

# #19676 Northern Arizona Public Employee Benefit Trust (NAPEBT)

## BENEFIT PLAN CHANGES

Effective 7/1/2015

### Base PPO

#### COST-SHARING

##### Emergency Room

Currently, you pay a \$150 access fee per member, per facility, per day plus in-network deductible and coinsurance for emergency room services. You will now pay a \$200 access fee per member, per facility, per day plus in-network deductible and 20% coinsurance for emergency room services. The access fee will continue to be waived if you are admitted to the hospital.

##### Office Visits

Currently, you pay \$35 copay per visit for in-network primary care physician (PCP) visits and a \$45 copay per visit for specialist visits. You will now pay a \$40 copay for in-network PCP visits and \$50 for in-network specialist visits.

Currently, you pay a \$75 copay per visit to in-network facilities specifically contracted for urgent care . You will now pay \$80 per visit to in-network urgent care providers.

##### Out of Pocket Limit

Currently, your benefit plan has an annual out-of-pocket limit, which is the limit you have to pay in deductibles, copays and coinsurance for covered medical plan services before the Plan pays 100% for covered services. Pharmacy cost shares do not count toward the out-of-pocket limit.

Your benefit plan will now have separate annual out-of-pocket limits for medical expenses and pharmacy expenses. Your new in-network medical and pharmacy annual out-of-pocket limits are included below.

	<b>Medical</b>	<b>Pharmacy</b>
	(Individual/Family)	(Individual/Family)
<b>PPO</b>	\$4,250/\$8,500	\$2,350/\$4,700

CVS/Caremark will continue to be the administrator for pharmacy claims and benefits.

#### PREVENTIVE SERVICES

Federal law requires that additional preventive services be covered under this benefit plan on plan years on or after one (1) year following recommendation of the preventive service(s) by the applicable federal agency. A list of covered preventive services will be included in the Preventive Services section of your benefit plan booklet or you can contact BCBSAZ prior to receipt of the benefit plan booklet for a list of covered preventive services.

## **TELEMEDICINE**

Benefits will now be available for telemedicine services delivered by an in-network provider through interactive audio-video electronic media to members to treat the following conditions:

- Burns
- Cardiologic conditions
- Dermatologic conditions
- Infectious diseases
- Mental health disorders
- Neurologic diseases, including strokes
- Trauma

Benefits are also available for emergency or urgent telemedicine services provided by out-of-network providers to treat one of the conditions listed above.

*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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