

SUMMARY OF BENEFIT CHANGES AND CONTRACT LANGUAGE CLARIFICATIONS

January 1, 2012

This comparison summarizes the revisions that will be made to group effective with the first renewal on or after January 1, 2012 (unless specifically noted otherwise). This list does not include minor grammatical or cosmetic modifications. If there is any inconsistency between this Summary of Changes and the Booklet, Policy, Plan or Endorsement the terms of the Booklet, Policy, Plan or Endorsement will prevail.

REGENCE BLUECROSS BLUESHIELD OF UTAH		
BENEFIT / REGULATORY / LEGISLATIVE CHANGES		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
TERMINATION OF PREGNANCY Applies to all <u>group</u> medical products.	The Utah Legislature passed a bill that amends provisions of abortion coverage.	Added language and revised the exclusion to clarify and accommodate the new mandate which limits abortion coverage, if offered. This mandate is effective January 1, 2012 regardless of your group's renewal date.
UPFRONT OFFICE VISIT Applies to all 2-99 Innova products.	To optimize your product we are removing the Upfront Office Visit limit of 4 or 6.	Replaced the Upfront Office Visit limit of 4 or 6 with unlimited office visits.
LANGUAGE CLARIFICATIONS		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
APPEAL PROCESS Applies to all <u>group</u> medical products.	Changing the Appeals unit submission address and fax number. Old address: PO Box 1271 MS C7B Portland, OR 97207-1271 Fax 877-826-9751	Changed the old submission address to the following new address and fax number: PO Box 4208 Portland, OR 97208-4208 Fax 888-496-1542
GENERAL EXCLUSIONS Applies to all 100+ <u>group</u> medical products.	Clarifying the "Dental Services" exclusion to include an exception for Repair of Teeth.	Added an exception to the exclusion for when a group chooses the Repair of Teeth benefit.
GENERAL EXCLUSIONS Applies to all <u>group</u> medical products.	Changing the "Infertility" exclusion to add clarity.	Revised the exclusion to show what types of treatment are not covered.
GENERAL EXCLUSIONS Applies to all <u>group</u> medical products.	Adding further clarification to the "Non-Direct Patient Care" exclusion.	Revised the second bullet to read as: "charges for preparing or duplicating medical reports or chart notes."
NEWBORN CARE Applies to all <u>group</u> medical products.	Clarifying the newborn care benefit by separating the benefit from the maternity benefit.	Created a benefit specifically for newborn care to clarify that the coverage is for the newborn and not part of the mother's maternity benefit.

<p>PREVENTIVE CARE AND IMMUNIZATIONS</p> <p>Applies to all <u>group</u> non-grandfathered medical products.</p>	<p>Adding clarification to the benefit for the designation of services and time allotted for changing those designations.</p>	<p>Revised examples of covered services and added a one year timeframe to revise or add recommended services.</p>
<p>SPECIAL ENROLLMENT PERIOD</p> <p>Applies to all <u>group</u> medical products.</p>	<p>Clarifying the Special Enrollment language to include provisions if the employee wants to decline coverage after they are already enrolled, and experiences a qualifying event.</p>	<p>Added language throughout the entire provision to add clarification for when an employee may decline coverage.</p>
<p>TOBACCO USE CESSATION</p> <p>Applies to all group medical products.</p>	<p>Revising tobacco use cessation benefits due to federal regulations.</p>	<p>Revised coverage to the Preventive Care and Immunizations benefit, revised the "Tobacco Addiction Treatment" exclusion and removed the "Prescription Medications for Smoking Cessation" exclusion in the Prescription Medications benefit.</p>



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