
www.zero.health



Give Us A Shout
855-816-0001



Drop Us A Line
help@zero.health



Scan to access myZERO



Frequently Asked Questions

So we know what you're thinking (don't worry, we're not psychic, we've just done this before) "Ok, ZERO sounds great but what about ____?"

Here are some common questions employees have:

"What does it cost me to use ZERO?"

Zip. Zilch. ZERO. When you use ZERO you will never have any deductibles, co-pays or co-insurance.

"What does ZERO cover?"

Surgeries, X-rays, advanced imaging (MRI, CT), physical therapy, labs and a lot more. You can search for providers in your area on our website zero.health and a PHA will be able to tell you exactly what is covered.

"How do I use my ZERO benefit?"

When your doctor tells you that you need a service or procedure, ask for the orders and call your Personal Health Assist (PHA) at 855-816-0001. Your PHA will take care of the deets. You always pay \$0, Yep, ZERO.

"How do I use ZERO for lab services?"

Ask your doctor to send the order to a Quest facility. When you get to Quest present your member ID. You can show them your physical copy or access your digital copy at my.zero.health. Quest will send the results back to your prescribing doctor.

"What providers do I have access to?"

Check out zero.health to see what's covered. ZERO is always adding providers so please call, chat or email your PHA for the most up to date information.

"What if I receive a bill?"

With ZERO all services will cost you \$0. If you happen to receive a bill, no worries! Just get in touch with your PHA and we will help you with the details. ZERO has your back.

"Yeah, but what about ___?"

Still have questions? We have answers. Call, 855-816-0001, chat live zero.health or email help@zero.health.





For Employees & Dependents on the BCBS
*medical plan
*HSA members must meet deductibles before becoming eligible.

Healthcare Your Way

Cost

We partner with physicians, imaging centers, laboratories, physical therapists, and surgery centers to deliver low-cost healthcare options to you - and you always pay ZERO.

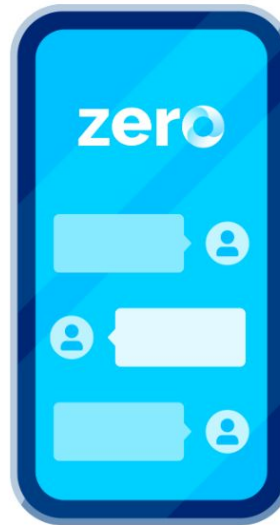
Quality

Healthcare can be confusing, expensive and sometimes scary. High quality service from our ZERO team and the providers we partner with, is our top priority.

Convenience

We also think things should be easy, so you get a team of Personal Health Assistants you can reach by chat, phone or email. Wherever you are, we are just a click away.

You Always Have A Choice



BEST FOR

- Labs & Imaging
- Surgical Procedures
- Physical Therapy
- You have a Personal Health Assistant to help you get care

BEST FOR

- Primary Care
- Emergency Care
- Unscheduled Care
- Care will be subject to your medical plan copay, co-insurance and deductible
- Covered care always costs you \$0.

Step 1

Connect with your **Personal Health Assistant** to see if the service or procedure you need is covered

Step 2

Your **ZERO PHA** will help you find the healthcare provider that works best for you and **we** will take care of all the details.

Step 3

You save your hard earned cash and **get the care you need for \$0.**

Yep, ZERO.

Chat live:
my.zero.health



Give us a shout:
855.816.0001

Drop us a line:
help@zero.health



Your Benefit With ZERO Covers These & More

Labs & Imaging

ZERO covers common lab work and imaging including: MRIs, CT Scans, X-Rays, Pathology and more.

Surgeries

ZERO covers Orthopedic, Spine & General Surgery such as Gallbladder and Hernia.

Gastro

ZERO covers Gastroenterology procedures like Colonoscopies and Endoscopies.

And More...

ZERO also covers many other procedures like, ENT, Sleep Studies, Women's Health, Pain Mgmt. and more.



Visit zero.health to chat live and get your ZERO Member ID Card



Welcome to Simplicity
Welcome to ZERO

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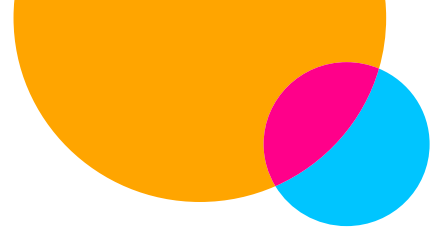
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Put Your Health First & Get The Care You Need

Here are ways ZERO can help you get care that costs you nothing. If you use ZERO, you pay \$0.

During your visit, your PCP suggests lab work for you:

Option #1

Go to a facility that your doctor recommends, oftentimes down the hall and wait for the bill to see what you owe

Option #2

Have the nurse send your orders to Quest Diagnostics where ZERO pays 100%

It's time for a mammogram or colonoscopy:

Option #1

It's a preventive screening and won't cost me anything, right?

Option #2

In some cases, screenings can result in costs, be safe and contact your ZERO Personal Health Assistant to find a provider that will cost you \$0

You have knee pain and your doctor orders an MRI:

Option #1

Go to facility that your doctor recommends and await the surprise of what it costs

Option #2

Contact your ZERO Personal Health Assistant to find an imaging center that will cost you \$0

Your MRI shows that you need knee surgery:

Option #1

Go wherever your doctor recommends and pay your co-pays and portion of your deductible

Option #2

Contact your ZERO Personal Health Assistant to find a surgeon that will cost you \$0 - plus you can get physician therapy during your recovery for \$0 too!



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Scan to access
myZERO



Welcome to Healthcare Designed for You!

For Members on the *BCBS
Medical Plan

*HSA members must meet their deductible
before eligible

Choose from hundreds of specialists and
over 2,000 covered services. Your health
plan covers 100% of the cost and you
always pay \$0. Yes, **ZERO**.

- Orthopedic Surgery
- Spine Surgery
- General Surgery
- Labs
- Imaging
- Physical Therapy
- Gastrointestinal
- Ear, Nose, & Throat
- Pain Management
- Sleep Studies
- Women's Health
- **And More**

Step 1

Connect with your
**Personal Health
Assistant** to see if the
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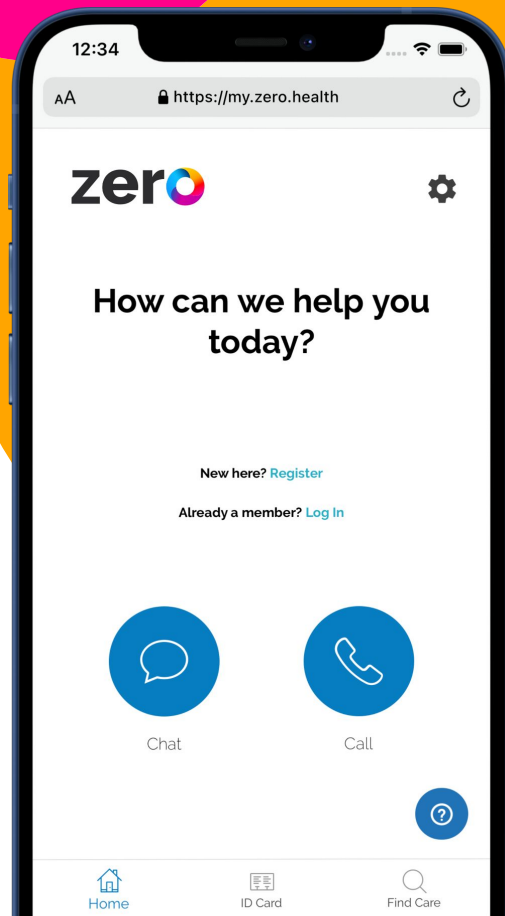
Step 2

ZERO will help you find
the healthcare provider
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all the details.

Step 3

You save your hard
earned cash and **get the
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