

BENEFIT PLAN CHANGES

BlueSelect

Effective upon renewal on and after October 1, 2010 for current groups, the following changes will apply to this benefit plan:

BEHAVIORAL AND MENTAL HEALTH

The behavioral and mental health benefits covered under this benefit plan will be changed as follows:

Current Outpatient Services and Cost-Sharing: Currently, members pay the applicable physician office visit copay (per member, per provider, per day) when they receive outpatient behavioral and mental health services during an outpatient office visit to a physician provider in the BCBSAZ network. Members pay a copay per visit for outpatient services provided through the behavioral services administrator (BSA), regardless of where the services are performed.

New Outpatient Services and Cost-Sharing: Members will continue to pay the applicable office visit copay (per member, per provider, per day) when they receive outpatient behavioral and mental health services during a home or office visit with a professional provider in the BCBSAZ network. Cost-sharing will be waived for outpatient services provided in locations other than the home or office. Members will continue to pay a copay per visit for outpatient visits provided through the BSA when the services are provided in a home or office location. Copays will be waived when services provided through the BSA are provided in locations other than the home or office.

DEPENDENTS

Currently, unmarried adult children age 19 and older who are full-time students or participating in gratuitous humanitarian activities are eligible for coverage under this benefit plan until the adult child turns age 25, but lose coverage if they lose student status or cease the humanitarian activities. Now, children will be eligible for coverage under this benefit plan until the child turns age 26. Adult children between age 19 and 25 no longer have to be full-time students or engaged in gratuitous humanitarian activities to be eligible for coverage under this benefit plan. Children no longer have to be unmarried to be eligible for coverage under this benefit plan. Adult children cannot be eligible for other employer-sponsored health insurance coverage to be eligible for coverage under this benefit plan.

DURABLE MEDICAL EQUIPMENT (DME)

Currently, this benefit plan has a limit of one unit or one pair per member, per calendar year for prosthetic appliances and orthotics. This benefit plan will no longer have a limit of one unit or one pair of prosthetic appliances and orthotics per member, per calendar year.

EDUCATION AND TRAINING

Currently, this benefit plan has a limit of three nutritional counseling and training visits per member, per calendar year. This benefit plan will no longer have a three visit limit on nutritional counseling and training per member, per calendar year.

EOSINOPHILIC GASTROINTESTINAL DISORDER

Currently, this benefit plan has a per member, per calendar year maximum of \$20,000 for amino acid formula for members with EGID (if the formula is not the sole source of the member's nutrition). This benefit plan will no longer have a per member, per calendar year maximum of \$20,000 for formula for members with EGID.

HOME HEALTH

Currently, this benefit plan covers home health and home infusion medication administration services up to a maximum of 3 two-hour visits per member, per day. This benefit plan will no longer have per hour and per day visit limits on home health and home infusion medication administration services.

HOSPICE

Currently, this benefit plan has a 5 day limit (per 21 day period) on inpatient hospice respite care. This benefit plan will no longer have day limits on inpatient hospice respite care.

INPATIENT DETOXIFICATION

Currently, this benefit plan has a per member limit of one three day hospital admission per 24-month period for inpatient detoxification services. This benefit plan will no longer have limits on inpatient detoxification services.

INPATIENT EXTENDED ACTIVE REHABILITATION

Currently, this benefit plan has a per member, per calendar year limit of 120 days of EAR services. This benefit plan will no longer have a per member, per calendar year day limit on EAR services.

LONG-TERM ACUTE CARE

Currently, this benefit plan has a per member benefit plan maximum of 365 days of inpatient long term acute care services. This benefit plan will no longer have a benefit plan day limit on inpatient long term acute care services.

MEDICAL FOODS

Currently, this benefit plan has a per member, per calendar year maximum of \$5,000 for medical foods. This benefit plan will no longer have a per member, per calendar year maximum of \$5,000 for medical foods.

ROUTINE VISION EXAMS

Currently, this benefit plan has a limit of one routine vision exam per member, per calendar year. This benefit plan will no longer have a limit on routine vision exams.

SKILLED NURSING FACILITY SERVICES

Currently, this benefit plan has a per member, per calendar year limit of 180 days of SNF services. This benefit plan will no longer have a per member, per calendar year day limit on SNF services.

Federal and state statutes and regulations may require additional changes to this benefit plan. BCBSAZ will advise employer groups and members of any additional changes to this benefit plan required by applicable federal and state law.