

# **BENEFIT PLAN CHANGES**

## **BluePreferred Copay**

**Effective for new and upon each group's renewal, on or after January 1, 2007, the following changes will apply to this benefit plan:**

### **Bariatric Surgery**

Currently, you are not required to pay an access fee for gastric bypass surgeries. An access fee of \$1,000 will now apply for all covered gastric bypass surgeries, in addition to applicable deductible and coinsurance.

### **Dental Services (Dental Services Integral to Medical Services and Dental Accident Services)**

Under both the Dental Accident Services and Dental Services Integral to Medical Services benefit sections, covered services for complete and partial dentures are limited to original placement of dentures. Repair and replacement of dentures is not covered under the Dental Services benefit sections.

### **Emergency or Accident**

The emergency room access fee will increase to \$150. This fee is in addition to applicable deductible and coinsurance. Only one access fee per person, per provider, per day, will be collected.

### **Eosinophilic Gastrointestinal Disorder**

Subject to the calendar year deductible, benefits are now available for 75 percent of the cost of amino-acid based formula ("Formula") for members with eosinophilic gastrointestinal disorder. If the Formula is **not** the sole source of nutrition for the member, there is a maximum annual benefit of twenty thousand dollars (\$20,000). Sole source of nutrition is defined as inability to orally receive more than 30 percent of daily caloric needs.

"**Cost**" is defined as either billed charges, if the Formula is purchased from a noncontracted provider or the BCBSAZ allowed amount, if purchased through a BCBSAZ contracted provider. The member's costs for Formula to treat eosinophilic gastrointestinal disorder count toward the member's out-of-pocket coinsurance maximum. BCBSAZ's costs for Formula to treat eosinophilic gastrointestinal disorder count toward the member's benefit plan maximum.

To be eligible for benefits under this section, **all** of the following criteria must be met:

- The member must be diagnosed with eosinophilic gastrointestinal disorder; **and**
- The member must be under the continuous supervision of a M.D. or D.O.; **and**
- There is a risk of mental or physical impairment without use of the Formula.

It may be necessary for BCBSAZ to obtain medical record documentation to determine whether the above criteria are met. Benefits are **not** available under this section for the Formula for any medical condition other than eosinophilic gastrointestinal disorder.

## **Claim submission**

Members must submit a claim form outlining the following information to receive benefits under this section if Formula is purchased from a noncontracted provider:

- Member's name, identification number and group number
- Prescribing/ordering physician
- Member's diagnosis for which the Formula was prescribed or ordered
- The amount paid for the Formula
- The name, telephone number and address of the Formula supplier
- The original dated receipt/proof of purchase.

## **Neuropsychological and Cognitive Testing**

Previously, neuropsychological and cognitive testing was covered under either medical or mental health benefits, depending upon the diagnosis. Covered neuropsychological and cognitive testing will now be covered under medical benefits regardless of diagnosis.

## **Nutritional Counseling/Training**

Currently, members **do not** have a nutritional counseling/training benefit. Members diagnosed with the following conditions will now have a benefit for three (3) nutritional counseling/training visits per member, per calendar year:

- Coronary Artery Disease
- Heart Failure
- High Cholesterol
- Hypertension
- Pre-Diabetes
- Renal Failure/Renal Disease

Deductible and coinsurance are waived and office visit copays do not apply to this benefit.

## **Physician Services**

Currently, you are only required to pay a primary care or specialist office visit copay when you receive physician services during an office visit. You will now be required to pay the applicable office visit copay for covered services in a physician's office, including but not limited to, laboratory services (even if the laboratory service is the only service provided in the physician's office). Only one copay per person, per provider, per day, will be collected even if you receive multiple services from the same provider on the same date. The following are the only exceptions to the above rule:

- **Physical, Occupational and Speech Therapy (PT, OT and ST) Performed in a Physician's Office** - If the only service you receive in a physician's office is PT, OT and ST, you will not be required to pay an office visit copay. Covered PT, OT and ST performed in a physician's office will continue to be subject to applicable deductible and coinsurance. If other covered services are received during the same visit as the PT, OT and ST, an office visit copay will apply, in addition to applicable deductible and coinsurance.
- **Immunizations Received in a Physician's Office** - If the only service you receive in a physician's office is an immunization, you will not be required to pay an office visit copay. Covered immunizations will be paid at 100% of the BCBSAZ allowed amount. If other covered services are received during the same visit as the immunization, an office visit copay will apply.

- **Allergy Injections** - If the only service you receive in a physician's office is an allergy injection, you will not be required to pay an office visit copay. Covered allergy injections will be paid at 100% of the BCBSAZ allowed amount. If other covered services are received during the same visit as the allergy injection, an office visit copay will apply.
- **Maternity Services (Physician Services)** - You will pay one specialist office visit copay per delivery for prenatal visits and the physician's delivery fee.

## **Precertification**

Precertification is no longer required for the following services:

- Home Health Services. This does not include certain medications provided through the Home Health Services and Home Infusion – Medication Administration Therapy benefit. Please access [azblue.com](http://azblue.com) to find the list of medications requiring precertification or call BCBSAZ at (602) 864-4320 or out of area (800) 232-2345, ext. 4320. Otherwise covered eligible medications will not be covered if precertification is not obtained when required. The list of specific medications that require precertification is subject to change at any time.
- Outpatient surgery

## **Preventive Care, Mammography, Routine Physical Exams**

Your benefits for preventive care, mammography and routine physical exams will remain the same, with the following exception:

If you have a condition or an active symptom of a condition, the tests listed in this benefit section will be considered diagnostic and not preventive. Tests considered to be diagnostic may be subject to applicable cost-sharing and will be subject to all exclusions and limitations of your benefit plan.

## **Retail and Mail Order Pharmacy**

Precertification is not currently required for prescription medications obtained through the retail and mail order pharmacy benefit. Precertification will now be required for certain medications covered under the retail and mail order pharmacy benefit. A list of medications that require precertification and the process for obtaining precertification is available on the BCBSAZ Web site at [azblue.com](http://azblue.com) or by contacting BCBSAZ at (602) 864-4273 or (800) 232-2345, ext. 4273. **The list of specific medications that require precertification is subject to change at any time without prior notice.**

If precertification is required, but you must obtain the covered medication outside of BCBSAZ precertification hours, you may be required to pay for the medication at the time it is dispensed to you. In those cases, you may file a claim to BCBSAZ for reimbursement. The claim for such medication will not be denied for lack of precertification, but all other exclusions and limitations of your benefit plan will still apply.

BCBSAZ applies limitations to certain prescription medications obtained through the retail and mail order pharmacy benefit. These limitations include, but are not limited to, quantity, age and gender limitations. You can check the list of prescription medications subject to BCBSAZ prescription medication limitations at [azblue.com](http://azblue.com) or by calling the BCBSAZ Prescription Benefits Department at (602) 864-4273 or (800) 232-2345, ext. 4273. **BCBSAZ prescription medication limitations are subject to change at any time without prior notice.**

BCBSAZ will now have a process available to members and providers for requesting a review by BCBSAZ for coverage of a medication when the use of the medication exceeds or conflicts with BCBSAZ prescription medication limitations.

There is no guarantee that requesting a review will result in coverage of a medication or an increase in quantity. Coverage will be determined by BCBSAZ. You or your provider may request a review for coverage of a medication that exceeds or conflicts with BCBSAZ prescription medication limitations by contacting BCBSAZ at (602) 864-4273 or (800) 232-2345, ext. 4273.

## **Exclusions**

The following exclusions will be added to this benefit plan:

- Medications for off-label, unlabeled or orphan medications (orphan medications are used for diagnosis, treatment or prevention of a rare disease or condition) unless otherwise specified by BCBSAZ medical or prescription medication coverage guidelines. This does not include medications used for the treatment of cancer.
- Manipulation of the spine under anesthesia.
- Massage therapy except as otherwise covered under the Physical Therapy (PT) – Occupational Therapy (OT) – Speech Therapy (ST) benefit and the Inpatient Rehabilitation benefit.
- Strength training, cardiovascular endurance training, fitness/strengthening programs and/or other services designed to improve or increase fitness.