

# **BENEFIT PLAN CHANGES**

## **BluePreferred Original 100%**

**Effective on and after January 1, 2009 for new groups and upon renewal for current groups, the following changes will apply to this benefit plan:**

### **BEHAVIORAL AND MENTAL HEALTH SERVICES**

Currently, members are responsible for in-network deductible and 50 percent coinsurance for covered outpatient and inpatient professional services received from in-network providers. Members will now pay in-network deductible, then BCBSAZ will pay 100 percent for covered outpatient and inpatient professional services received from in-network providers.

### **CATARACT SURGERY**

Currently, members have a benefit for one (1) pair of eyeglasses (\$100 maximum for eyeglass frames) or standard contact lenses, if prescribed within six (6) months of cataract surgery. Members will now have a combined benefit of \$250 for eyeglasses (including frames and lenses) or contact lenses, if prescribed within six (6) months of cataract surgery.

### **EXTENDED ACTIVE REHABILITATION (INPATIENT)**

This plan covers 120 days of inpatient extended active rehabilitation (EAR) services per member, per calendar year. Both in- and out-of-network EAR admissions count toward the 120-day calendar year limit.

Currently, members are responsible for in-network deductible and 50 percent coinsurance for days 61-120 of covered inpatient EAR services provided by an in-network facility. Members will now pay in-network deductible, then BCBSAZ pays 100 percent for days 61-120 of covered inpatient EAR services provided by an in-network facility.

Members will continue to pay out-of-network deductible and coinsurance plus the provider's balance bill for services provided by an out-of-network EAR facility.

### **INPATIENT HOSPITAL (CLAIMS FOR NEWBORN DEPENDENTS)**

Currently, BCBSAZ waives cost-sharing on certain newborn hospital claims in situations where the newborn and mother claims were historically filed as a single claim and cost-sharing applied to the mother. BCBSAZ will discontinue the practice of waiving cost-share on these newborn claims.

### **PREVENTIVE CARE; ROUTINE PHYSICAL EXAMS; MAMMOGRAPHY**

Services currently covered under the Preventive Care, Routine Physical Exams and Mammography benefits will now be covered under a combined benefit called Preventive Services. Currently, this benefit plan does not cover screening for abdominal aortic aneurysms and immunizations for foreign travel. Men ages 65-75 who have ever smoked will now have coverage for screening for abdominal aortic aneurysms. All members will have coverage for immunizations for foreign travel. All other services covered under this benefit will remain the same.

### **ROUTINE VISION**

Currently, members have discounts on eyewear and contact lenses available from network vision care providers. Members will no longer have access to discounts on eyewear and contact lenses through this benefit plan. Discounts on eyewear and contact lenses will continue to be available to members through the BCBSAZ HealthyBlue program. Members can go to [azblue.com](http://azblue.com) for more information on the HealthyBlue program.

Currently, members can return eyewear and contact lenses purchased from network vision care providers within thirty (30) days and receive a 50 percent refund if they are unhappy with the eyewear or contact lenses. This benefit will no longer be available to members through this benefit plan. Vision care providers may still offer refund policies on eyewear and contact lenses purchased from the vision care provider. Members should consult the vision care provider regarding their refund policy for eyewear and contact lenses.

Currently, network vision care providers can charge members a \$50 professional services fee for contact lens exams and fittings when the member does not purchase contact lenses from the vision care provider or the member purchases daily, weekly or monthly contact lenses. Vision care providers may continue to charge members a professional services fee for contact lens exams and fittings; the amount of the fee may vary depending upon the provider and will not be limited to \$50. Members should consult the vision care provider regarding any fees for contact lens exams and fittings.

**SKILLED NURSING FACILITY (INPATIENT)**

This plan covers 180 days of inpatient skilled nursing facility (SNF) services per member, per calendar year. Both in- and out-of-network SNF admissions count toward the 180-day calendar year limit.

Currently, members are responsible for in-network deductible and 50 percent coinsurance for days 91-180 of covered inpatient SNF services provided by an in-network facility. Members will now pay in-network deductible, then BCBSAZ pays 100 percent for days 91-180 of covered inpatient SNF services provided by an in-network facility.

Members will continue to pay out-of-network deductible and coinsurance plus the provider's balance bill for services provided by an out-of-network SNF facility.