

BENEFIT PLAN CHANGES
Schools Medical Insurance Trust
Groups 42000, & 42002-42008
Effective Date: 7/01/2014

High Plan, Low Plan and HDHP

BEHAVIORAL AND MENTAL HEALTH SERVICES

Currently, your plan has very limited coverage for inpatient admissions to residential treatment facilities. Coverage for inpatient admissions to residential treatment facilities will be expanded, subject to applicable federal law, BCBSAZ medical necessity criteria and applicable limitations and exclusions.

Currently, your plan does not cover partial hospitalization services. Partial hospitalization will now be covered, subject to applicable federal law, BCBSAZ medical necessity criteria and applicable limitations and exclusions.

CANCER CLINICAL TRIALS

This benefit plan currently covers services directly associated with cancer clinical trials conducted in Arizona and meeting the requirements of Arizona law. The cancer clinical trials coverage in this benefit plan may need to be amended in 2014 to comply with the Affordable Care Act (ACA). The government has not yet issued guidance on this ACA requirement. If changes to your benefit plan are required, you will receive a notice explaining the details of those changes.

OUT-OF-POCKET LIMITS (applicable only to High Plan and Low Plan)

Currently, your benefit plan has an out-of-pocket coinsurance maximum. Your benefit plan will now have an out-of-pocket limit. An out-of-pocket limit is the most you could pay during a calendar year for your share of the cost of covered services. The following do not apply to the out-of-pocket limits: premiums, precertification charges, balance-bills, and costs for health care this plan doesn't cover. Please see your SBC for the amount of the out-of-pocket limit.

The in-network out-of-pocket limit for the High Plan will be \$2,800 per member (\$8,400 per family).

The in-network out-of-pocket limit for the Low Plan will be \$4,500 per member (\$12,700 per family).

There will continue to be no out-of-pocket limit for services received from out-of-network providers for both the High and Low Plans.

PRECERTIFICATION

Currently, you pay a \$300 penalty if your in-network and/or out-of-network provider fails to obtain precertification for services for which your benefit plan requires precertification. You will no longer be responsible for any penalties if your in-network provider fails to obtain precertification for services for which your benefit plan requires precertification. You will now pay a \$500 penalty if your out-of-network provider fails to obtain precertification for services for which your benefit plan requires precertification.

PRE-EXISTING CONDITIONS

This benefit plan currently excludes pre-existing conditions for members age 19 and older. A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) month period immediately preceding the member's enrollment date. This benefit plan will no longer exclude pre-existing conditions for members of any age.

Federal and state statutes and regulations may require additional changes to this benefit plan. BCBSAZ will advise employer groups and members of any additional changes to this benefit plan required by applicable federal and state law.

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