



July 2009 Individual Changes and Language Clarifications

Regence BlueShield of Idaho has made several updates to the contracts on Individual products. These changes apply to new and renewing policies with July 1, 2009 or later effective dates.

A new contract and a Summary of Changes document will be sent to the members along with a letter and Important Notes packet. We have attached the letter and summary for your reference.



Regence

Regence BlueShield of Idaho is an Independent Licensee
of the Blue Cross and Blue Shield Association

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P.O. Box 1106
Lewiston, ID 83501-1106

May 2009

Dear Member:

Regence BlueShield of Idaho continually strives to provide good value in cost and quality for our members. Each year, we evaluate our plans to provide maximum value and help you optimize your health, while keeping up with rising medical costs.

Enclosed please find information regarding your July 1, 2009 individual health insurance policy renewal. The information includes your new premium amount, and an "Important Notes" packet. Please review this information carefully. Your premium amount will take effect automatically on the date your policy renews.

There are also new policy changes and contract updates that take effect July 1, 2009. Please refer to the enclosures for more information about these changes.

This is a good time to review your policy and decide if you'd like to make any changes to your level of benefits and monthly rate by selecting another Regence BlueShield of Idaho medical plan. If you choose to switch to a new health plan, your benefits and premium will be effective on the first day of the month following the approval of your request. Contact your agent, visit our Web site at www.regence.com, or call us at 1 (800) 632-2022 to get other available coverage options.

You may also visit the members-only Web site at www.myRegence.com. The site includes health calculators to help you estimate your health costs over the next year. The site also gives you information about discount programs and other benefits known as **Regence Advantages**. These programs include discounts on eyeglasses, hearing aids, LASIK eye surgery, bicycle helmets, and many other health-related products and services.

Our goal at Regence is to make health care accessible for everyone in our community. We are committed to making sure that the premium dollars we collect will be available to cover you and other members' care today and in the future. We appreciate you continuing to choose us to provide coverage for your health care and work hard every day to provide our best value to you.

Sincerely,

Kami L. Shoemaker
Member Services

Enclosure: [Declaration Page](#)
[Important Notes Packet](#)
[Individual Contract](#)
[Summary of Changes](#)

REGENCE PLAN NAME

Policy Holder:

Identification Number:

Premium Renewal Effective Date: July 1, 2009

Policy Holder: \$

Dependents: \$

Total Premium: \$

This rate covers the following family members:

First Name	Last Name	Relationship
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IDAHO INDIVIDUAL POLICY CHANGES, EFFECTIVE JULY 1, 2009

This comparison summarizes the revisions that will be made to individual policies beginning July 1, 2009. Actual updates to the policies will take place at your renewal.

Please note: This list does not include minor grammatical or cosmetic modifications and previously filed amendments.

BENEFIT / REGULATORY / LEGISLATIVE CHANGES		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
CERTIFICATES OF CREDITABLE COVERAGE Applies to all products.	Our contracts currently do not have language explaining this process.	Added a Certificates of Creditable Coverage section.
DEDUCTIBLE ACCUMULATION Applies to all products.	The Idaho Department of Insurance (DOI) noticed that we use the term "paid" any deductible in the explanation of coinsurance. We do not track what is paid, but we do track what is accumulated based on claims processed, this word needed to be changed to "satisfied".	First bullet of the Deductible Accumulation section will now read: Before an Insured shall qualify for the benefits of this Policy, such Insured must have satisfied,..."
DEFINITIONS Applies to all products.	The Idaho DOI has required that all carriers use the common definition of qualifying previous coverage/creditable coverage .	Revised the definition to be compliant.
DEFINITIONS Applies to all products.	The Idaho DOI required a modification to the definition of Medical Emergency citing that the previous definition was outside usual or industry standard.	Revised the definition to be compliant.
GENERAL EXCLUSIONS Applies to all products.	The Idaho DOI requested we remove the entire Benefits Not Stated exclusion ("services not listed as covered services") – remove entire exclusion per the Idaho DOI's reques..	Exclusion removed.
GENERAL EXCLUSIONS Applies to all products.	Orthognathic Surgery per the Idaho DOI must be covered for congenital anomalies.	Added the following exclusion: Services and supplies related to Orthognathic Surgery, except as provided for congenital anomalies or as otherwise specified in this Policy.
GENERAL EXCLUSIONS Applies to all products.	The Idaho DOI required a modification to the exclusion of elective abortion.	The exclusion was modified to be consistent with definition as defined by the DOI. This also necessitated a revision to the maternity covered services section.
TRANSPLANT and BONE MARROW REINFUSION Applies to all products.	The Idaho DOI has required that we no longer impose a separate maximum for the donor procurement and that clarification is made as to the application of benefits for the donor and the recipient.	Removed the donor procurement maximum and made the overall transplant maximum the only maximum and added language specifying that the donor's charges will be paid after the recipient's expenses have been paid, if benefits remain available.

DOCUMENT LANGUAGE CLARIFICATIONS		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
BILLED CHARGES Applies to all products.	Submission of Claims and Reimbursement: Booklets do not describe that once a calendar or lifetime limit is met, a provider can bill the member for more than the allowed amount.	Added: You will be responsible for the total billed charges for benefits in excess of lifetime or Calendar Year Maximum Benefits, if any, and for charges for any other service or supply not covered under this plan, regardless of the Provider rendering such service or supply.
DEFINITIONS Applies to all products (except HRP, HSA Healthplan, NowSelect, and Summit)	Revised the Provider definition for consistency purposes.	The definition now reads: Provider means a person or entity recognized as a covered Provider by Regence Blue Shield of Idaho and duly licensed or certified under applicable state law to provide Covered Services as set forth in this Policy.
GENERAL EXCLUSIONS Applies to all products (except HRP, Regence Choice-Pocatello, HSA Healthplan, NowSelect, and Summit)	Revised the Cosmetic exclusion for consistency purposes.	The exclusion now reads: Cosmetic and/or reconstructive services and supplies, including services and supplies related to a previous cosmetic procedure or complications of a previous cosmetic procedure, except as follows: a) Related to breast reconstruction following a mastectomy to the extent required by law (refer to the Women's Health and Cancer Rights provision for additional information); b) Due to a trauma, infection, or other disease of the involved part; or c) Due to congenital disease or anomaly for an Insured Dependent child. d) For the purposes of this exclusion, cosmetic means a procedure that primarily improves or changes appearance and does not primarily restore an impaired function of the body.
GENERAL EXCLUSIONS Applies to all products.	Oral Surgery (exclusion). Language clarification only.	Added: (except for the treatment of a jaw fracture).
GENERAL EXCLUSIONS Applies to Regence NowSelect.	Insulin/syringes/needles are to be covered for diabetics.	Revised exclusion so that specific supplies (syringes, needles, and insulin) are not excluded.
GENERAL EXCLUSIONS Applies to all products.	Federal law prohibits benefit exclusions based on the source of injury.	New language added to the Exclusions leading paragraph: No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, or for any direct complications or consequences thereof. However, these exclusions shall not apply with regard to an otherwise Covered Service for an Injury, the Injury results from an act of domestic violence or a medical condition (including physical and mental) and

		regardless of whether such condition was diagnosed before the Injury, as required by federal law.
PRESCRIPTION, MAIL-ORDER MAINTENANCE DRUGS Applies to Regence NowSelect.	Insulin/syringes/needles are to be covered for diabetics.	Revised the exclusionary outline of this provision so that specific supplies (syringes, needles, and insulin) are not excluded.



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