BlueCross BlueShield of Georgia

Individual and Family Health Care Plans for Georgia

Our plans are designed to fit your plans

ForwardFocus HSA POS

GABR40005FFP Rev. 2/13

Save on the cost of your coverage with the Blue Open Access℠ POS Network

With the Blue Open Access Point of Service (POS) network, you are not required to choose a primary care provider or to obtain referrals. Plus, you have access to network providers nationally and worldwide through the BlueCard® program. To find a Blue Open Access POS provider, go to **bcbsga.com** and click on "Find a Doctor". Then select "locate Georgia providers" and choose Blue Open Access network.

Choose your doctor and compare your health care costs at bcbsga.com.

Once you're a member, all you have to do is register at **bcbsga.com** to start using some great tools. You'll be able to make smart health care choices. Here are some tools to try out:

- *Find a doctor:* Use our online provider directory to find in-network doctors, specialists, hospitals, pharmacies and other providers in your area. Using in-network providers saves you money.
- *Estimate your cost:* Save time and money by comparing the quality and safety of providers in your area. You can even compare how much common procedures cost at different doctors and hospitals.
- *Zagat® health surveys:* See what others have said about the doctors and hospitals you're thinking about using. Add your own doctor recommendations, too!

Register at **bcbsga.com** and enjoy a wealth of health information right at your fingertips.

Our plans help fit the way you live.

In a world that's constantly changing, one thing's for certain: it's important to have health care coverage you can depend on – coverage designed to help fit your budget, and your way of life.

For over 70 years, Blue Cross and Blue Shield Healthcare Plan of Georgia (BCBSHP) has provided health care coverage to our Georgia neighbors. And now, we're pleased to offer these same Individual health care plans with added benefits and features of the Affordable Care Act.

You're in charge of your health and budget, and our Individual health care plans help keep it that way. We still offer a wide range of coverage options as unique as you are. And if you have any questions, we're here to help.

Sounds like a plan.

Experience you can rely on

Blue Cross and Blue Shield Healthcare Plan of Georgia is committed to helping simplify your life and improving your health. That's why we offer:

- **One of the largest provider networks in Georgia.** With over 15,000 doctors and nearly 150 hospitals* throughout the state, chances are your doctor is in one of our networks.
- **A choice of plans to help fit your budget and lifestyle.** No matter where you are in life, we've got a plan designed to fit a variety of health coverage needs, as well as many budgets.
- **Optional dental and term life insurance.** To enhance your health and your family's financial future, we also offer dental and term life coverage and make it easy to enroll.
- **Coverage that travels with you.** No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.

*BCBSA Provider Data Counts 2011.

Some definitions so we're all on the same page

Network Discounts: With Blue Cross and Blue Shield Healthcare Plan of Georgia, you have access to some of the largest provider networks in the state. These network (or participating) providers have agreed to accept lower costs for their covered services to our members — similar to volume discounts. These negotiated costs help reduce the overall cost of covered medical services, including your share of those costs.

This is true whether you are paying the entire cost for covered services (such as while you are meeting your deductible), or whether we are sharing the cost. With over 15,000 providers and nearly 150 hospitals, chances are your provider already participates. Just visit a network provider to take advantage of the savings.

You can always choose to receive services outside the network, but your share of the cost will be greater.

Cost–Sharing: The costs of medical care today can be staggering. Health care coverage from Blue Cross and Blue Shield Healthcare Plan of Georgia can help protect you against these high costs. With most health care coverage, you pay a monthly premium, then you share some of the cost of covered medical care with the company that provides your health care coverage. The level of cost-sharing you choose directly impacts your premium amount. The more you are willing to share in the cost, the lower your premium. You can choose your level of protection and the level of cost-sharing that works best for your health care needs and budget.

Deductible is the amount you have to pay each calendar year for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Usually, the higher a plan's deductible, the lower the premium. In some cases, you may also have a separate deductible for certain services such as prescription drugs or non-network services.

Coinsurance is the percentage of the cost of covered services that you will be responsible for, after your annual deductible is met. With some plans, you have a choice of coinsurance levels. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium because it increases your share of the cost.

Copayment is a specific dollar amount you have to pay for certain covered services.

Out-Of-Pocket Maximum is the most that you would pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most network services for the rest of the calendar year. There is a separate out-of-pocket maximum for non-network services.

Prescription Drugs are medications that must be authorized for use by your doctor. Blue Cross and Blue Shield Healthcare Plan of Georgia offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

Generic Drugs are prescription drugs that typically have been in use for some time and can be manufactured and distributed by numerous companies, so their cost is usually much lower. Generic drugs must, by law, contain the same active ingredients as their brand name equivalent and have the same clinical benefit.

Brand Name Drugs are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

Formulary is a list of prescription drugs our health care plans cover. They may include generic, preferred brand name and specialty drugs that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medication from our formularies. There can be different formularies for different health care plans. The formulary for this plan can be found at www.bcbsga.com/health-insurance/nsecurepdf/pharmacy_BCBSGA_Natl_DL.

Health Savings Account (HSA) is a special bank account that can be set up by a member enrolled in a qualified HSA-compatible high deductible health plan if they choose. Contributions to this account can be made with certain tax advantages and funds from the account can be used for qualified health care expenses. See the insert from the preferred bank we are associated with for more details and consult your tax advisor.

ForwardFocus HSA POS

Is this the right plan for you?

ForwardFocus HSA Blue Open Access POS can be paired with a Health Savings Account (HSA). All benefits, except network preventive care, are covered after your deductible.

Prescription Drug Coverage

Today, there is a prescription medication for just about everything and the costs can put a real strain on your health care budget.

With ForwardFocus HSA POS, prescription drugs are covered with a coinsurance once you meet your policy deductible. But even while you are meeting your deductible, you benefit from lower negotiated rates on prescription drugs at network pharmacies across the country.

You will receive the highest level of benefits by asking your physician to prescribe a generic drug whenever possible. If you choose to purchase a brand name drug when a generic drug is available, you will be responsible for the difference in the cost between brand and generic, plus your coinsurance.

And since you decide how to spend it, your health account dollars can be used to pay for prescription drugs — while you are meeting your deductible, or for those drugs not covered.

See your Benefit Guide for more details.

How to Customize your ForwardFocus HSA POS Plan

Choose your deductible: ForwardFocus HSA POS deductibles range from $1,750 to $5,500 for individuals or $3,500 to $11,000 for families. Since the deductible is an amount you are responsible for each calendar year, you can usually lower your premium by choosing a higher deductible. Just choose the plan that has the deductible and premium combination that works best for you.

ForwardFocus HSA POS offers the ease of a policy-level deductible. Any covered member can contribute to some or all of the policy deductible, which makes it easy for you and your whole family.

Other Optional Coverage: Includes dental and life insurance coverage. See the Benefit Guide and information regarding dental and life in the back of this brochure.

ForwardFocus HSA POS Plan Highlights

This plan offers traditional health care coverage that can be paired with a Health Savings Account (HSA) for more flexibility and potential tax advantages.

Features:

- POS health plan coverage with a large array of benefits after you pay your deductible.
- Simple policy-level deductibles mean any covered member can contribute to all or a part of your deductible.
- Your health plan is compatible with a Health Savings Account that is yours to fund and keep. Use the HSA for qualified medical expenses or as a savings vehicle, all with some possible tax advantages, just consult your tax advisor.
- Preventive care benefits that help you focus on staying healthy.

You should know:

- This ForwardFocus HSA POS plan accesses our Blue Open Access POS network of providers. To check on which providers participate in this network, go to bcbsga.com and select “Find a Doctor”.

BlueCross BlueShield of Georgia

Benefit Guide for Georgia

Benefits — ForwardFocus HSA POS (Blue Open Access Network)

Calendar Year Deductible		Your Choices							
Individual	NETWORK:	$1,750	$2,500	$3,500	$5,500				
	NON-NETWORK:	$1,750	$2,500	$3,500	$5,500				
Family	NETWORK:					$3,500	$5,000	$7,000	$11,000
	NON-NETWORK:					$3,500	$5,000	$7,000	$11,000
Network Coinsurance Options		20%	20%	0%	0%	20%	20%	0%	0%
Calendar Year Out-of-Pocket Maximum		**Add Your Chosen Deductible to the Amount Below**							
Individual	NETWORK:	$2,500	$2,500	$0	$0				
	NON-NETWORK:	$6,750	$7,500	$3,500	$5,500				
Family	NETWORK:					$5,000	$5,000	$0	$0
	NON-NETWORK:					$13,500	$15,000	$7,000	$11,000

How family deductibles and family out-of-pocket maximums work	For family plans (with two or more members) one member or any combination of family members can meet or contribute toward the family deductible and family out-of-pocket maximum. Medical and Drug benefits apply to a shared OOP deductible and maximum.
Lifetime Maximum	None

Covered Services	Your Share of Costs (after deductible, unless waived or not subject to deductible)
Doctors' Office Visits	**NETWORK:** Non-preventive Office Visit; 20% or 0% Coinsurance[1] **NON-NETWORK:** Non-preventive Office Visit; 40% or 30% Coinsurance[1]
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	**NETWORK:** 20% or 0% Coinsurance[1] **NON-NETWORK:** 40% or 30% Coinsurance[1]
Inpatient Services (overnight hospital/facility stays)	**NETWORK:** 20% or 0% Coinsurance[1] **NON-NETWORK:** 40% or 30% Coinsurance[1]
Outpatient Services (without overnight hospital/facility stays)	**NETWORK:** 20% or 0% Coinsurance[1] **NON-NETWORK:** 40% or 30% Coinsurance[1]
Emergency Room Services	**NETWORK:** 20% or 0% Coinsurance[1] **NON-NETWORK:** 20% or 0% Coinsurance[1]
Preventive Care Services	Includes preventive services recommended by the United States Preventive Services Task Force, including well child care, immunizations, PSA screenings, pap tests, and more. **NETWORK:** 0% Coinsurance, not subject to deductible **NON-NETWORK:** 30% Coinsurance
Maternity	Not Covered
Optional Coverage (at additional cost)	Dental[2], Life

Prescription Drug Coverage	ForwardFocus HSA POS
Retail Drugs (and Mail Order Drugs when available)	**NETWORK:** 20% or 0% Coinsurance[1] **NON-NETWORK:** 40% or 30% Coinsurance[1] The policy deductible is a combined medical and prescription drug deductible.
Optional Drug Coverage (when available)	Not Applicable
Other Covered Benefits include but are not limited to:	Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Physical/Occupational Therapy, Speech Therapy

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.

[1] Coinsurance is designated by the deductible you choose.
[2] Limitations such as waiting periods apply. Check your Contract/Certificate or ask your agent for details.
NOTE: Network and non-network deductibles are separate and do not accumulate toward each other.

Blue Choice® Dental

In addition to helping you keep a great smile, regular dental check-ups can help find early warning signs of health issues. That's why it's important to take good care of your oral health. Enroll in dental coverage from Blue Cross and Blue Shield of Georgia and appreciate the convenience of:

- Day one coverage for routine dental care, so no waiting periods for cleanings and X-rays
- No deductible for diagnostic and preventive benefits
- $50 deductible for Basic and Major dental benefits
- Quality dental benefits up to $1,000 per member per year
- Participating and non-participating coverage. But you get the greatest savings when you choose a dentist from our broad network. To find a provider, visit bcbsga.com and click "Find a Doctor."

Monthly Dental Rates (rates subject to change)

- Adult $27/month
- Child $27/month
- Family $76/month

Give yourself every advantage...

Good health and a bright smile.

Preventive & Diagnostic Care	Blue Choice Dental pays
Initial Oral Exam	$16
Periodic Oral Exam - *limited to 2 exams per member per year*	$16
Bitewing X-rays - *single film*	$9
Bitewing X-rays - *two films*	$16
Single (periapical) X-rays - *first film*	$9
Single X-rays - *additional films*	$9
Bitewing X-rays - *four films*	$23
Full mouth X-rays - *limited to one set every 3 years*	$47
Routine Cleaning - *limited to 2 per adult per year*	$37
Routine Cleaning - *limited to 2 per child per year*	$26
Cleaning with Fluoride - *limited to 2 per child per year*	$37
Topical Fluoride Only - *limited to 2 per child per year*	$14

- Coverage begins on your effective date. Preventive & diagnostic care is not subject to a $50 deductible. Maximum of three dental deductibles charged per family, per year.
- Two oral examinations and two dental cleanings per member, per year.
- Included single and bitewing X-rays not to exceed $47.

Basic Dental Care	BlueChoice Dental pays
Filling - *one surface, primary*	$35
Filling - *one surface, permanent*	$42
Filling - *two surfaces, primary*	$47
Filling - *two surfaces, permanent*	$52
Filling - *three surfaces, primary*	$55
Filling - *three surfaces, permanent*	$62
Filling - *four or more surfaces, primary*	$68
Filling - *four or more surfaces, permanent*	$76
Extraction - *single tooth (simple)*	$43
Extraction - *each additional tooth (simple)*	$43
Surgical Extraction	$72
Removal of Impacted Tooth - *soft tissue*	$100
Removal of Impacted Tooth - *partial bony*	$126
Removal of Impacted Tooth - *complete bony*	$150

- Coverage begins after your Plan has been in effect for 6 continuous months.

Major Dental Care	Blue Choice Dental pays
Scaling/Root Planing per Quadrant	$48
Gingivectomy - *per tooth*	$30
Gingivectomy - *per quadrant*	$140
Root Canal - *1 canal*	$150
Root Canal - *2 canals*	$180
Root Canal - *3 canals*	$230
Crown *(except stainless steel)*	$250
Stainless Steel Crown	$60
Pontic	$250
Complete Denture *(upper or lower)*	$300
Partial Denture *(upper or lower)*	$275
Denture Reline ***(chair-side)***	$65
Denture Reline *(lab)*	$85

- Coverage begins after your Plan has been in effect for 12 continuous months.

Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Give your family extra support with term life insurance from Greater Georgia Life Insurance Company. Plus, there are no medical exams or additional enrollment forms to worry about. It's that simple.

Georgia Individual Term Life Insurance

Age	$15,000	$25,000	$50,000	$75,000	$100,000
1-19	$1.50	$2.50	N/A	N/A	N/A
20-29	$2.80	$4.65	$9.30	$11.25	$13.00
30-39	$3.25	$5.40	$10.80	$13.50	$16.00
40-49	$7.50	$12.50	$25.00	$33.75	$42.00
50-59	$20.90	$34.80	$69.60	$97.50	$125.00
60-64	$29.40	$49.00	$98.00	$142.50	$185.00

Additional Information

Automatic premium payment saves time

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment. To sign up, just fill out the billing section of the Enrollment Application.

Get a free look with a money-back guarantee!

If you're approved for coverage, you'll receive your health plan policy by mail. You'll then have 30 days to review it. If you decide that the coverage isn't right for you, you may cancel your policy within those 30 days and your premiums will be refunded (less any claims that were already paid).

Ready to choose a plan?

- After reviewing all the materials included with this brochure, contact your Blue Cross and Blue Shield Healthcare Plan of Georgia agent.
- Ask questions. If you aren't sure about how a plan works or have additional questions, your agent will help you.
- Fill out an application. The quickest and easiest way to complete an application is online and your agent can assist you. Or your agent can provide you with instructions for mailing or faxing your application.

If you have questions or want more details about your options, call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent today!

BlueCross BlueShield of Georgia

Individual health coverage. Your plans. Your choices.

Make sure you have all the facts.

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plans described – including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please see the enclosed Coverage Details and Benefit Guide. These documents should be included with your information kit, or if you hav e printed this from your computer, they should be at the end of this document. If you don't have these documents, be sure to contact your Blue Cross and Blue Shield Healthcare Plan of Georgia sales agent.

This brochure is intended as a brief summary of benefits and services; it is not your Contract/Certificate. If there is any difference between this brochure and your Contract/Certificate, the provisions of the Contract/Certificate will prevail. Benefits and premiums are subject to change.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Ready to enroll?

Call your Blue Cross and Blue Shield Healthcare Plan of Georgia Sales Representative or agent today!

To view a Summary of Benefits and Coverage please visit www.healthcare.gov.

Life and Disability products underwritten by Greater Georgia Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Coverage Details

Things you need to know before you buy...

BlueCross BlueShield of Georgia

SmartSense® Plus POS, SmartSense® Plus PPO, Premier Plus POS, Premier Plus PPO and ForwardFocus HSA POS

Before choosing a health care plan, please review the following information along with the other materials enclosed.

Enrollment Guidelines For Individual Health Plans:

To Enroll, You Must Be:

- Age 19-64;
- A permanent legal resident of Georgia;
- Not eligible for Medicare.

If Your Application Is Approved:

Your coverage can start on any day of the month. The earliest effective date you may receive is the day after the application is received by Blue Cross and Blue Shield of Georgia (BCBSGa). If the application does not specify an effective date the day BCBSGa approves the application will become the effective date.

Your Qualified Dependents Include:

- Spouse age 64 or younger;
- Domestic Partner age 64 or younger ;
- Children (under 26 years of age), or the children (under 26 years of age) of your enrolling spouse or qualified domestic partner.

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with your expected health care needs and risk factors. That's why we offer various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting.

Depending on the results of the underwriting review:

- You may be offered coverage at the lowest premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure.

If you do not qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Blue Cross and Blue Shield of Georgia representative for information regarding other Individual coverage options.

Access to the MIB

Information regarding your insurability will be treated as confidential. Blue Cross and Blue Shield of Georgia or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 886-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is

50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734

Information for consumers about MIB may be obtained on its website at www.mib.com.

Blue Cross and Blue Shield of Georgia, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Waiting Periods

For applicants age nineteen (19) and older there is a specific twelve-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended by your health care provider or received within twelve months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the twelve-month waiting period. Blue Cross and Blue Shield of Georgia will credit the time you were enrolled on the previous plan. Consult with your Blue Cross and Blue Shield of Georgia agent or representative if you have a question about the underwriting process.

Utilization Management and Case Management

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

Prospective Review/Pre-Admission Review

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that: 1) the procedure is medically necessary and 2) the procedure meets your health care plan's specific guidelines prior to being performed.

Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment

Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

Concurrent Review

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

Retrospective Review

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

Case Management

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

Benefits Which Are Not Covered By These Individual Health Care Plans:

Remember, all health care plans are different and, as with many plans, there are some exclusions. To choose the plan that best meets your needs, it's important to understand not only what it offers, but what is does not.

Your contract does not provide benefits for:

- The 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date unless you have any prior creditable coverage towards this waiting period. The pre-existing condition limitation does not apply to applicants under age nineteen (19).
- Services and supplies not medically necessary or not consistent with the diagnosis;
- Treatment for which payment is made by any local, state or federal government (except Medicaid);
- Services paid under Medicare or the Veterans Administration;
- Any injury or disease related to war, declared or undeclared, or military service; Convalescent or custodial care;
- Hair transplants;
- Eyeglasses/contact lenses/radial keratotomy and the examinations associated with them (except one annual vision exam under Premier);
- Hearing aids;
- Experimental services;
- Weight reduction or treatment for obesity;
- Physical, occupational or speech therapy for developmental delay;
- Services related to artificial insemination or in-vitro fertilization;
- Cosmetic services, except as otherwise stated in the contract.
- Pregnancy related or maternity services

Also not covered is dental care and treatment and oral surgery unless the optional dental rider is purchased. Dental care is also subject to specific exclusions and limitations on services, such as two oral or periodontal exams per member per year. A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage or any optional coverage amendments. Please review these carefully upon enrollment.

This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the policy Contract booklet, the provisions of the Contract booklet shall prevail.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Selecting health coverage is an important decision.

To assist you, we supply the following for the plans under consideration: Brochure, Benefit Guide, Coverage Details and Enrollment Application. If you did not receive one or more of these materials, please contact your Blue Cross and Blue Shield of Georgia agent to request them.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.