



IMPORTANT INFORMATION....

Changes Due to Health Care Reform

Whether you are choosing health care coverage for yourself or you are already a member of a Highmark health care coverage program, the following is information you need to know about the Patient Protection and Affordable Care Act (PPACA) changes¹ that are effective on October 1, 2010. While we work to update the information in the enclosed materials to reflect health care reform changes, please refer to this insert for the correct information on the topics listed below. This notification will supersede the information found in the materials, including applications, rate sheets and any documents that include benefit information.

What are the changes?

Dependent Coverage – If you are applying or are enrolled in family coverage, eligible children are the applicant's and/or their spouse's children **who are under age 26**. Coverage for your dependent child is available until the dependent child reaches the age of 26, regardless of whether the dependent child is unmarried, married or is a student. The dependent child's spouse or children are not eligible for dependent coverage.

Pre-existing Condition Exclusions – Effective October 1, 2010, applicants under the age of 19 can no longer be excluded from coverage because of pre-existing conditions. Once enrolled, services related to pre-existing conditions cannot be denied. However, the pre-existing condition exclusion period does still apply to applicants and dependents that are age 19 or older.

Lifetime Limits² – Lifetime dollar limits have been eliminated.

Annual Limits² – Annual dollar limits on essential health benefits³ have been eliminated.

Prescription Drug Limits² – Calendar or contract year dollar maximums on prescription drug costs have been eliminated.

Internal Appeals/External Reviews – If you receive an eligibility, claim or medical necessity denial, you may appeal the decision, either in writing at the address included on the enclosed materials or **verbally by contacting Highmark** at the telephone number included on the denial. Appeals must be submitted to Highmark within **180 days** from the receipt date of your denial letter. In the event your appeal is upheld by Highmark, you will have 15 days from the receipt of the notice of the decision to request an external review of the decision.

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Preventive Services – When preventive services are received from a network provider, program deductibles, copayments and coinsurance will no longer apply. Also, certain limited prescription and over-the-counter drugs that are prescribed for preventive purposes will also not be subject to deductibles, copayments or coinsurance. Guidelines on which preventive services and preventive covered medications are affected may be found at: <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.

Rescissions (Retroactive Cancellations) – Once your coverage is effective, it cannot be rescinded or voided unless you made intentional misrepresentations of material fact or fraudulent misstatements. Rescissions are permitted only when a member has received at least 30 days, advance written notice and provided the rescission does not violate any other law.

¹Please note that these changes do not apply to the ShortTermBlueSM program.

²SpecialCareSM does not currently have lifetime dollar limits and does not cover prescription drugs.

³The Department of Health and Human Services (HHS) will determine the meaning of essential benefits. As of this date, HHS has not identified what benefits it considers to be essential health benefits. It is known, however, that essential health benefits include the following categories as well as the items and services covered within these categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse disorder services (including behavioral health treatment), prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care.

ShortTermBlue is a service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. SpecialCare is a service mark of Highmark Inc.

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