

EHA Health Care Reform Changes

Effective September 1, 2011

In compliance with the Patient Protection and Affordable Care Act (PPACA), we are making some changes to EHA health care coverage effective September 1, 2011:

- **Waiting periods for pre-existing conditions.** Waiting periods for pre-existing conditions no longer apply to members under age 19.
- **Annual dollar limits on essential health benefits have been removed.** You no longer have an annual dollar limit on essential health benefits. (For example, the \$500 maximum for diabetes education benefits will be removed.)
- **The overall contract maximum/total benefits limit has been removed.** There is no longer an overall dollar limit on the benefits for covered services you and your covered family members may receive under your plan.
- **Emergency services paid at in-network benefit level.** Covered services received in an out-of-network hospital emergency room will be paid the same as they would in an in-network hospital emergency room.
- **The definition of “eligible dependent” under your plan has changed.** You eligible dependents may now remain covered under your plan until the age of 26.

Important information about the 30-day open enrollment period for adding these dependents to your plan: Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in your employer’s health care plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective on September 1, 2011. For more information, contact your employer.

- **Benefits for certain preventive services are covered at 100%, subject to age, gender and frequency limits.** A listing of preventive services required under the new health care reform laws, along with their corresponding age, gender and frequency limits, may be found at www.nebraskablue.com/health-care-reform/overview/. Your plan may provide additional coverage for preventive services; please refer to your Schedule of Benefits and/or Schedule of Benefits Summary documents for additional information.
- **Appeals procedures have changed.** This amendment outlines the new processes for requesting an appeal of a benefit determination on a claim.

The enclosed amendments related to the changes described above should be retained with your other Blue Cross and Blue Shield of Nebraska coverage documents for future reference.