



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

MEMBER FREQUENTLY ASKED QUESTIONS

1. Am I being terminated? What does discontinuation mean?

No. You are not being terminated. While your current plan is no longer available, we look forward to being able to continue to serve you with one of our other plans open to new enrollment.

Discontinuation is a term used by the Utah Insurance Department to communicate that a specific product is being phased out. You are on an older plan closed to new sales that we will no longer be servicing. Thus, it is being "discontinued." This practice is similar to what occurs in many other industries. You may have experienced a similar change with products like your cell phone, your television and your movie and music collections. As a product ages and new products are developed, the older products are no longer adequate for the marketplace. Sales and support of these older products are discontinued in favor of updated, more efficient products.

2. Why are you moving me off of my current plan?

As a company, we are constantly reviewing the marketplace and our health care plans to determine the needs of our members. We're streamlining our product line to provide you with the best possible products and services, as well as keep them affordable over the long-term. This change will help us be more efficient in our ability to serve you and our products will be easier to understand.

3. How do I know what the benefits will be on my new plan?

The benefits included in your new plan are outlined in the benefit summary comparison enclosed with your letter. Additional information about your new plan, as well as other available plans, can be found in the Compare Brochure also included. We are happy to answer further questions about your new benefits. Our Customer Service team is available at 1-800-624-6519 from 6 a.m. to 6 p.m. Mountain Time, Monday through Friday to answer your questions and provide assistance.

You will also receive a Benefit Contract, outlining your new plan's benefits, and a new identification card in June.

4. Do I get special consideration for having been with you so long?

We appreciate your business and we are committed to keeping our members for life. We understand the impact this has on our members, particularly those who have been with us for a long time. We are making special efforts to help our Individual members by providing you with whatever assistance you need. Our Customer Service team is available at 1-800-624-6519 to answer your questions and provide assistance.

5. Is this change to my health plan allowed?

We reviewed these changes with, and provided official notice, to the Utah Insurance Department, as required.

6. How much advance notice are you giving me?

In accordance with health insurance industry law, we are providing at least 90 days' notice prior to the effective date of July 1, 2008 so that you have time to make the choice that's right for you.

7. Who decides what plan I get?

You will have the opportunity to make the final decision on the plan that is right for you and your family.

Regence will automatically move you to the new plan that is most like your own, so that you do not experience any interruption in your coverage. However, you may choose a different open plan, if you prefer.

8. When does this change take effect?

This change is effective July 1, 2008. Your current benefits and your new deductible will remain in effect until that time. From July 1, 2008 forward, your new benefits and deductible take effect.

For additional information on deductibles, please see questions 17-19.

9. How did you decide on a comparable plan for me?

We will move you to the comparable open plan that is most like your current benefit plan, unless we hear from you otherwise. We've recommended a plan similar to your existing one, but benefits, cost-shares (such as deductibles and out-of-pocket maximums) and monthly premiums may be different. We suggest you review all of the materials in the packets we mailed to you.

10. Will my new plan have a different premium rate?

You will have a different rate with your new plan. If you choose the plan Regence has suggested, the premium rate that appears on your Plan Change Guide takes effect July 1, 2008. If you choose to move forward with a different plan, your premium will be recalculated and the new premium will take effect July 1, 2008.

11. Did everyone receive the same change in premium?

No. The change in premium you will experience can vary due to differences in the cost of your new plan's deductible and other benefits versus your old plan, your age, your health status and the number of dependents covered on your plan.

As our members grow older, their costs for care increase, so premiums rise as you move into a higher age group, also known as age bands. If your birthday puts you into the next higher age band upon renewal (i.e., 20-25, 30-35, 40-45, 50-55 and 60+), your premium will reflect this change.

There are differences in how your new plan, rates and coverage align with others. These differences, which can be significant, are reflected in your premium rate change so please review your coverage and premium rates carefully. If you have questions, staff is available from 6 a.m. to 6 p.m. Mountain Time, Monday through Friday at 1-800-624-6519 to provide assistance

12. If I want the comparable plan most like my current one, what do I do next?

We will automatically move you to the comparable plan after June 1, unless we hear from you otherwise. If you would like to move to the comparable plan, you do not need to take any action.

13. What if the plan I've been moved to isn't right for me?

You may select from any of our other plans which are open to new sales. A Compare Brochure was included with your plan change notification. If you would like to make a change, please call us at 1-800-624-6519. Or, you can complete the Plan Change Form included with the packet and return it in the envelope provided.

14. What's the deadline for making a plan change?

We ask that you let us know by June 1, 2008, if you want a plan that is different from the one we have selected for you.

15. What if I need more time to make a decision?

We will allow you to change plans until July 31, 2008 without having to go through underwriting. You may still make changes after August 1, 2008, however, from August 1 forward, you may need to go through underwriting depending on the plan you select.

If you change plans after June 1, 2008 and before August 1, 2008, you will be covered by the comparable plan we have identified between July 1 and August 1, 2008.

16. If I select a different plan than the one you chose for me, will I have to go through underwriting again?

We will allow you to change to any open plan until July 31, 2008 without having to go through underwriting again. You may still make changes after August 1, 2008. But from August 1 forward, you may need to go through underwriting, depending on the plan you select.

17. Can you make an exception and let me stay on the old plan? Can I delay the effective date until some point later in the year?

All changes must take effect July 1, 2008. Unfortunately, we cannot make exceptions.

18. Will I be credited for the higher deductible or out-of-pocket maximum I have already satisfied on my current plan?

If you have already met part or all of your deductible or paid out-of-pocket costs, this amount will be credited to your new plan. Your deductible will start over in January 2009.

19. What if I've met my current deductible or out-of-pocket maximum and then I move to a higher one July 1. Will I still need to pay the remaining deductible amount?

Yes. You will be credited for the amount of the deductible that you've already met. From July 1, 2008 forward, you will be enrolled on a different plan and it will show that you have not met all of your deductible or out-of-pocket maximum, so you would be expected to meet the remaining balance of the deductible and/or out-of-pocket maximum.

20. What if I already met the deductible or out-of-pocket maximum on my old plan and the cost-shares on my new plan are lower? Will I receive a refund?

No. We assess amounts based on the plan you are enrolled in at the time you receive health care services. We will credit these amounts to your new plan.

21. If I have a medical savings account (MSA), will I be able to keep it with my new plan?

You will no longer be eligible to contribute to your Medical Savings Account. However, you are still able to spend from the account on qualified medical expenses. If you would like to continue to contribute to a fund for medical expenses on a tax-free basis, you may want to consider opening a Health Savings Account. For more information on Health Savings Accounts, please refer to the HSA Brochure included in this packet. Our customer service specialists are also available at 1-800-624-6519 to help answer any questions and provide assistance about our HSA-qualified health plans and Health Savings Accounts.

22. How will my claims for prescriptions be submitted and processed? Is this changing July 1?

Our processes for prescription drug claims vary, depending on what plan you are enrolled on at the time of service.

BlueChoices Plans

Members enrolled on the following plans submit paper reimbursement forms for prescriptions received:

- BlueBasic Coinsurance Plans – Deductible levels \$2,500, \$5,000 or \$7,500.
- BlueAdvantage Coinsurance Plans – Deductible levels \$2,500, \$5,000 or \$7,500.

If you are enrolled in one of the above plans after July 1, 2008, you can expect to pay the Regence discounted rate for medications at the pharmacy and submit a claim form to Regence for reimbursement. You can find that form on our Web site at:

<http://www.ut.regence.com/docs/forms/memberClaimForm.pdf>. You may also call Customer Service for assistance.

The new Regence HSA Healthplan

The process is the same for all deductible levels. It is important that you provide your provider with your health plan member ID card at the time of your visit, so your provider bills Regence. This is regardless of whether or not you have met your deductible. This ensures that you get Regence's discounted rate and that Regence is able to accurately track your deductible amount if prescription drugs are covered under your health plan. You will need to pay the full, discounted cost of the prescription at the time of purchase, using your HSA debit card or any other method of payment you choose.

If you do not have prescription drug coverage or have not met your deductible, Regence will track this claim against any applicable deductible and you will not receive any reimbursement.

If you have prescription drug coverage and you have met your deductible, you will receive a reimbursement from Regence covering the amount of the prescription covered by your health plan. If you have reached your out-of-pocket maximum, you will receive full reimbursement from Regence. This amount can be re-deposited into your HSA.

23. What if I've become eligible for Medicare?

If you are Medicare eligible, now may be a great time to make the change. We are here to answer any questions you may have and provide assistance regarding your Medicare options. If we don't hear from you by June 1, we will move you to the Individual plan listed in your Plan Change Guide.

24. Can I keep my dental plan when I switch to a new medical plan?

Unfortunately, you will not be able to keep your current dental plan. Members may purchase a new dental plan from Regence Life & Health by applying online at www.regencelife.com or by contacting their agent. You may also contact us at 1-888-REGENCE (734-3623) for further assistance.

25. When I move to this plan, can I keep the same doctors?

If you take the identified comparable plan, you will remain on the same provider network you currently are on, so you can keep your doctors. However, you may be able to decrease your rate by selecting another provider network. To explore network options, go to the "Find-a-Doctor" section of our Regence Web site: www.ut.regence.com. You may also visit the "My Providers" section of our member Web site, www.myRegence.com.

26. If I add a dependent, is the medical questionnaire required for him or her?

Only dependents on your current plan will be moved to your new plan. All other dependents not currently covered will be required to complete a medical questionnaire and go through underwriting. The medical questionnaire is not required if newborn or adopted children are added within 30 days of the date of birth or adoption.

27. If I cancel my coverage, will I be required to complete a medical questionnaire if I decide to re-enroll with Regence at a later date?

Yes, you and any family members would be required to complete a medical questionnaire and go through underwriting.

28. Will I receive a new Regence ID card?

You will receive a new ID card and Benefit Contract by late June. After receiving your card, remember to let your doctor's receptionist know that your benefits have changed. Please also be sure to present your new ID card to your pharmacist.

If you have any additional questions, please contact your agent or our Customer Service team at 1-800-624-6519 from 6 a.m. to 6 p.m. Mountain Time, Monday through Friday.