



BlueCross BlueShield of Minnesota
An independent licensee of the Blue Cross and Blue Shield Association

Pine Island ISD

\$1000 Deductible Aware PPO

Effective Date: September 1, 2011



THIS IS ONLY A SUMMARY AND IS SUBJECT TO THE TERMS OF THE CONTRACT**

	IN - NETWORK PROVIDERS MN Network – <i>Aware</i> National Network – <i>BlueCard PPO</i>	OUT-OF-NETWORK PROVIDERS
Calendar Year Deductible All Providers Combined	\$1,000 Single \$2,000 Family	\$1,000 Single \$2,000 Family
Calendar Year Out-of-Pocket Maximum All Providers Combined Non-covered charges and charges in excess of our allowed amount do not apply to the out-of-pocket maximum.	Medical \$1,500 Single \$3,000 Family Prescription \$750 per person/\$1000 per family	Medical \$2,500 Single \$5,000 Family Prescription \$750 per person/\$1000 per family
Coinsurance	80% (Generally)	75% (Generally)
Benefit Payment Levels	Payment for Participating Network Providers as described. Most payments are based on allowed amount.	If non-participating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Lifetime Maximum per Person	Unlimited.	
Dependent Child Age Limit	Children to age 26, Through the calendar month of the birthday.	

COVERED CHARGES

Preventive Care		
<ul style="list-style-type: none"> Well Child Care through age 5 Prenatal Care 	100%	Deductible then 75% coinsurance.
<ul style="list-style-type: none"> Routine Physicals ages 6 and older Office Visits Cancer Screening Routine Hearing and Vision Exams Immunizations and Vaccinations 	100%	Deductible then 75% coinsurance.
Physician Services		
<ul style="list-style-type: none"> In-Hospital Medical Visits Surgery and Anesthesia Inpatient Lab and X-rays, etc. Kidney and Cornea Transplants 	Deductible then 80% coinsurance	Deductible then 75% coinsurance.
<ul style="list-style-type: none"> Office Visits due to Illness or Injury Urgent Care (Clinic Based) 	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
<ul style="list-style-type: none"> Outpatient Lab and X-ray 	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
<ul style="list-style-type: none"> Allergy Injections and Serum 	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
Other Professional Services		
<ul style="list-style-type: none"> Chiropractic Care 	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
<ul style="list-style-type: none"> Home Health Care 	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
<ul style="list-style-type: none"> Physical Therapy, Occupational Therapy, Speech Therapy 	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.

	IN - NETWORK PROVIDERS MN Network – <i>Aware</i> National Network – <i>BlueCard PPO</i>	OUT-OF-NETWORK PROVIDERS
Inpatient Hospital Services		
• 365 days of medically necessary care in an average semi-private room.	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
Outpatient Hospital Services		
• Diagnostic Tests • Pre-Admission Tests and Exams • Lab and X-Ray	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
• Chemotherapy and Radiation Therapy • Physical, Occupational and Speech Therapy • Kidney Dialysis • Scheduled Outpatient Surgery • Non-emergency – Illness Related visits	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
• Urgent Care (Hospital based)	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
Emergency Care		
• Emergency Room	Deductible then 80% coinsurance.	
• Physician Services	Deductible then 80% coinsurance.	
• Ambulance <i>Medically necessary transport to nearest facility</i>	Deductible then 80% coinsurance.	
• Medical Supplies	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
Behavioral Health Care (Mental Health and Chemical Dependency Care)		
• Inpatient Care	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
• Outpatient Care	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
• Professional Care	Deductible then 80% coinsurance.	Deductible then 75% coinsurance.
Prescription Drugs		
Retail – 30 day limit (FlexRx Formulary)	\$15 copay No coverage for drugs outside formulary list.	
90dayRx – 90 day limit (PrimeMail and Participating Retail Pharmacies)	\$30 copay No coverage for drugs outside formulary list.	
Eligible over-the-counter (OTC) drugs with a physician's prescription	100%	NO COVERAGE
Identified Specialty drugs purchased through a Specialty pharmacy network supplier.	100% after you pay the Specialty Drug coinsurance 20% coinsurance up to a maximum of \$200	NO COVERAGE

**This is only an outline of plan benefits. The contract and certificate include complete details of what is and isn't covered. Services not covered include items primarily used for non-medical purposes, over-the-counter drugs/nutritional supplements, services that are complementary, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association.



This document provides a summary of changes effective with your 2011 health plan renewal. As we embark on a new era of health care reform, it's important to know that this bulletin includes the first wave of changes required by new federal health care reform legislation – including the Patient Protection and Affordability Act signed in March, the second reconciliation bill that followed, and the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act.

A summary of changes that will be implemented with your health plan 2011 renewal follows.

- Blue Distinction Centers® for spine surgery and for knee and hip replacement
- Emergency Care
- Notification Requirements
- Skilled Nursing facility language update
- Medical equipment, prosthetics and supplies
- Legislative update: Federal health care reform, State of Minnesota, and Mental Health Parity legislative mandates

Blue Distinction Centers for Spine Surgery and for Knee and Hip Replacement

The new Blue Distinction Centers for Spine SurgerySM and Blue Distinction Centers for Knee and Hip ReplacementSM join the existing nationwide network of specialty centers for bariatric surgery, cardiac care, complex and rare cancers and transplants. These Blue Distinction specialty care facilities have been selected after a rigorous evaluation of clinical data that provided insight into the facility's structures, processes and outcomes of care.

Blue Distinction Centers provide you and your family with a credible means of identifying hospitals that meet individual health care needs for select procedures and conditions. Early research indicates that Blue Distinction Centers demonstrate better, more consistent overall outcomes. Quality care means fewer errors, complications or the need to be readmitted, which can result in higher satisfaction.

We encourage you to use the new Blue Distinction Centers for these services. The choice to make these providers mandatory or to provide incentives for their use is a group level decision. See your summary plan description for details on these Centers and your benefit plan.

Emergency Care

If your plan had a copayment on outpatient facility fees, the following change will apply:

- Outpatient hospital/facility charges will be paid at 100% after copayment.
- Outpatient professional charges will be paid at 100% and are NOT subject to copayment or deductible.

Health plans with coverage for emergency services subject to the deductible and overall coinsurance will not be affected by this change.



Medical Equipment, Prosthetics and Supplies

For Aware PPO or CMM plans, the durable medical equipment and supplies (DME) benefit will now process according to the benefit plan's overall deductible and coinsurance. There should be minimal impact to you as the DME network of participating providers is robust and offers statewide access.

Notification Requirements

Effective January 1, 2011, notification requirements have been revised. The language has changed from "Recommended" to "Required" for an approved prior authorization, preadmission certification, and/or emergency admission notification. Participating providers are responsible for notifying Blue Cross.

Skilled Nursing Facility Language Update

The following language has been removed, as access to skilled nursing facilities locally and nationally is no longer an issue: "If you are unable to obtain a bed in an in-network facility within a 50-mile radius of your home due to full capacity, you may be eligible to receive services at an out of network skilled nursing facility at the in network level of coverage."

Legislative Update: Federal Health Care Reform

How health care rules may apply

There are multiple rules that take effect upon renewal.

Rules applicable to all group health plans

All group health plans must implement a number of the rules. This is true regardless if the plan was in existence prior to the enactment of the law, the funding type (self or fully-insured), and/or if the plan is subject to a collectively bargained agreement. There are no exceptions or special provisions in the enactment. All group health plans must include:

- No lifetime limits on coverage for essential benefits for all plans
- No rescissions of coverage except for fraud or intentional misrepresentation
- Extension of parents' coverage to young adults under 26 years old regardless of residence, student status, marital status, financial dependency, or employment status. If you have an HSA, consult your tax advisor regarding rules for dependent children.
- No coverage exclusions for children (under age 19) with pre-existing conditions
- No annual limits may be applied to essential benefits. However, "restricted" annual limits are permitted but not required (e.g., a plan may apply annual dollar-amount limits on coverage for essential benefits). Must be no less than \$750,000 in 2011.

State of Minnesota Legislative Mandates

Oral Oncology Parity

Effective August 1, 2010 the Minnesota State Legislative requires that fully insured health plans provide oral chemotherapy to members at a cost sharing that is at parity with cost sharing for intravenous and injected chemotherapy.

Private Duty Nursing

Effective July 1, 2010 the Minnesota State Legislature requires fully-insured health plans to provide private duty nursing to certain individuals who are also covered under Medical Assistance (MA).

HIPPA NOTICE OF PRIVACY PRACTICES

The Pine Island Schools Group Health Plan ("Plan") has the duty to protect your medical information. The Plan further has the duty to provide you with a notice of its privacy practices, which follows. The Plan has the right to change or modify this notice, at any time, and any modifications will be communicated to you. This notice describes how your medical information may be used and disclosed, and how you can get access to it. Please review it carefully.

The Health Insurance Portability and Accountability Act limits how a covered entity can use and disclose protected health information (PHI). Generally, a covered entity, including your health plan, your health care provider, or, a health care clearinghouse, can share information without your authorization, for purposes of treatment of you, payment for your medical services, and for the health plan's operation. In all other instances, you must authorize any disclosure of your health information.

Permitted Disclosures

The Plan can use and disclose your PHI for the following purposes, without your authorization, for making or obtaining payment for your health care, and for conducting health plan operations.

Examples of when and how your PHI can be used and disclosed for payment purposes, without your authorization, are:

- ◆ For coordination of benefits among multiple plans that cover you
- ◆ For utilization review purposes
- ◆ For case management purposes
- ◆ For precertification purposes
- ◆ Any other purpose necessary to ensure coverage for you, and to obtain or make payment for services rendered to you.

Examples of when and how your PHI can be used and disclosed for health plan operations, without your authorization, are:

- ◆ To ensure coverage for you
- ◆ For quality assessment purposes
- ◆ For cost containment purposes
- ◆ To ensure compliance with the terms of the Plan, or with clinical or other relevant medical guidelines and protocols
- ◆ To provide you with treatment alternatives
- ◆ For health plan and provider accreditation verification, licensure, or any other credentialing purposes
- ◆ For underwriting, premium rating, and related functions
- ◆ To create, renew, or replace your health insurance or health benefits
- ◆ To conduct audits, including compliance, medical, legal, business planning, cost containment, or customer service audit functions.

The Plan can share your PHI with the plan sponsor for certain administrative activities, without your authorization. Examples of sharing PHI include, but are not limited to:

- ◆ Seeking premium bids for current or future coverage
- ◆ Obtaining reinsurance
- ◆ Amending, modifying, or terminating the plan
- ◆ Participant and enrollment information

Your PHI can be released in summary form, or, as a part of "de-identified" information, in accordance with the Code of Federal Regulations.

Other instances in which your PHI may be released, without your authorization, include:

- ◆ When legally required by federal, state, or local law. This instance would include the release of PHI upon the receipt of an order, subpoena, or other judicial or administrative process that would compel the disclosure of your PHI. However, your PHI would only be disclosed after a reasonable effort has been made to notify you of the request for such information.
- ◆ For law enforcement purposes, such as investigation of a crime.
- ◆ To respond to a threat to public health or safety.

- ◆ For workers compensation purposes, or other no fault law.
- ◆ To a government authority, such as a social service or other protected services organization, authorized to receive reports of abuse, neglect, or domestic violence.

Authorization for Use and Disclosure

Except as provided above, the Plan will not release any of your PHI without your authorization. If you authorize the release of some, or all of your PHI, you may revoke the authorization at any time. If you authorize release of your PHI, your authorization must include the following items:

1. A description of information used or disclosed
2. Identification of the parties releasing, and the parties requesting the information.
3. An expiration date of the authorization
4. Your signature
5. Information about how to revoke the authorization

Your Individual Rights

You have certain individual rights regarding your PHI; specifically:

1. If the Plan maintains your PHI, you have the right to inspect and request a copy it. The plan may charge a reasonable fee for copying this information. If the Plan does not maintain the PHI, which is the subject of your request, you will be directed to the appropriate party who can assist you with your inquiry.
2. You have the right to restrict the use and disclosure of your PHI, although the Plan is not required to agree with your request.
3. You have the right to receive confidential communications. You have the right to limit or restrict where, or how, the Plan may contact you regarding your PHI.
4. You have the right to request amendments or modifications to your PHI. If you believe your PHI is inaccurate or incomplete, you have the right to request an amendment to your records. In order to be entitled to amend the records, the Plan must maintain the relevant records, and you must make the request for amendment in writing. The Plan has the right to deny your request to amend or modify your PHI if:
 1. You do not have a substantive reason for the request
 2. The relevant records were not created by the Plan
 3. The request falls within an exception to the amendment rights provided by the law
 4. It is determined that the information is complete or accurate
5. You have the right to obtain an accounting of any disclosure that has been made of your PHI, other than those disclosures made for health care payment, treatment, or other health care plan operations. To exercise this right, contact:
 Carol Hebl, Business Manager, Pine Island Schools, PO Box 398, Pine Island MN 55963
 507-356-4995 chebl@pineisland.k12.mn.us

If you would like to pursue any of your individual rights regarding your PHI, contact Carol Hebl, Business Manager, Pine Island Schools, PO Box 398, Pine Island MN 55963 / phone 507-356-4995. You have the right to contact U.S. Department of Health and Human Services' Office for Civil Rights (OCR) if you have any complaints about how the Plan has handled your PHI. You can submit your complaint on-line, or download a complaint form at this OCR website (<http://cms.hhs.gov/hipaa>). Or, you can send your complaint or question to this e-mail address: askhipaa@cms.hhs.gov. Or, you can call the CMS HIPAA Hotline: 1-866-282-0659.

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