

# Important Information Regarding your Medical Benefit Plan – Premera Blue Cross

## Organ Transplant

There is no waiting period for organ transplants. Organ and bone marrow transplants have a \$2,000 (\$7,500 on Choice Plan) travel and lodging maximum. Please see your plan booklet for further details.

## Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide medical and surgical coverage for mastectomies also provide coverage for reconstructive surgery following such mastectomies in a manner determined in consultation with the attending physician and the patient.

### Coverage must include:

- All stages of reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Benefits for the above coverage are payable on the same basis as any other physical condition covered under the plan, including any applicable deductible and/or co-pays and coinsurance amounts.

## Out-of-Area benefits

If you are traveling or living outside of Washington and need medical care, you may use a Blue Cross or BlueShield PPO provider to receive the same benefits as the preferred level of your plan. When you are outside of the service area and need medical care, call the BlueCard Access Line at 800-810-BLUE (2583) for information on the nearest PPO doctors and hospitals. The doctor or hospital will verify your membership and coverage information after you present your identification/membership card. The doctor or hospital will electronically route your claim to your Blue Cross plan for processing. Because all PPO providers are paid by the plan directly, you are not required to pay for the care at time of service and then wait for reimbursement. You will only need to pay for out-of-pocket expenses, such as non-covered services, deductible, co-pays and coinsurance.

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll yourself or your dependents in the future if you or your dependents lose health coverage under Medicaid or your state Children's Health Insurance Program, or become eligible for state premium assistance for purchasing coverage under a group health plan, provided that you request enrollment within 60 days after that coverage ends or after you become eligible for premium assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after marriage and 60 days after birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Human Resources Department. Refer to your benefit booklet for details.

# Important Information Regarding your Medical Benefit Plan – Premera Blue Cross, continued

## Health Care Reform & your Benefits

The City of Bellevue offers medical plan options that provide valuable comprehensive coverage that meets the requirements of the healthcare reform law and is intended to be affordable as defined by the law. Also note, it's unlikely that you are eligible for financial help from the government to help you pay for insurance purchased through a Marketplace because you have access to an employer plan that complies with the affordability standard.

## Preventive Care

Certain preventive care services must be provided by non-grandfathered group health plans without member cost-sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed under "Your Benefits Contacts" at the beginning of this Guide.

## COBRA

Federal COBRA is a U.S. law that applies to employers who employ 20 or more individuals and sponsor a group health plan. Under Federal COBRA you may be eligible to continue your same group health insurance for up to 18 months if your job ends or your hours are reduced. You are responsible for COBRA premium payments.

## SaveOnSP – Specialty Pharmacy Drug Program

SaveonSP is a mandatory speciality drug program working with Premera's preferred vendor, Accredo for qualifying medications. When applicable, SaveonSP will walk the member through enrollment in the manufacturer-funded copay assistance program and the member will owe \$0 in most cases.

Members **must enroll** if they are taking a medication that qualifies. If they do not enroll, they will be charged a high copay and the copays will not count toward any out-of-pocket maximums. The out-of-pocket maximum is the most you'll pay in a calendar year for covered medical and prescription drug expenses.

Please call 800-683-1074 to enroll. You must contact SaveonSP prior to filling your prescription. The program cannot be retroactively applied to a previously filled prescription.

*\*SaveonSP does not apply if the drug is administered under the medical benefit. Drugs may be covered under the medical benefit when administered and billed through a provider as part of the medical service.*

## Designated Centers of Excellence on Knee & Hip Replacement – Choice Plan Only

Designated Centers of Excellence facilities are recognized for higher efficiency, lower costs and better patient outcomes for delivering specialty care. When seeking care for knee and hip replacements from Premera's designated providers, the plan will waive member deductible and coinsurance. To get started and find a facility that's right for you, call Premera at 800-722-1471. Providers include:

- Kadlec Regional Medical Center – Tri Cities
- Providence Regional Medical Center – Everett
- Providence Sacred Heart Medical Center – Spokane
- Providence St. Peter Hospital – Olympia
- Swedish Ballard – Ballard
- Swedish Edmonds – Edmonds
- Swedish First Hill – Seattle