Plan Updates Effective October 1, 2015

Anthem Blue Cross PPO Medical Plans

Hip, Knee and Spine Inpatient Surgical Benefit Change

Effective October 1, 2015, the Blue Distinction Plus Program will be implemented for inpatient Hip and Knee replacement procedures and inpatient Spine procedures. There will be no out-of-network benefit for these inpatient procedures. Members considering these types of procedures must contact member services at the phone number on their ID card to obtain information regarding in-network facilities for the procedure requested.

Blue Distinction Plus Program designated facilities must meet quality criteria. For example, the number of times the procedure has been performed at the facility and the facility’s track-record for procedure results. A travel benefit will be available for members who do not have access to a covered facility in their area. Member services can provide assistance to members with questions.

*SISC’s current arrangement with Cottage hospital to allow $30,000 for hip and knee replacement will continue over the next plan year. The spine benefit is covered at Cottage with no cap.

X-Ray & Lab, Durable Medical Equipment, and Physical Medicine – Out of Network Benefit Change

X-Ray, Lab, Durable Medical Equipment and Physical Medicine provided by non-participating providers will no longer be covered. Physical Medicine includes chiropractic, physical and occupational therapy. This change does not apply to emergencies.

Blue Shield HMO Medical Plan

Chiropractic/Acupuncture Rider Included

The HMO Plan will include a combined Chiropractic and Acupuncture Rider. The benefit will allow for 30 combined acupuncture or chiropractic visits per calendar year with a $10 co-pay. Members may access chiropractic care or acupuncture benefits without a referral from their primary care physician. Members must use the designated American Special-tty Health (ASH) network and services must continue to be medically necessary.

Pharmacy Plans

Rx Out of Pocket (OOP) Maximum

Effective 10/1/2015, the Rx out of pocket maximum applies to its own “bucket” separate of the medical plan out of pocket maximum. It will be $2,500 individual and $3,500 family. If for example, you were to be administered drugs in a hospital or doctor’s office, those claims would apply to the medical out of pocket max. The Rx out of pocket max only applies to prescriptions purchased through retail pharmacies or mail order. (Side note: If for example, someone is filling 6 or more brand name drugs at the pharmacy per month [$35 copay x 6 Rx x 12 months = $2,520], they will hit the plan’s OOP Maximum in a given year and would then be covered for prescriptions at 100% for the remainder of the calendar year.)