

# NetCare Conversion

## Outline of Coverage

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# Benefit Summary

Regence BlueCross BlueShield of Utah,  
its non-insurer subsidiary, Regence ValueCare

This is a partial summary of benefits only and in the event of any inconsistency between this summary and Your Agreement, the terms of the Agreement will prevail. The Agreement contains a complete detail of benefits, limitations and exclusions, and also describes grievance procedures. Your provider network is the Preferred provider network. Regence BlueCross BlueShield of Utah is the insurer.

Utah NetCare Conversion		
BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
<b>Maximum Benefit</b>	\$2,000,000 per Enrollee	
<b>Calendar Year Deductible</b>	\$3,000 per Enrollee; \$6,000 per Family Unit	
<b>Out-of-Pocket Maximum</b>	\$5,000 per Enrollee; \$10,000 per Family Unit	
<b>Ambulance Services</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Chemotherapy and Radiation Treatment</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Durable Medical Equipment and Supplies, Prosthetic and Orthotic Devices</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Emergency Department (Including Professional Services)</b>	After Deductible and \$75 Copayment per visit, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible and Copayment, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Home Health Care/Home Infusion Therapy Services/Hospice Care</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Hospital - Inpatient Facility Care (Including Professional Services)</b> <ul style="list-style-type: none"> <li>Semi-Private Room Accommodations</li> <li>Related Services and Supplies</li> <li>Skilled Nursing Facility (SNF)</li> <li>Inpatient Rehabilitation</li> </ul>	After Deductible, We pay 80% and You pay 20%* of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Hospital - Outpatient Facility Care (Including Professional Services)</b> <ul style="list-style-type: none"> <li>Surgery and Related Services</li> <li>Diagnostic X-ray and Laboratory Services</li> </ul>	After Deductible, We pay 80% and You pay 20%* of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Major Diagnostic Tests</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Maternity Care</b>	You pay \$5,000 Copayment per pregnancy*(Deductible waived).	After Copayment, We pay 100% of Eligible Medical Expenses and You pay balance of billed charges** (Deductible waived).
<b>Mental Health Condition Services</b> <ul style="list-style-type: none"> <li>Limited to \$1,500 per Enrollee per Calendar Year</li> </ul>	After Deductible, We pay 50% and You pay 50% of Eligible Medical Expenses. 50% of Eligible Medical Expenses does not apply toward Out-of-Pocket Maximum.	After Deductible, We pay 50% of Eligible Medical Expenses and You pay balance of billed charges.** 50% of Eligible Medical Expenses does not apply toward Out-of-Pocket Maximum.
<b>Minor Diagnostic Tests</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Office or Clinic Visits for Injury/Sickness</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Office or Clinic Visits for Preventive Care</b> <ul style="list-style-type: none"> <li>\$300 per Enrollee per Calendar Year; unlimited for children age 5 and under</li> <li>Designated Adult Preventive and Well Baby Care</li> </ul>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**

\* If Eligible Medical Expenses for facility charges are greater than the billed charges, Your payment will be this percentage of billed charges.

# Benefit Summary

BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
<b>Outpatient and Office or Clinic Rehabilitation Services</b> <ul style="list-style-type: none"> <li>Limited to \$1,500 per Enrollee per Calendar Year</li> </ul>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Prescription Drugs</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Urgent Care Clinic</b>	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges.**
<b>Benefit Payments for Accidental Injury/ Life-Threatening Illness</b>	\$1,000 per Enrollee per Calendar Year for Eligible Medical Expenses received within 7 days after Accidental Injury or within 72 hours after onset of Life-Threatening Illness. When services are received from Non-Contracting Providers, You pay the balance of billed charges.**	
<b>Special Beginnings®</b>	You pay nothing.	
<b>BLUECARD PROGRAM</b>		
<p>When You receive Covered Services outside of Utah be sure to use Participating/BlueCard PPO Providers of the Blue Cross and/or Blue Shield Plan in the area where You receive the services. When You do, the amount You pay for Covered Services is usually calculated from the lower of:</p> <ul style="list-style-type: none"> <li>the actual billed charges for Your Covered Services, or</li> <li>the negotiated price that the host Blue Cross and/or Blue Shield Plan passes on to Us.</li> </ul> <p>Often, this “negotiated price” will consist of a simple discount, but sometimes it is an estimated final price that factors in expected settlements with Your health care provider or with a specified group of providers. The negotiated price may also be a discount from billed charges that reflects average expected savings. The estimated or average price may be adjusted to correct for over- or underestimation of past prices. In addition, laws in a small number of states require Blue Cross and/or Blue Shield Plans to use a basis for calculating Your payment for Covered Services that does not reflect the entire savings realized or expected to be realized on a particular claim. When You receive covered health care services in one of those states, Your required payment for those services will be calculated using that state’s statutory methods (see the Agreement for details).</p>		
<b>LIMITATIONS</b>		
<ul style="list-style-type: none"> <li>During the 12 months immediately following the date We received Your application, NO BENEFITS will be provided for Sterilization and a Preexisting Condition (“PEC”). Your limitation will be reduced by the aggregate periods of Creditable Coverage applicable to You as of the date We received Your application.</li> <li>A “Preexisting Condition” is a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the date We received Your application. See the Agreement for details regarding crediting of coverage.</li> <li>Limited coverage is available for certain solid organ transplants and bone marrow and stem cell transplants (see the Agreement for details).</li> </ul>		
<b>WHAT IS NOT COVERED – This is only a partial summary of exclusions. The Agreement contains a complete list of exclusions.</b>		
<ul style="list-style-type: none"> <li>Artificial heart, pancreas, or liver implants; bone marrow transplants except in the treatment of certain conditions (see Agreement for details)</li> <li>Certain treatments of mental disorders; for example biofeedback, sensitivity training, hypnosis, family or marital problems, behavior disorders, psychosexual dysfunction, learning disabilities, mental retardation (see the Agreement for complete details)</li> <li>Cosmetic surgery; weight-loss treatment, including but not limited to surgical procedures and their reversals or revisions</li> <li>Counseling services, training or educational services, or services received to apply toward earning a degree</li> <li>Custodial care; Over-the-counter drugs and medicines (see the Agreement for exceptions)</li> <li>Experimental or investigational treatments or procedures</li> <li>Genetic studies; non-prescription contraceptives; reversal of sterilization; re sterilization; artificial insemination; and in vitro fertilization</li> <li>Massage therapy; music, art, dance, or recreation therapy</li> <li>Physical fitness exercise equipment and spa or club memberships</li> <li>Services covered by Workers Compensation, government-sponsored programs and other insurance (such as no-fault automobile insurance)</li> <li>Services determined by Us to be not Medically Necessary</li> <li>Services for temporomandibular joint (TMJ) dysfunction; dental care; jaw surgery for augmentation or reduction; appliances or restorations to increase vertical dimensions or to restore occlusion</li> </ul>	<ul style="list-style-type: none"> <li>Services for which the Claimant has no legal obligation to pay</li> <li>Services provided before the coverage begins or after coverage ends</li> <li>Services provided for or in connection with a non-Covered Service, including complications resulting directly from non-Covered Services</li> <li>Services rendered by a member of the patient’s immediate family</li> <li>Services not licensed in Utah; Treatments or procedures outside generally accepted health care practice including holistic, homeopathic, ecological or environmental medicine; acupuncture</li> <li>Services not specifically listed in the Agreement as covered</li> <li>Services rendered by halfway houses, public or private schools</li> <li>Services provided for or in connection with erectile dysfunction</li> <li>Surgical correction of refractive errors of vision; eyeglasses, hearing aids or similar devices; routine foot care; corrective shoes and shoe accessories; personal convenience or hygiene items; special formulas, food supplements, or special diets</li> <li>Taxes, surcharges, tariffs, duties, assessments, or similar charges</li> <li>Telephone consultations, “missed” appointments, travel expenses, shipping, handling, postage, interest or finance charges</li> <li>Treatment of Illness or Injury caused by participation in illegal acts of violence; and services provided as a result of a court order or for other legal proceedings</li> <li>Vision and hearing examinations and/or preventive medical care, except as specifically provided</li> </ul>	

\*\*Of the balance of billed charges, which You pay, amounts in excess of Eligible Medical Expenses do not apply toward Your Out-of-Pocket Maximum.

**myRegence.com** is designed to advise you on health care and lifestyle options, navigate you through the health care system, and reward you who make healthy choices. Go to **www.myRegence.com** and view claims; get fitness and nutrition tips; learn about medical conditions, medications and formulary information; search for doctors; and research cost and care options.

## General Information

This outline of coverage is a brief description of the important features of your Health Care Agreement. This outline of coverage is not the insurance contract and only the actual provisions of the Health Care Agreement will control. After you are accepted, a Health Care Agreement and member card will be mailed to you. Please read your Health Care Agreement carefully. The Health Care Agreement itself sets forth in detail the rights and obligations of both you and Regence BCBSU. It is, therefore, important that you READ YOUR HEALTH CARE AGREEMENT CAREFULLY.

This plan is designed to provide coverage for major hospital, medical, and surgical expenses incurred as a result of a covered illness or injury. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any Deductibles, Copayments, Coinsurance, or other limitations which may be set forth in the Health Care Agreement.

## This is NOT a Medicare Supplement Contract

If you or a family member become eligible for Medicare, you should review the Medicare Supplement Buyer's Guide available from Regence BCBSU. If you choose to continue coverage under the Health Care Agreement and Medicare, the benefits of the Health Care Agreement shall be reduced by any amounts paid by Medicare.

## Your Rights to Waive PEC Waiting Periods

Federal and state health insurance regulations provide portability (reduction or elimination of the pre-existing condition (PEC) waiting period because of prior coverage) for certain individuals and families who meet the established guidelines. Refer to Special Notices on the last page of this booklet or contact Regence BCBSU Customer Service at (801) 333-2100 or toll-free at 1 (800) 624-6519 for more information about these regulations and how they may affect your rights to receive credit toward your PEC waiting period.

## What is Covered

Benefits are available for these services and supplies when Medically Necessary.

## Inpatient and Outpatient Hospital/Skilled Nursing Facility

- Semi-private room accommodations
- Ancillary services and supplies
- Emergency room services
- Dialysis treatment and respiration therapy
- Chemotherapy and radiation therapy
- X-ray and laboratory services
- Inpatient rehabilitation

## Home Health Care/Home Infusion Therapy Services

- Home Health Care services provided in the Enrollee's home
- Home Infusion Therapy services provided in the Enrollee's home
- Other services and supplies

## Physician Services

- Surgical services
- Assistant surgeon services
- Anesthesia services
- Inpatient medical services
- Outpatient medical services
- Diagnostic services
- Chemotherapy and radiation therapy
- Outpatient rehabilitation and chiropractic services (physical, speech, and occupational therapies and chiropractic care limited to \$1,500 per Enrollee per Calendar Year)
- Consultations
- Preventive services for adults and children age 6 and over (limited to \$300 per Enrollee per calendar year)
- Dental services for Accidental Injury
- Skilled nursing services
- Dialysis treatment and respiration therapy
- Mental Health Condition (including drug/alcohol use/abuse) services (limited to \$1,500 per Enrollee per calendar year)

## Prescription Drugs

Outpatient prescription drugs are covered at 80% coinsurance level after the medical deductible per calendar year has been met. Your member card serves as a discount card at participating pharmacies.

## Other Services

- Durable Medical Equipment
- Medical/surgical supplies
- Ambulance services
- Inpatient/Outpatient Maternity Care (subject to \$5,000 copay per pregnancy)

## Diabetic Supplies and Educational Benefits

Diabetic supplies (including needles, syringes, test strips, lancets, and other disposable diabetic supplies) are covered under a Prescription Drug Rider issued in conjunction with the basic policy, if applicable, or under the basic policy benefit for Durable Medical Equipment and supplies. Diabetic education received through an accredited or certified diabetic education program is also covered.

Continued...

## Transplants

Coverage is available for kidney, cornea, heart, heart/lung, lung, liver, and pancreas transplants, and bone marrow transplants for certain conditions (see the Health Care Agreement for details).

## MAT/HSCS

Coverage is available for Myeloablative Therapy (MAT) With Hematopoietic Stem Cell Support (HSCS) For Malignancies. Specific criteria must be met for coverage to be provided. Prenotification is required.

## Preventive Services (limited)

- Children through age 5:
  - Ten professional examinations in the first 24 months of life and four professional examinations per child per year from age 2 through age 5 years, including routine diagnostic tests
- Children age 6 through 17:
  - Childhood immunizations covered through age 17 years. \$300 Maximum Benefit limit does not apply
- Adults and children 6 years and older:
  - Maximum Benefit \$300 per Enrollee per Calendar Year
- Enrollees over age 5 years:
  - One routine physical examination each year
  - One Pap smear each year
  - One prostate specific antigen (PSA) test each year for an Enrollee 40 years or older
  - Mammography screening in accordance with the following:
    - › One baseline screening for an Enrollee 35 through 39 years; or
    - › One screening each year for an Enrollee 35 through 39 years with documentation that the Enrollee has an inherited predisposition for cancer of the breast; or
    - › One screening each year for an Enrollee 40 years of age or older
- Enrollee 40 years of age or older:
  - Annual test of the stool for occult blood
  - Sigmoidoscopy or colonoscopy every 5 years
  - Specified adult immunizations
  - One bone density scan each year

## Membership Advantages

This Plan offers additional valuable services such as healthy lifestyle and wellness incentives. With your member card you have access to **myRegence.com**, powered by the Regence Engine®, an interactive Web-based tool that can help you navigate through health care decisions. Use the **myRegence.com** Web site to view recent claims, receive personalized health care planning information and support,

find information on local health-related events, and use the innovative decision tools for annual planning. It is a health power source that can help you lead a healthy lifestyle and become a well-informed health care consumer. THESE ADDITIONAL VALUABLE SERVICES ARE A COMPLEMENT TO THIS PLAN, BUT ARE NOT INSURANCE.

## Limitations

During the 12-month limitation period following the Enrollee's application for coverage, NO BENEFITS will be provided for:

- Pre-existing conditions which are physical or mental conditions (including but not limited to pregnancy), for which medical advice, diagnosis, care, or treatment was recommended or received within 6 months prior to the Effective date;
- Sterilization (e.g., vasectomy, tubal ligation).

We will reduce the duration of the 12 month waiting period by the amount of your combined periods of Creditable Coverage if you have been covered by Qualifying Coverage, provided there is no break in coverage greater than 63 days immediately preceding your application for coverage under this Agreement. Coverage may be concurrent.

Qualifying Coverage means only the following: group coverage (including self-funded plans); individual coverage (including student health plans); S-CHIP; Medicaid; Medicare; CHAMPUS/Tricare; Indian Health Service or tribal organization coverage; state high risk pool coverage; and public health plans (including foreign government and US government plans).

## Coverage for Job or Work-Related Claims or Illnesses

Normally, job or work-related claims that are paid under any workers' compensation or employer liability insurance are excluded from coverage under the Health Care Agreement. However, if you are not required by law to be covered under workers compensation insurance, coverage may be available for the cost of care and treatment related to such a claim, in accordance with the terms, conditions, limitations, and exclusions of the Health Care Agreement. Coverage under the Health Care Agreement will be evaluated at the time a claim for such care and treatment is received by Regence BCBSU and may require additional information from you to determine your entitlement to coverage under the Health Care Agreement.

## Exclusion Examples

The following examples of limitations and exclusions are included to illustrate the types of conditions, treatments, services, supplies or accommodations that may not be covered under the Health Care Agreement, including related secondary medical conditions and are not inclusive.

- charges in connection with reconstructive or plastic surgery that may have limited benefits, such as, a chemical peel that does not alleviate a functional impairment;

- complications relating to services and supplies for, or in connection with, gastric or intestinal bypass, gastric stapling, or other similar surgical procedure to facilitate weight loss, or for, or in connection with, reversal or revision of such procedures, or any direct complications or consequences thereof;
- complications by infection from a cosmetic procedure, except in cases of reconstructive surgery:
  - when the service is incidental to or follows a surgery resulting from trauma, infection or other diseases of the involved part; or
  - related to a congenital disease or anomaly of a covered dependent child that has resulted in functional defect;
- complications relating to services, supplies or drugs which have not yet been approved by the United States Food and Drug Administration (FDA) or which are used for purposes other than the FDA-approved purpose; or
- complications that result from an Injury or Illness resulting from active participation in illegal activities.

## Exclusions

No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, or for any direct complications or consequences thereof. However, these exclusions shall not apply with regard to an otherwise Covered Service for an Injury, if the Injury results from an act of domestic violence or a medical condition (including physical and mental) and regardless of whether such condition was diagnosed before the Injury, as required by federal law.

## Alternative Care

- Acupuncture and acupressure
- Holistic and homeopathic treatment
- Massage or massage therapy
- Naturopathy
- Faith healing
- Milieu therapy
- Hypnosis
- Sensitivity training
- Behavior modification
- Biofeedback
- Electrohypnosis, electrosleep therapy, or electronarcosis
- Ecological or environmental medicine
- Other therapies: scream therapy; psychic surgery, channeling, sensory deprivation; rolfing; thermography; music, art, dance, or recreation therapy; crystal therapy; and hypertherapy (therapeutically induced fever) for the treatment of cancer

## Appliances or Restorations Necessary to Increase Vertical Dimension or Restore Occlusion

### Automobile Personal Injury Protection Coverage

Services and supplies for the treatment of an Injury or Illness that are the responsibility of any automobile personal injury protection ("PIP") coverage, including:

- Coverage up to the minimum amount required by state or federal law, regardless of whether or not such coverage is in force
- Any amount of coverage carried in excess of the minimum amount required by state or federal law, regardless of whether or not the Enrollee files a claim for benefits under such coverage

### Benefits Not Stated

Services and supplies provided for which there is no stated benefit under the Agreement. When a non-covered service or supply is performed or received at the same time as a Covered Service, then only the portion of charges relating to the Covered Service will be considered eligible for payment under this Agreement.

### Birth Control/Infertility

Services and supplies in connection with the following:

- Non-prescription contraceptives
- Reversal of voluntary surgically performed sterilization or subsequent re-sterilization
- Artificial insemination or in vitro fertilization
- Infertility, except to the extent Covered Services are required to diagnose such condition
- Fertility drugs and medications

### Charges That Exceed Eligible Medical Expenses

Any charge for services and supplies that exceed Eligible Medical Expenses.

### Cosmetic/Reconstructive Services and Supplies

Cosmetic and/or Reconstructive services and supplies (including direct complications or consequences thereof), including blepharoplasty and otoplasty, except in the case of surgery that is:

- Performed to restore a physical bodily function
- Related to an Accidental Injury
- Related to breast Reconstruction following a Medically Necessary mastectomy to the extent required by law

Cosmetic means services or supplies that are applied to normal structures of the body primarily for the purpose of improving or changing appearance.

## Continued...

Reconstructive means services, procedures, and surgery performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to restore function, but may also be done to approximate a normal appearance.

For the purposes of this Agreement, psychological factors (for example, poor self-image, difficult social or peer relations) are not relevant and are not considered a physical bodily function.

## Counseling

Charges for counseling an Enrollee, including the following:

- Marital counseling
- Family counseling
- Educational, social, occupational, or religious counseling
- Counseling in the absence of Illness or Injury
- Counseling with a patient's family, friend(s), employer, school counselor, or school teacher

This exclusion does not apply to services for counseling an Enrollee when incidentally provided, without separate charge, in connection with Covered Services.

## Court-Ordered or Court-Related Services/ Services in Connection with Legal Proceedings

Services, supplies, examinations, reports, or appearances in connection with legal proceedings or court ordered or court-related services.

## Custodial, Domiciliary and Convalescent Care, and Residential Treatment

Custodial Care, domiciliary care, convalescent care (other than extended care), rest cures, and services provided for or in connection with institutional care which is for the primary purpose of controlling or changing the Enrollee's environment. Also excluded is residential treatment, regardless of the condition or diagnosis for which the Enrollee is admitted and regardless of the program or treatment being received.

Custodial Care means care that mainly provides room and board (meals), or if it is for a physically or mentally disabled person who is not receiving care specifically to reduce the disability so that the person can live outside a medical care facility or nursing home. No matter where the person lives, care is considered Custodial Care if it is non-skilled nursing care, training in personal hygiene, other forms of self-care, supervisory care by a Provider, or care provided by a health-care facility licensed by the State of Utah as an assisted living facility, hospice, residential health-care facility, or small health-care facility, or that is similarly licensed by the state in which it is located.

## Dental Services

Dental Services, unless the Agreement specifically covers them.

## Erectile Dysfunction

Services and supplies for or in connection with erectile dysfunction, regardless of its origin.

## Expenses Incurred Before Coverage Begins or After Coverage Ends

Services and supplies incurred before enrollment under the Agreement or after termination under the Agreement.

## Experimental or Investigational Services

Experimental or investigational treatments or procedures; and services, supplies, and accommodations provided in connection with experimental or investigational treatments or procedures. A treatment or procedure will be considered experimental or investigational if reasonable and substantial scientific evaluation has not been completed, effectiveness has not been established, or the procedure or treatment has not been accepted and generally used by the medical Provider community for a period of 5 years. Our Medical Director will determine whether a treatment or procedure is experimental or investigational. The absence of any alternative treatment or procedure or any effective non-experimental or non-investigational treatment or procedure for an Illness or Injury shall not make or be deemed to make an experimental or investigational treatment or procedure a Covered Service.

## Fees, Taxes, Interest, etc.

Charges for shipping and handling, postage, interest or finance charges that a Provider might bill. We also do not cover excise, sales, or other taxes; surcharges; tariffs; duties; assessments; or other similar charges whether made by federal, state, or local government, or by another entity, unless required by law.

## Foot Care

Foot care, including but not limited to:

- Treatment of corns and calluses
- Trimming of nails (we do cover surgery for ingrown toenails)
- Foot impression casting including x-rays
- Nonsurgical treatment of bunions, flat feet, fallen arches, weak feet, chronic foot strain, or other symptomatic complaints of the foot
- Arch supports
- Special shoe accessories
- Foot orthotics other than Medically Necessary foot orthotics immediately following foot surgery

## Gastric Procedures

Services and supplies for or in connection with gastric or intestinal bypass, gastric stapling, or other similar surgical procedure, or for or in connection with reversal or revision of such procedures, or any direct complications or consequences thereof.

## Genetic Services

Services and supplies for or in connection with nucleic acid level genetic studies or for genetic alteration. This exclusion does not apply to chromosomal analysis.

## Growth Hormone

Growth hormone therapy once bone growth is complete.

## Hearing Treatment

Routine hearing examinations, cochlear implants, programs, or treatment for hearing loss, including but not limited to hearing aids (internal or external); implantable hearing aids and the surgery and services necessary to implant them.

## High Risk Activities

Services and supplies for injuries sustained in:

- Aviation accidents (including accidents occurring in flight or in the course of take-off or landing), unless You are a passenger on a scheduled commercial airline flight; and
- The course of parachuting or hang-gliding.

## Mental Health Treatment

Care or treatment of the following:

- Marital or family problems
- Social, occupational, religious, or other social maladjustment
- Conduct disorders
- Chronic situational reactions

## Military Service-Related Conditions

Services and supplies for treatment of an Illness or Injury caused by or incurred during service in the armed forces of any state or country.

## Obesity or Weight Reduction/Control

Medical or surgical treatment (including reversals), programs, or supplies that are intended to result in weight reduction, regardless of diagnosis or psychological conditions.

## Orthognathic Surgery

Services and supplies to change the position (augmentation or reduction procedures) of a bone of the upper or lower jaw (orthognathic surgery).

## Other Party Liability

Services and supplies for treatment of Illness or Injury for which a third party is responsible, including:

- Any work related Injury or Illness, including any claims that are resolved pursuant to a disputed claim settlement
- An automobile medical, personal injury protection ("PIP"), automobile no-fault, underinsured or uninsured motorist coverage, homeowners coverage, commercial premises coverage, or similar contract or insurance, when such contract or insurance is issued to or makes benefits available to an Enrollee, whether or not the Enrollee, if eligible, files a claim for benefits under such coverage.

## Personal Comfort Items

Items that are primarily used for personal comfort or convenience, contentment, personal hygiene, aesthetics, or other nontherapeutic purposes. For example, We do not cover telephones, television, and guest meals while in a facility if they are charged separately from the cost of the room.

## Personality Disorder, Learning Disability, etc.

Care or treatment of chronic organic brain syndrome, personality disorder, learning disability, or mental retardation, except to the extent Covered Services are required to diagnose such conditions.

## Physical Exercise Programs and Equipment

Physical exercise programs or equipment, including hot tubs, or membership fees at spas, health clubs, or other such facilities whether or not the program, equipment, or membership is recommended by the Enrollee's Provider.

## Preparation of Forms/Missed Appointments

Charges for preparing medical reports, itemized bills or claims forms; appointments scheduled and not kept ("missed appointments").

## Prescription Drugs And Other Medications

Outpatient prescription drugs and over-the-counter drugs and medications (except as may be provided in the Agreement), vitamins, minerals, special formulas, food supplements, or special diets, except as provided by a Hospital or Skilled Nursing Facility during a confinement for which benefits are available and as required for inborn metabolic errors.

## Private Duty Nursing

Private duty nursing or hourly nursing services, including ongoing hourly shift care in the home.

## Psychoanalysis/Psychotherapy

Psychoanalysis or psychotherapy credited toward earning a degree or furthering an Enrollee's education or training.

Continued...

### **Riot, Rebellion, War and Illegal Acts**

Services and supplies for treatment of an Illness or Injury caused by an Enrollee's voluntary participation in a riot or war, insurrection, rebellion, armed invasion or aggression, commitment of an illegal act or felony.

### **Routine Physical Examinations, Tests, Screening Procedures, and Immunizations**

Unless specifically described as a benefit under the Agreement, routine physical examinations, including tests, screening procedures, and immunizations when the Enrollee has no symptoms of Illness or Injury (for example, cancer screening tests and general health screening tests). We will, however, cover tetanus or rabies vaccinations administered in connection with an Accidental Injury.

### **Self-Help, Self-Care, Training, or Instructional Programs**

Self-help, non-medical self-care, training, educational, or instructional programs. Unless specifically described as a benefit, this includes diet and weight monitoring services, instruction programs including those to learn how to self-administer prescriptions or nutrition, and programs that explain how to use Durable Medical Equipment or how to care for a person in the family. This exclusion does not apply to services for training or educating an Enrollee when incidentally provided, without separate charge, in connection with Covered Services.

### **Services and Supplies for Which No Charge is Made or No Charge is Normally Made**

Services and supplies for which an Enrollee is not required to make payment or for charges that in the absence of this Agreement there would be no obligation to pay. This would include but is not limited to:

- Services or supplies for which an Enrollee cannot be held liable because of an agreement between the Provider rendering the service and another third party payor which has already paid for such service or supply; and
- Services for which the Enrollee incurs no charge or has no legal obligation to pay.

### **Services and Supplies Otherwise Available from a Governmental Agency or Program**

Services and supplies to the extent benefits are provided or covered by any governmental agency (for example, a federal hospital or the Veterans Administration), unless reimbursement under the Agreement is otherwise required by law. Also excluded are services covered by programs created by the laws of the United States, any state, or any political subdivision of a state, or which would be so covered except for coverage under this Agreement.

### **Services and Supplies Provided by a Member of Your Family**

Services and supplies provided to You by a member of Your Immediate Family. For purposes of this provision, "Immediate Family" means parents, spouse, children, siblings, half-siblings, in-laws, or any relative by blood or marriage.

### **Services and Supplies Provided by a School or Halfway House**

Services and supplies provided by any public or private school or halfway house, or by their employees and services provided solely to satisfy institutional requirements.

### **Services and Supplies Provided Outside Utah**

Services and supplies provided outside of Utah that would not have been licensed in Utah, or that may not be legally provided in Utah.

### **Services and Supplies that are NOT Medically Necessary**

Services and supplies that are not Medically Necessary for the treatment of an Illness or Injury except for preventive care benefits if specifically provided under the Agreement.

### **Services, Supplies and Drugs NOT yet Approved by the FDA**

Services, supplies or drugs which have not yet been approved by the United States Food and Drug Administration (FDA) or which are used for other than its FDA-approved purpose.

### **Sexual Counseling, Treatment, or Surgery**

Counseling, treatment (including drugs), or surgery for sexual dysfunction, including but not limited to transsexualism, psychosexual identity disorder, psychosexual disorder or gender dysphoria.

### **Temporomandibular Joint (TMJ) Dysfunction Treatment**

Services and supplies provided in connection with temporomandibular joint (TMJ) dysfunction other than surgical correction of the TMJ required as a result of an Accidental Injury.

### **Tobacco Addiction Treatment**

Treatment of tobacco addiction, including supplies for addiction to tobacco, tobacco products, or nicotine substitutes.

### **Travel and Transportation Expenses**

Travel and Transportation expenses other than covered Ambulance Services provided under the Agreement.

## Treatment, Procedures, Techniques or Therapies Outside Accepted Health Care Practice

Treatment or prevention of Illness or Injury by means of treatments, procedures, techniques or therapies outside generally accepted health-care practice, as determined by Us.

### Vision Care

Services and supplies related to vision care, unless specifically described as a benefit under the Agreement, including but not limited to:

- Routine screening examinations or assessment for refractive error
- The fitting, provision, or replacement of eyeglasses
- Contact lenses, including contact lens checks, except for the first intraocular lenses following cataract surgery
- Visual therapy, training, and eye exercises
- Vision orthoptics
- Vitamin therapy for vision
- Fundus photography
- Surgical procedures to correct refractive errors/astigmatism. Additionally, reversals or revisions of surgical procedures which alter the refractive character of the eye are excluded

### Visits or Consultations that are not In-Person

Any telephone, internet (or other electronic communication, including tele-medicine) visits or consultations, whether initiated by You or Your Provider.

### Eligibility

You will be eligible for NetCare Conversion coverage if Regence provided your prior group coverage and if:

- You were continuously covered by the group's policy for a period of 3 months prior to termination of coverage.
- You have exhausted your COBRA, mini-COBRA or alternative continuation coverage. If your employer no longer offers group coverage, therefore eliminating the possibility of COBRA, mini-COBRA or alternative continuation coverage, you may go directly to a conversion policy.
- You have not acquired or are not covered by any other group coverage that covers all pre-existing conditions, including maternity.
- You reside in the state of Utah. If you reside in another state, you may be eligible for conversion coverage through the local Blue Cross and/or Blue Shield plan.
- A newly issued conversion policy will cover the Subscriber and all dependents covered by the group policy at the date of termination of the group coverage, unless eligible for Medicare, over age 65 or an adult child up to age 26. The only dependents that may be added after the conversion policy has been issued are:

- Children and dependents that are born or adopted as described by state law
- A child under age 18 years of age for whom health insurance coverage is required by a court or administrative order

### Termination

Coverage will terminate in the event of:

- Failure to pay premiums
- Establishment of residence outside Utah
- Fraud or material misrepresentation
- Loss of dependent eligibility

Your coverage cannot be terminated for health reasons.

- Regence BCBSU has the right to terminate the Health Care Agreement if Regence BCBSU:
- Eliminates coverage under the Health Care Agreement for all Subscribers (in which case Regence BCBSU shall provide ninety (90) days prior written notice to all Members covered under the Health Care Agreement and shall make available to the Subscriber, without regard to the claims experience or health status of any Enrollee, the option to purchase any other individual policy being offered by Regence BCBSU or an affiliate of Regence BCBSU for which they qualify)
- Elects not to renew all health benefit plans issued to individuals in Utah, in which case, Regence BCBSU shall provide 180 days prior written notice to all members covered under the Health Care Agreement.

### Preferred Providers

Regence BCBSU has a special arrangement with most physicians, hospitals and other health-care providers in Utah. One of the advantages of this special arrangement is the simple way your claims are handled when you receive services from Preferred Providers. When you receive Covered Services from a Preferred Provider, present your member card and furnish any additional information required. The Preferred Provider will provide to Regence BCBSU the necessary forms and information to process your claim. Regence BCBSU will pay the Preferred Provider directly for Covered Services.

Another advantage of this special arrangement with Preferred Providers is that when Eligible Medical Expenses (EME) (the amount Preferred Providers have agreed to accept as full payment for Covered Services) are less than the amounts actually billed by the Preferred Provider, the Preferred Provider will accept the amount of Eligible Medical Expenses as payment in full. Your share of Eligible Medical Expenses is the amount you must pay for Deductible, Copayment, and Coinsurance stated in the Health Care Agreement.

## Continued...

You will be responsible for the total billed charges for benefits in excess of Lifetime or Calendar Year benefit maximums, if any, and for charges for any other service or supply not covered under the Agreement, regardless of the Provider rendering such service or supply.

### Out-of-Area (BlueCard Program)

When you obtain health-care services through the BlueCard Program outside the geographic area Regence BCBSU serves, the amount you pay for Covered Services is usually calculated from the lower of:

- The actual billed charges for your Covered Services, or
- The negotiated price that the host Blue Cross and/or Blue Shield Plan passes on to Regence BCBSU.

Often, this “negotiated price” will consist of a simple discount. But sometimes it is an estimated final price that factors in expected settlements or other non-claims transactions with your health-care provider or with a specified group of providers. The negotiated price may also be a discount from billed charges that reflects average expected savings. The estimated or average price may be prospectively adjusted to correct for over- or underestimation of past prices.

In addition, laws in a small number of states require Blue Cross and/or Blue Shield Plans to use a basis for calculating your payment for Covered Services that does not reflect the entire savings realized or expected to be realized on a particular claim. When you receive Covered Services in one of those states, the required payment for those services will be calculated using that state’s statutory methods.

### Non-Preferred Providers

Most payments for Covered Services provided by a Non-Preferred Provider will be made directly to you. You will be responsible to ensure that the Non-Preferred Provider is reimbursed in full. You cannot assign or transfer the benefits of this plan to a Non-Preferred Provider or to any other person or entity. Such an assignment will be null and void. You should note that the charges of a Non-Preferred Provider might exceed Eligible Medical Expenses. The Plan does not cover such excess charges and they do not apply toward your Out-of-Pocket Maximum.

For you to receive benefit payments for Covered Services provided by a Non-Preferred Provider, you may need to submit your own claim. In that case, obtain an itemized statement from the Non-Preferred Provider, attach it to a claim form, and submit it to Regence BCBSU. Be sure to include your name, age, sex, contract (identification) number, and any other information requested by Regence BCBSU. Claim forms can be obtained from our website [www.regence.com](http://www.regence.com) or by contacting our Member Services Department at (801) 333-2100 or toll-free at 1(800) 624-6519.

The image shows a template for a Regence BCBSU member card. At the top left is the Regence logo with the text "Regence" and "Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association". At the top right is a PPO logo with the number "410/910" below it. Below the logos are fields for "Subscriber Name", "Identification Number", "Coverage", "Effective Date", "Group Number", and "Status". At the bottom, there are checkboxes for "Dntl", "RX", "ER", "OV", "Ded", "IP", and "OP". A line from the "Ded" checkbox points to a text box below the card.

**Indicates Preferred (ValueCare/ PPO) Provider Network**

### Member Card

Your member card is issued after you have been accepted into this Health Care Plan. You will receive it when you receive your Health Care Agreement. When you or your enrolled family members require medical or hospital attention, just present your member card. Key information is contained on your card that assists in proper handling of your claim.

With the NetCare Conversion plan, your member card serves as a discount card for the purchase of Prescription Drugs at Participating Pharmacies.

### Changes in Family Status and Address

To change your status as a result of divorce or death, to add an eligible dependent or to change your address, use our Change Form E-27. A Change Form E-27 can be obtained from our website [www.regence.com](http://www.regence.com) or by contacting our member services department at (801) 333-2100 or toll-free at 1 (800) 624-6519.

### Other Party Liability

If another party is responsible for your Illness or Injury, the benefits paid under this program may be subject to subrogation. Subrogation means that Regence BCBSU will recover the amounts it has paid in benefits out of the proceeds of any settlement or judgment that you receive as a recovery from the other party, whether or not you are made whole by the recovery and whether or not the recovery includes any amount for Covered Services.

### Coordination of Benefits

When you or your family members are also enrolled in another health plan, payments for Covered Services will be determined by coordinating the benefits of the two programs. Dual coverage will provide the maximum benefits to which you are entitled while preventing payment duplication. The primary health plan pays the full benefits covered under its program, and then the secondary health plan may reduce its benefits. In no event will payment be made in excess of expenses incurred.

## Appeals Process

A fair and well established multi-level process is available to you to resolve any complaints or grievances regarding a claim denial or other action by Regence BCBSU with internal and external reviews. Refer to the Health Care Agreement for further information.

## Enrollment

After carefully reading this brochure and deciding to apply for coverage, you should complete the Conversion Enrollment Form and return it to Regence BCBSU. Premiums are determined by the gender and age of the adult insured(s), and the number of children, if any, covered under the policy.

We rely on the information you provide for yourself and your dependents, so the information must be complete and accurate for each person to be enrolled. Acceptance of your application is based upon the prior insurance status of you and your family members.

## Policy Effective Date

Your conversion policy becomes effective at the time the insurance under your group policy terminates due to exhaustion of continuation of coverage.

## Payment of Premiums

Premiums are payable to Regence BCBSU. If premiums are not fully paid within 30 days after the due date, coverage under the Health Care Agreement is automatically terminated effective with the due date of the unpaid premiums. You will be notified of any increase or decrease in premiums 30 days in advance of the change. Rate adjustments typically occur once each year (currently in July, but subject to change), and apply to all individual and family plans in-force on the effective date of the adjustment, regardless of the date the Agreement was issued.

Regence BCBSU can change your premium or modify your benefits only if it does so for all Subscribers in your class. The amount of your premium is in accordance with the rate schedules in effect at the time of coverage and is based on the gender and age of the adult insured(s), and number of children, if any, covered under the policy. You will not receive separate advance notice of premium changes due to your age change.

## Payment Plan Options

When completing your Application and Health Statement, select one of the following payment options and indicate your choice on the application form.

## Monthly SurePay

SurePay allows you to have your premium withdrawn automatically each month from your personal checking or savings account. Payments are made monthly rather than quarterly, making your budgeting process easier. SurePay eliminates postage costs, as well as the time and expense of writing checks.

## Quarterly Bill

If you choose, you can receive a quarterly billing, mailed to your home address as indicated on your application. When your policy is issued we will make a bill for your first quarterly premium and you will be billed on a quarterly basis thereafter. The enclosed rate table shows monthly premiums. If you choose the quarterly bill, multiply the monthly premium by three. There is no additional charge for the quarterly billing option.

## Ten-Day Review Period

You will have ten (10) days after you receive the Regence BCBSU Agreement to review the provisions of the Agreement and to review the benefits, limitations, and exclusions of the plan before acceptance. You may cancel within the 10-day review period and receive a full refund of your premium. There is no provision for premium refund after the 10-day review period. If your premium is refunded, the Regence BCBSU Agreement shall be void from the Effective Date.

# NetCare Conversion Frequently Asked Questions

## What is coinsurance?

Coinsurance is a way for members to share the cost of health care with us to keep premiums affordable. An example is when we pay 70% of health-care costs, the enrollee will pay the remaining 30%.

## Can I cover my entire family?

Only family members who were covered on your previous group policy are eligible for coverage under this conversion policy. Eligible dependents include your spouse and children 2 weeks to age 26 who are primarily dependent on you for support, including children for whom you are required by a court or administrative order to provide health insurance coverage. Children who are older than 26 and do not fall under our definition of "dependent" may apply for their own coverage.

## Can I receive health care while traveling?

The BlueCard program provides in-network coverage in every state. It enables members to obtain health-care services while traveling or living in another plan's service area to receive the benefits of the Blue Cross and Blue Shield plan listed on their insurance card and to access the local plan's provider networks and savings. For assistance call BlueCard at 1 (800) 810-BLUE (2589).

## What is a pre-existing condition and how long is the pre-existing condition waiting period?

A pre-existing condition is one for which medical advice was given, or for which a health-care provider recommended or provided treatment within six months prior to the date we received your completed application and health questionnaire. Regence BCBSU plans contain a 12-month waiting period for pre-existing conditions. This waiting period excludes coverage for a 12-month period for you and your dependents' pre-existing conditions.

## Does this plan cover maternity?

Yes. This conversion plan includes a \$5,000 copayment for maternity. After the \$5,000 copayment has been met, Regence BCBSU pays 100% of all eligible expenses.

## What if I need emergency care?

Any time you believe it is an emergency, you should go to an emergency room for your care. An emergency is generally defined as follows: If a person who possesses an average knowledge of health and medicine and is acting reasonably and would consider the situation to be an emergency, then your emergency care will be covered by Regence BCBSU. If you are admitted as an inpatient and the hospital is not an in-network provider, please call Regence BCBSU within 24 hours of the emergency or as soon as possible.

## Does this plan cover prescription drugs?

This plan provides prescription coverage. It covers prescriptions at 80% after the medical deductible has been met. Your member card serves as a discount card at participating pharmacies.

## Is there coverage for preventive care?

Designated benefits for preventive services are covered for all age groups. After deductible, we pay 80% and you pay 20% of the eligible medical expenses. There is a \$300 limit per calendar year for each member age 6 and over. There is no dollar limit for children age 5 and under.

## Will my rates change?

The rates for your conversion plan are typically subject to change once each year, currently in July, and apply to all individual and family plans regardless of the date your coverage began. You may also experience a rate change as you get older and move from one age category to another. Additionally, there may be other situations which cause a rate change. Please see the Health Care Agreement for additional details on rate changes.

## What is the Health Insurance Portability & Accountability ACT (HIPAA) and what does it mean to me?

The Health Insurance Portability and Accountability Act (HIPAA) went into effect on July 1, 1997. It is one of the broadest pieces of Federal regulation affecting the health insurance industry across the United States. It has many different aspects ranging from the protection of an insured person's insurability, to the manner in which medical information is gathered and transmitted between doctors, hospitals and insurance companies.

## Why should I choose Regence BlueCross BlueShield of Utah?

There are many reasons including stability, longevity, experience and knowledge. Regence BCBSU has been providing health insurance coverage for Utahns for more than 60 years. As a long-time enrollee of the Blue Cross and Blue Shield Association, our name and our logo are recognized worldwide. Your Regence BCBSU member card will open doors to physicians and hospitals wherever you go. Our relationship with other Blue Cross and Blue Shield plans throughout the world enables us to provide you with the best care possible at the most competitive prices.

# Special Notices

## NOTICE OF PREEXISTING CONDITION EXCLUSION

This plan imposes a preexisting condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only where there was a recommendation or receipt during the plan's look-back period of medical advice, diagnosis, care, or treatment for the condition (Under federal law, the look-back period can be no longer than six months.) Generally, the look-back period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the look-back period ends the day before the waiting period begins.

A preexisting condition exclusion does not apply to a child who becomes covered on a group or individual health plan within 30 days after birth, adoption, or placement for adoption, unless a period of at least 63 consecutive days without creditable coverage has elapsed. A preexisting condition exclusion cannot apply to pregnancy on a group health plan.

The exclusion period may last up to 12 months from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a subsequent break in coverage of at least 63 days. To reduce the 12-month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have from previous plans (or from plans that were in force at the time of your enrollment in this plan). If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

## YOUR SPECIAL ENROLLMENT PERIOD RIGHTS

If you gain a new dependent as a result of birth, adoption, or placement for adoption, you must request enrollment within 30 days after the birth, adoption, or placement for adoption.

To obtain further information, please contact our Individual Marketing Department at 1 (888) REGENCE (734-3623)

## WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Regence BlueCross BlueShield of Utah and its subsidiaries are required by law to provide you with the following notice. This does not represent a change in your coverage. The Women's Health and Cancer Rights Act of 1998 (WHCRA) includes important protections for patients who elect breast reconstruction in connection with mastectomy.

For an Enrollee who receives benefits in connection with a mastectomy and who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy including lymphedemas.

Benefits for the above services will be subject to the same subscriber cost-sharing provisions (i.e., deductible, copayment and coinsurance) as may be deemed appropriate and as are consistent with those established for other covered services. Your plan is already in compliance with this mandate and provides coverage for this

[www.regence.com](http://www.regence.com)

1(888) REGENCE (734-3623)



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