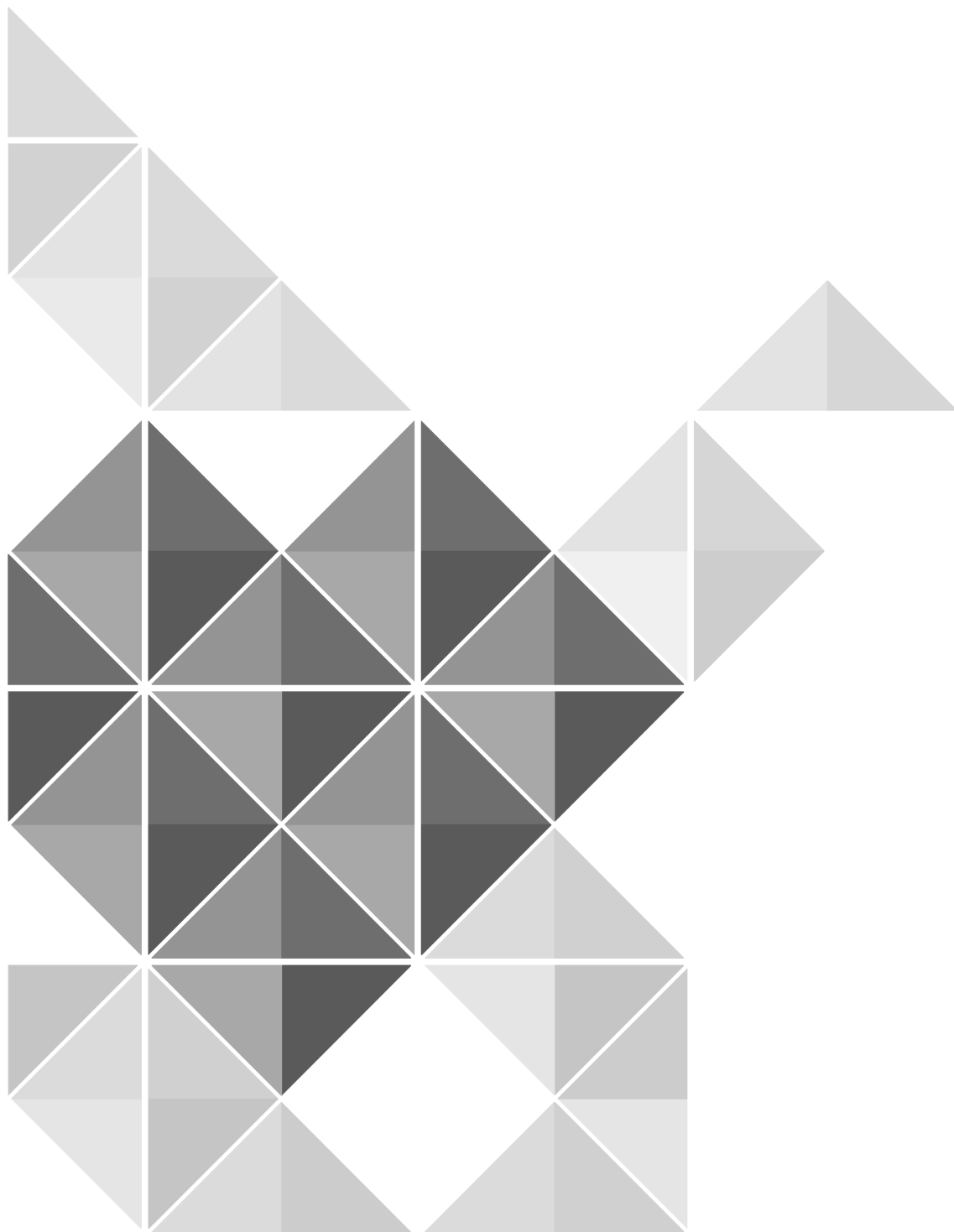




**BlueCross BlueShield  
of Oklahoma**



**bcbsok.com**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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## *Definitions*

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This section defines terms that have special meanings in the Plan. If a word or phrase starts with a capital letter, it has a special meaning. It is defined in this section or where used in the text or it is a title.

### **ACTIVELY AT WORK**

The active expenditure of time and energy in the services assigned by the Employer. You are considered Actively at Work on each day of a regular paid vacation, an Employer holiday or on a regular nonworking day if you were Actively at Work on the work day before your Effective Date.

### **ALLOWABLE CHARGE**

The charge that the Claims Administrator will use as the basis for Benefit determination for Covered Services you receive under the Plan. The Claims Administrator will use the following criteria to establish the Allowable Charge:

- ***For Comprehensive Health Care Services:***
  - **Network Providers** - the Provider's usual charge, not to exceed the amount the Provider has agreed to accept as payment for Covered Services in accordance with a Network Provider Agreement.
  - **Out-of-Network (Non-Contracting) Providers** - the lesser of: (a) the Provider's billed charge; or (b) the Claim Administrator's Non-Contracting Allowable Charge as set forth in the ***Important Information*** section.
- ***For Outpatient Prescription Drugs and Related Services:***
  - **Participating Pharmacy (including Participating Mail-Order Pharmacy, Extended Supply Network Pharmacy and Specialty Pharmacy)** - the Pharmacy's usual charge, not to exceed the amount the Pharmacy has agreed to accept as payment for Covered Services in accordance with a Participating Pharmacy agreement.
  - **Out-of-Network Pharmacies** - the Pharmacy's usual charge, up to the amount that the Plan would reimburse a Participating Pharmacy for the same service.

**NOTE: For Covered Services received outside the state of Oklahoma, the "Allowable Charge" may be determined by the Blue Cross and Blue Shield Plan (Host Plan) servicing the area. In such case, Benefits will be based upon the Provider payment arrangements in effect between the Provider and the on-site Plan. For information regarding Out-of-Network Provider services, refer to "Out-of-Area Services" in the *General Provisions* section for additional information.**

### **AMBULATORY SURGICAL FACILITY**

A Provider with an organized staff of Physicians which:

- Has permanent facilities and equipment for the primary purpose of performing surgical procedures on an Outpatient basis;
- Provides treatment by or under the supervision of Physicians and nursing services whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Physician or other Provider.

### **APPLIED BEHAVIOR ANALYSIS**

The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

## **AUTISM SPECTRUM DISORDER**

Any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the edition that was in effect at the time of diagnosis.

## **BENEFIT PERIOD**

The period of time during which you receive Covered Services for which the Plan will provide Benefits.

## **BENEFITS**

The payment, reimbursement and indemnification of any kind which you will receive from and through the Plan.

## **BLUECARD PROVIDER**

The national network of participating Providers who have entered into an agreement with a Blue Cross and Blue Shield Plan to be a part of the BlueCard program.

## **CALENDAR YEAR**

The period of 12 months commencing on the first day of January and ending on the last day of the following December.

## **COBRA CONTINUATION COVERAGE**

Coverage under the Plan for you and your Eligible Dependent with respect to whom a Qualifying Event has occurred, and consisting of coverage which, as of the time the coverage is being provided, is identical to the coverage provided under the Plan to Covered Persons to whom a Qualifying Event has not occurred.

## **COINSURANCE**

The *percentage* of Allowable Charges for Covered Services for which the Covered Person is responsible.

## **COPAYMENT**

A fixed dollar amount required to be paid by or on behalf of a Covered Person in connection with the delivery of some Covered Services. Refer to the ***Schedule of Benefits*** for any Copayments applicable to your coverage.

For Outpatient Prescription Drugs, the Copayment is the dollar amount required to be paid by or on behalf of a Covered Person for each Prescription Order.

## **COVERED DRUG**

Any Prescription Drug or injectable drug, including insulin, disposable syringes and needles needed for self-administration:

- Which is Medically Necessary and is ordered by a Provider naming a Covered Person as the recipient;
- For which a written or verbal Prescription Order is prepared by a Provider;
- For which a separate charge is customarily made;
- Which is not consumed at the time and place that the Prescription Order is written;
- For which the Food and Drug Administration (FDA) has given approval for at least one indication; and
- Which is dispensed by a Pharmacy and is received by the Covered Person while covered under the Plan, *except* when received from a Provider's office, or during confinement while a patient is in a Hospital or other acute care institution or facility.

As new drugs are approved by the Food and Drug Administration (FDA), such drugs, unless the intended use is specifically excluded under this Benefit Booklet, will be reviewed by the Plan and may be added to the applicable Drug List and be eligible for Benefits as outlined in the ***Schedule of Benefits for Outpatient Prescription Drugs and Related Services***.

## **COVERED PERSON**

The Member and each of his or her Dependents (if any) covered under this Benefit Booklet.

## **COVERED SERVICE**

A service or supply shown in the Plan and given by a Provider for which the Plan will provide Benefits.

## **CUSTODIAL CARE**

Aid to patients who need help with daily tasks like bathing, eating, dressing and walking. Custodial Care does not directly treat an injury or illness and does not require the technical skills, professional training and clinical assessment ability of medical and/or nursing personnel in order to be safely and effectively performed.

## **DEDUCTIBLE**

A specified dollar amount of Covered Services that you must incur during each Benefit Period before the Plan will start to pay its share of the remaining Covered Services. Refer to the *Schedule of Benefits* for any Deductibles applicable to your coverage.

## **DEPENDENT**

A Covered Person other than the Employee as shown in the *Eligibility, Enrollment, Changes & Termination* section.

## **DIAGNOSTIC SERVICE**

A test or procedure performed when you have specific symptoms to detect or monitor your disease or condition. It must be ordered by a Physician or other Provider.

- Radiology, ultrasound and nuclear medicine
- Laboratory and pathology
- ECG, EEG and other electronic diagnostic medical procedures and physiological medical testing, as determined by the Claims Administrator.

## **DRUG LIST**

A list of preferred drugs that may be covered under the *Outpatient Prescription Drugs and Related Services* section of this benefit booklet. The Drug List is subject to periodic review and may be changed at any time by the Claims Administrator. A current list is available on the Claims Administrator's Web site at [www.bcbsok.com](http://www.bcbsok.com). You may also contact a Customer Service Representative at the telephone number shown on the back of your Identification Card for more information.

## **DURABLE MEDICAL EQUIPMENT**

Equipment which meets the following criteria:

- It is used in the Covered Person's home, place of residence or dwelling;
- It provides therapeutic benefits or enables the Covered Person to perform certain tasks that he or she would be unable to perform otherwise due to certain medical conditions and/or illnesses;
- It can withstand repeated use and is primarily and customarily used to serve a medical purpose;
- It is generally not useful to a person in the absence of an illness or injury; and
- It is prescribed by a Physician and meets the Claims Administrator's criteria of Medical Necessity for the given diagnosis.

## **EFFECTIVE DATE**

The date when your coverage begins.

## **ELIGIBLE PERSON**

A person entitled to apply to be an Employee as specified in the *Eligibility, Enrollment, Changes & Termination* section.

## **EMERGENCY CARE**

Treatment for an injury, illness or condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a reasonable and prudent layperson could expect the absence of medical attention to result in:

- serious jeopardy to the Covered Person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child);
- serious impairment to bodily function;
- serious dysfunction of any bodily organ or part; or
- with respect to a pregnant woman who is having contractions:
  - there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - transfer may pose a threat to the health or safety of the woman or the unborn child.

## **EMPLOYEE**

An Eligible Person as specified in the ***Eligibility, Enrollment, Changes & Termination*** section.

## **EMPLOYEE AND CHILDREN COVERAGE**

Coverage under the Plan for the Employee and his or her Dependent child(ren).

## **EMPLOYEE ONLY COVERAGE (OR SINGLE COVERAGE)**

Coverage under the Plan for the Employee only.

## **EMPLOYEE, SPOUSE AND CHILDREN COVERAGE (OR FAMILY COVERAGE)**

Coverage under the Plan for the Employee, his or her spouse and Dependent child(ren).

## **EMPLOYEE AND SPOUSE ONLY COVERAGE**

Coverage under the Plan for the Employee and his or her spouse only.

## **EMPLOYER**

Oral Roberts University

## **ENROLL**

To become covered for Benefits under the Plan (i.e., when coverage becomes effective), without regard to when the individual may have completed or filed any forms that are required in order to Enroll for coverage.

## **ENROLLMENT DATE**

The first day of coverage or, if there is a waiting period, the first day of the waiting period (typically the date employment begins).

## **EXPERIMENTAL/INVESTIGATIONAL/UNPROVEN**

A drug, device, biological product or medical treatment or procedure is Experimental, Investigational and/or Unproven if **the Claims Administrator determines** that:

- The drug, device, biological product or medical treatment or procedure cannot be lawfully marketed without approval of the appropriate governmental or regulatory agency and approval for marketing has not been given at the time the drug, device, biological product or medical treatment or procedure is furnished; or
- The drug, device, biological product or medical treatment or procedure is the subject of ongoing phase I, II or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis; or
- The prevailing opinion among peer reviewed medical and scientific literature regarding the drug, device, biological product or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis.

Approval by a governmental or regulatory agency will be taken into consideration by the Plan in assessing Experimental/Investigational/Unproven status of a drug, device, biological product, or medical treatment or procedure but will not be determinative.

**FULL-TIME STUDENT**

A person who is regularly attending an accredited secondary school, college or university as:

- An undergraduate student enrolled in 12 or more semester hours, or the academic equivalent; or
- A graduate student enrolled in nine or more semester hours, or the academic equivalent; or
- A graduate assistant student enrolled in six or more semester hours, or the academic equivalent.

**GENERIC DRUG**

A drug that has the same active ingredient as a brand-name drug and is allowed to be produced after the brand-name drug's patent has expired. To determine which drugs are Generic Drugs, refer to the Drug List on the Claims Administrator's Web site at [www.bcbsok.com](http://www.bcbsok.com). You may also contact a Customer Service Representative at the number shown on your Identification Card for more information. All products identified as a Generic Drug by the drug product database, manufacturer, Pharmacy, or your Physician may not be considered a Generic Drug by the Claims Administrator.

**GROUP**

A classification of coverage whereby a corporation, Employer or other legal entity has agreed to establish a premium collection and payment system in order to provide an opportunity for its Employees to acquire Plan coverage for health care expenses.

**GROUP HEALTH PLAN**

A plan of, including a self-insured plan of, or contributed to by, an Employer (including a self-employed person) or employee organization to provide health care (directly or otherwise) to the Employees, former Employees, the Employer, others associated or formerly associated with the Employer in a business relationship, or their families.

**HEALTH MAINTENANCE ORGANIZATION (HMO)**

An organized system of health care providing a comprehensive package of health services, through a group of Physicians, to a voluntarily enrolled membership, within a particular geographic area, on a fixed prepayment basis.

**HOME HEALTH CARE AGENCY**

A Provider which provides nurses who visit the patient's home to give nursing and other needed care. This agency sees that each patient gets all care ordered by the Physician.

**HOME HEALTH CARE SERVICES**

Services provided by a Home Health Care Agency on a part-time, intermittent basis when a Covered Person is confined to his or her home because of disease or injury.

**HOSPICE**

A Provider which provides an integrated set of services designed to provide palliative and supportive care to terminally ill patients and their families.

**HOSPITAL**

A Provider that is a short-term, acute care, general Hospital which:

- Is licensed;
- Mainly provides Inpatient diagnostic and therapeutic services under the supervision of Physicians;
- Has organized departments of medicine and major Surgery;
- Provides 24-hour nursing service; and
- Is not, other than incidentally, a:
  - Skilled Nursing Facility;
  - Nursing home;
  - Custodial Care home;

- Health resort;
- Spa or sanitarium;
- Place for rest;
- Place for the aged;
- Place for the treatment of Mental Illness;
- Place for the treatment of alcoholism or drug addiction or substance abuse;
- Place for the provision of Hospice care;
- Place for the provision of rehabilitation care; or
- Place for the treatment of pulmonary tuberculosis.

## **HOSPITAL ADMISSION**

The period from your entry (admission) into a Hospital for Inpatient treatment until your discharge.

## **IDENTIFICATION CARD**

The card issued to the Employee by the Claims Administrator, bearing the Employee's name, identification number and the Plan.

## **INITIAL ENROLLMENT PERIOD**

The 31-day period immediately following the date an Employee or Dependent first becomes eligible to Enroll for coverage under the Plan.

## **INPATIENT**

A Covered Person who receives care as a registered bed patient in a Hospital or other Provider where a room and board charge is made.

## **INTENSIVE OUTPATIENT TREATMENT**

Treatment in a freestanding or Hospital-based program that provides services for at least three hours per day, two or more days per week, to treat Mental Illness, drug addiction, substance abuse or alcoholism, or specializes in the treatment of co-occurring Mental Illness with drug addiction, substance abuse or alcoholism. These programs offer integrated and aligned assessment, treatment and discharge planning services for treatment of severe or complex co-occurring conditions which make it unlikely that the Covered Person will benefit from programs that focus solely on Mental Illness conditions.

## **LICENSED PRACTICAL OR VOCATIONAL NURSE (LPN OR LVN)**

A licensed nurse with a degree from a school of practical or vocational nursing.

## **LIFE-THREATENING DISEASE OR CONDITION**

For the purposes of a clinical trial, any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

## **MAINTENANCE PRESCRIPTION DRUG**

A Prescription Drug prescribed for chronic conditions and which is taken on a regular basis to treat conditions such as high cholesterol, high blood pressure or asthma.

## **MATERNITY SERVICES**

Care required as a result of being pregnant, including prenatal care and postnatal care.

## **MEDICAL CARE**

Professional services given by a Physician or other Provider to treat illness or injury.

## **MEDICALLY NECESSARY (OR MEDICAL NECESSITY)**

Health care services that the Plan determines a Hospital, Physician or other Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- in accordance with generally accepted standards of medical practice; and
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
- not primarily for the convenience of the patient, Physician, or other health care Provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the patient's illness, injury or disease.

## **MEDICARE**

The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

## **MENTAL ILLNESS**

An emotional or mental disorder characterized by an abnormal functioning of the mind or emotions and in which psychological, intellectual or emotional disturbances are the dominating feature, regardless of whether such disorder is caused by mental, physical, organic or chemical deficiency.

## **NETWORK PROVIDER**

A Provider who has entered into a Participating Provider Agreement with the Claims Administrator to bill directly for Covered Services, and to accept the Claims Administrator's Allowable Charge as payment for such Covered Services. Network Providers include BlueCard Providers outside the state of Oklahoma.

## **NON-PREFERRED BRAND DRUG**

A brand-name Prescription Drug which does not appear on the Basic Drug List.

## **NON-PREFERRED GENERIC DRUG**

A Generic Drug which has not been designated by the Plan as a Preferred Generic Drug.

## **NON-PREFERRED SPECIALTY DRUG**

A Specialty Drug which does not appear on the Basic Drug List.

## **OPEN ENROLLMENT PERIOD**

A period of 31 days immediately before the Plan's Anniversary Date (renewal date), during which an individual who previously declined coverage may Enroll for coverage under the Plan.

## **ORTHOGNATHIC SURGERY**

Services or supplies received for correction of deformities of the jaw, including the surgical repositioning of portions of the upper or lower jaws or the bodily repositioning of entire jaws.

## **OUT-OF-NETWORK PHARMACY**

A Pharmacy that has not entered into a Participating Pharmacy Agreement with the Claims Administrator.

## **OUT-OF-NETWORK PROVIDER**

A Provider that has not entered into an agreement with the Claims Administrator to be a Network Provider or BlueCard Provider.

## **OUT-OF-POCKET LIMIT**

The total amount of Deductibles, Copayments and/or Coinsurance which must be satisfied during the Benefit Period for Covered Services received from Network Providers. Once the Out-of-Pocket Limit has been reached, the amount of Allowable Charges covered by the Plan will increase to 100% during the remainder of the Benefit Period.



The Out-of-Pocket Limit does not include services received from Out-of-Network Providers, amounts in excess of the Allowable Charge or charges for any services that are not covered under the Plan.

#### **OUTPATIENT**

A Covered Person who receives services or supplies while not an Inpatient.

#### **PARTICIPATING PHARMACY**

An independent retail Pharmacy, chain of retail Pharmacies, mail-order Pharmacy or specialty Pharmacy that has entered into a written agreement with the Claims Administrator, or other entity chosen by the Claims Administrator to administer its Prescription Drug program, to provide pharmaceutical services to you.

To find a Pharmacy in the Participating Pharmacy Network, please refer to the Claims Administrator's Web site at [www.bcbsof.com](http://www.bcbsof.com) or call a Customer Service Representative at the number shown on your Identification Card.

#### **PARTICIPATING SPECIALTY PHARMACY**

A Pharmacy that has entered into an agreement to be a part of the Claims Administrator's Specialty Pharmacy Network.

#### **PHARMACY**

A person, firm or corporation duly authorized by state law to dispense Prescription Drugs.

#### **PHYSICIAN**

A person who is a professional practitioner of a Healing Art defined and recognized by law, and who holds a Physician license duly issued by the state or territory of the United States in which the person is authorized to practice medicine or Surgery or other procedures and provide services within the scope of such license.

#### **PLACEMENT FOR ADOPTION (OR PLACED FOR ADOPTION)**

The assumption and retention of a legal obligation for total or partial support of a child by a person with whom the child has been placed in anticipation of the child's adoption. The child's Placement for Adoption with such person terminates upon the termination of such legal obligation.

#### **PLAN**

Oral Roberts University Group Health Plan.

#### **POST-SERVICE MEDICAL NECESSITY REVIEW**

A Post-Service Medical Necessity Review, sometimes referred to as a retrospective review or post-service claims request, is the process of determining coverage after treatment has already occurred and is based on Medical Necessity guidelines.

#### **PREDETERMINATION**

Predetermination is an optional voluntary review of a Provider's recommended medical procedure, treatment or test, that does not require Prior Authorization, to make sure it meets approved Blue Cross and Blue Shield medical policy guidelines and Medical Necessity requirements.

#### **PREFERRED BRAND DRUG**

A brand-name Prescription Drug which appears on the Basic Drug List.

#### **PREFERRED GENERIC DRUG**

A Generic Drug which appears on the Basic Drug List.

#### **PREFERRED SPECIALTY DRUG**

A Specialty Drug which appears on the Basic Drug List.

## **PRESCRIPTION DRUG**

A medicinal substance required by the Federal Food, Drug and Cosmetic Act to bear the following legend on its label: “Caution: Federal Law prohibits dispensing without a prescription.”

## **PRESCRIPTION ORDER**

A written order, and each refill, for a Prescription Drug issued by a Physician or other Provider.

## **PREVENTIVE CARE SERVICES**

- Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (“USPSTF”);
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (“CDC”) with respect to the individual involved;
- Evidenced-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”) for infants, children, and adolescents; and
- With respect to women, such additional preventive care and screenings, not described above, as provided for in comprehensive guidelines supported by the HRSA, including breast-feeding support, services and supplies and contraceptive services, as set forth in the *Comprehensive Health Care Services* section.

The Preventive Care Services described above may change as the USPSTF, CDC and HRSA guidelines are modified.

## **PRIOR AUTHORIZATION**

The process that determines in advance the Medical Necessity or Experimental, Investigational and/or Unproven nature of certain care and services under the Plan.

Prior Authorization does not guarantee that the care and services a Covered Person receives are eligible for Benefits under the Plan. At the time the Covered Person’s claims are submitted, they will be reviewed in accordance with the terms of the Plan.

## **PROPERLY FILED CLAIM**

A formal statement or claim regarding a loss which provides sufficient, substantiating information to allow the Claims Administrator to determine the Plan’s liability for Covered Services. This includes: a completed claim form; the Provider’s itemized statement of services rendered and related charges; and medical records, when requested by the Claims Administrator.

## **PROVIDER**

A Hospital, Physician or other practitioner or Provider of medical services or supplies licensed to render Covered Services and performing within the scope of such license.

## **PSYCHIATRIC HOSPITAL**

A Provider that is a state licensed Hospital that primarily specializes in the treatment of severe Mental Illnesses and/or substance abuse disorders.

## **QUALIFYING EVENT**

Any one of the following events which, but for the COBRA Continuation Coverage provisions of the Plan, would result in the loss of a Covered Person’s coverage:

- The death of the covered Employee;
- The termination (other than by reason of a covered Employee’s gross misconduct), or reduction of hours, of the covered Employee’s employment;
- The divorce or legal separation of the covered Employee from the Employee’s spouse;
- The covered Employee becoming entitled to benefits under Medicare;
- A Dependent child ceasing to be eligible as defined under the Plan.

**REGISTERED NURSE (RN)**

A licensed nurse with a degree from a school of nursing.

**RESIDENTIAL TREATMENT CENTER**

A state licensed and/or state certified facility that provides a 24-hour level of residential care to patients with long-term or severe Mental Illnesses and/or substance abuse disorders. This care is medically monitored, with 24-hour Physician availability and 24-hour onsite nursing services. It does not include half-way houses, wilderness programs, supervised living, group homes, boarding houses or other facilities or programs that provide primarily a supportive environment and address long-term social needs.

**RETAIL HEALTH CLINIC**

A health care clinic located in a retail setting, supermarket or Pharmacy which provides treatment of common illnesses and routine preventive health care services rendered by a Physician or other Provider.

**RETAIL PHARMACY VACCINATION NETWORK**

A network of Participating Pharmacies that have certified vaccination Pharmacists on staff who have contracted to administer vaccinations to Covered Persons.

**ROUTINE NURSERY CARE**

Ordinary Hospital nursery care of the newborn Covered Person.

**SKILLED NURSING FACILITY**

A Provider which mainly provides Inpatient skilled nursing and related services to patients who need skilled nursing services around the clock but who do not need acute care in a Hospital bed. Such care is given by or under the supervision of Physicians. A Skilled Nursing Facility is not, other than incidentally, a place that provides:

- Custodial Care, ambulatory or part-time care; or
- Treatment for Mental Illness, alcoholism, drug addiction, substance abuse or pulmonary tuberculosis.

**SPECIAL ENROLLMENT PERIOD**

A period during which an individual who previously declined coverage is allowed to Enroll under the Plan without having to wait until the Group's next regular Open Enrollment Period.

**SPECIALIST**

A Physician who provides medical services in any generally accepted medical specialty or sub-specialty, or a Physician licensed in any duly recognized special healing arts discipline who provides health care and services generally accepted within the scope of the Physician's license.

**SPECIALTY PHARMACY DRUGS**

Prescription Drugs that are high cost and generally prescribed for use in limited patient populations or indications. These drugs are typically injected, but may also include high cost oral medications. In addition, patient support and/or education and special dispensing or delivery may be required for these drugs; therefore, they are difficult to obtain via traditional Pharmacy channels. To determine which drugs are Preferred Specialty Drugs or Non-Preferred Specialty Drugs, refer to the Drug List on the Claims Administrator's Web site at [www.bcbsok.com](http://www.bcbsok.com) or call the Customer Service toll-free number on your Identification Card.

**SPECIALTY PHARMACY NETWORK**

A limited network of Participating Pharmacies that provide the following services to Covered Persons:

- access to high-cost medications that are used in limited populations;
- special dispensing, delivery and patient clinical support;
- guidance through complex reimbursement procedures for Specialty Pharmacy Drugs.

## SURGERY

- The performance of generally accepted operative and other invasive procedures;
- The correction of fractures and dislocations;
- Usual and related preoperative and postoperative care.

## THERAPY SERVICE

The following services and supplies ordered by a Physician or other Provider when used to treat and promote your recovery from an illness or injury, or that are provided in order for a person to attain, maintain or prevent deterioration of a skill or function never learned or acquired due to a disabling condition:

- **Radiation Therapy** — the treatment of disease by x-ray, radium or radioactive isotopes.
- **Chemotherapy** — the treatment of malignant disease by chemical or biological antineoplastic agents, but not including High-Dose Chemotherapy. High-Dose Chemotherapy is specifically addressed in certain sections under “*Human Organ, Tissue and Bone Marrow Transplant Services.*”
- **Respiratory Therapy** — introduction of dry or moist gases into the lungs for treatment purposes.
- **Dialysis Treatment** — the treatment of an acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body to include hemodialysis or peritoneal dialysis.
- **Infusion Therapy** — the administration of medication through a needle or catheter. Typically, “Infusion Therapy” means that a drug is administered intravenously, but the term also may refer to situations where drugs are provided through other non-oral routes, such as intramuscular injections and epidural routes (into the membranes surrounding the spinal cord). Infusion Therapy is prescribed when a patient’s condition is so severe it cannot be treated effectively by oral medications.
- **Physical Therapy** — the treatment by physical means, hydrotherapy, heat or similar modalities, physical agents, bio-mechanical and neuro-physiological principles and devices to relieve pain, to restore, attain or maintain maximum function, and to prevent disability or deterioration of a skill or function resulting from a disabling condition, disease, injury or loss of body part.
- **Occupational Therapy** — treatment of a physically disabled person by means of constructive activities designed and adapted to promote the person’s ability to satisfactorily accomplish the ordinary tasks of daily living and those required by the person’s particular occupational role.
- **Speech Therapy** — treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital and developmental anomalies or previous therapeutic processes.

## VIRTUAL VISITS

Covered Services appropriately delivered by a licensed Provider using technology-enabled health and care management and delivery systems that extend capacity and access as allowed by applicable law. Also known as telehealth or telemedicine.