

SUMMARY OF BENEFIT CHANGES AND CONTRACT LANGUAGE CLARIFICATIONS

July 01, 2011

(Revised May 9, 2011 for additional regulation)

This comparison summarizes the revisions that will be made to group and individual products effective with the first renewal on or after July 01, 2011 (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.

UTAH Unique Self-Funded Employer Plans		
BENEFIT / REGULATORY / LEGISLATIVE CHANGES		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
<p>CLOTTING FACTOR PRODUCTS</p> <p>Applies to all <u>Utah</u> medical Integrated Health Solutions products.</p>	<p>Clarifying which Providers a member can access for outpatient clotting factor products. Also added clarification to the Prescription Medications exclusion for Blood Plasma.</p>	<p>Added a benefit for outpatient clotting factor products. This benefit is only available for Category 1 and Category 2 outpatient services. Category 3 outpatient services and retail pharmacies are not covered. Also added Plasma-derived and Recombinant Clotting Factor Products to the Blood Plasma exclusion in the Prescription Medications benefit.</p>
<p>EMERGENCY ROOM</p> <p>Applies to all medical Integrated Health Solutions products.</p>	<p>Clarifying the emergency room services to accurately reflect our administration. The services are covered based on allowed amounts instead of billed charges.</p>	<p>Divided the "All" providers benefit grid for emergency room services into the standard 3 categories of providers depicting allowed amounts and member responsibility for each category of provider.</p>
<p>SERVICE AGREEMENT – GENERAL PROVISIONS/Group Responsibilities</p> <p>Applies to all Integrated Health Solutions products.</p>	<p>Health Care Reform dictates when a group can request retroactive terminations of a covered member.</p>	<p>Revised the ninth bullet to read as follows: "Delete terminations from the billing and to notify Us of terminations in a timely manner and as part of the administrative record-keeping process that occurs in the normal course of business. The Group further agrees that any refund of the number of months of premiums paid by the Group in error or for an ineligible Member shall be made only if claims have not been paid."</p>

<p>SERVICE AGREEMENT - TERM, MODIFICATION, TERMINATION</p> <p>Applies to all <u>Oregon, Utah and Washington</u> Integrated Health Solutions products.</p>	<p>Health Care Reform dictates when a group can request retroactive terminations of a covered member.</p>	<p>The Retroactive Termination of Members has been revised to read as follows: "The Group may not retroactively terminate a Member except in cases of fraud or intentional misrepresentation of material fact. However, it may be possible for the Group to retroactively terminate a Member, if all of the following conditions are met: 1) the Contract covers only active employees (or those on COBRA); 2) the Member has paid no premium for coverage after the effective date of the cancellation; 3) the Member had no expectation of coverage after the requested effective date of cancellation; and 4) the retroactive cancellation is due to a delay in administrative record-keeping that occurred in the normal course of business. If a Member for which the..."</p>
LANGUAGE CLARIFICATIONS		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
<p>DIABETES SUPPLIES AND EQUIPMENT</p> <p>Applies to all medical Integrated Health Solutions products.</p>	<p>Revising language to clarify what benefits diabetic supplies are covered under.</p>	<p>Revised the benefit criteria paragraph to read as: "We cover supplies and equipment for the treatment of diabetes. Please refer to the professional services, diabetic education, Durable Medical Equipment, orthotic devices, or Prescription Medications benefits of this Plan for coverage details of such covered supplies and equipment."</p>
<p>PRESCRIPTION MEDICATION</p> <p>Applies to all medical Integrated Health Solutions products.</p>	<p>Adding the pharmacy website where applicable for prescription medication provisions. Removing the term "Maintenance Medication." We no longer keep a list of maintenance medications. Also revising a few sections to be clearer to the member.</p>	<p>Added the www.RegenceRx.com website where applicable. Removed all instances of "Maintenance Medication." Revised Rx deductible criteria, supply limitations, and definitions to further clarify these provisions.</p>
<p>TERMINATION BY YOU</p> <p>Applies to all dental Integrated Health Solutions products.</p>	<p>A member on a group plan cannot voluntarily terminate the contract outside of an open enrollment period.</p>	<p>Removed the entire "Termination by You" provision.</p>
<p>TURNING POINT</p> <p>Applies to all medical Integrated Health Solutions products.</p>	<p>The criteria explaining a member's participation in the Turning Point program was worded incorrectly. The member must successfully participate in an oversight program for weight management, where the member does not have weight gain or loss therefore proving to be successful for the next step.</p>	<p>Revised the term "unsuccessful" to read as "successful."</p>



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