



# Hospital BeneFits Preferred Plan X352



Benefit Category	Current Benefit	New Benefit Upon Renewal	
Acupuncture/Acupressure In-network & Out-of-network	All charges in excess of \$25 per visit after annual deductible. 24 visits per year, in-network and out-of-network combined.	All charges in excess of \$30 per visit after annual deductible. 24 visits per year, in-network and out-of-network combined.	*
Centers of Medical Excellence (CME) for Transplants In-network	<p>Travel expenses for the recipient, one companion per transplant (limited to 6 trips/transplant).</p> <ul style="list-style-type: none"> <li>Transportation to/from COE not to exceed \$250/trip for each person for round trip coach airfare.</li> <li>Hotel not to exceed \$100/day, 21 days per trip, limited to one room.</li> <li>Meals not to exceed \$25/day for each person up to 21 days/trip.</li> </ul> <p>Travel expenses will be provided for donor per transplant (limited 1 trip/transplant).</p> <ul style="list-style-type: none"> <li>Transportation to/from COE not to exceed \$250 for round trip coach airfare.</li> <li>Hotel not to exceed \$100/day, up to 7 days, limited to one room.</li> <li>Meals not to exceed \$25 per day, up to 7 days, limited to one person.</li> </ul>	<p>Travel expenses for the recipient (and one companion) or donor in connection with a covered organ or tissue transplant when performed at a CME. All travel expenses are limited to the maximum set forth in the Internal Revenue Code at the time services are rendered. Limited to maximum Anthem payment of \$10,000 per transplant.</p> <p>Travel expenses include the following:</p> <ul style="list-style-type: none"> <li>Ground transport to/from the CME when the CME is 75 miles or more from the recipient's or donor's home. Coach air transport is available when the distance is 300 miles or more.</li> <li>Lodging and meals.</li> </ul> <p>Cell donor search: Limited to maximum Anthem payment of \$30,000 per transplant for approved bone marrow/stem cell transplant performed at a nationally accredited bone marrow/stem cell organization.</p>	
Specialty Pharmacy Program	Your provider is now required to obtain classified specialty drugs through the Specialty Pharmacy Program, subject to the terms of the program. Limited to 30-day supply per fill.		
Additional Legislative Updates As a result of the following state and federal legislative actions, benefits and administrative procedures impacting your plans have also been updated.	<p><i>SB 1168 – Overage Dependents:</i> Provides that health plans and insurers that cover dependent children age 18 years and older must not terminate that coverage for a maximum of 12 months when the child takes a leave of absence.</p> <p><i>AB 910 – Disabled, Overage Dependents:</i> Requires coverage continuation for disabled, overage dependents who meet certain criteria, and outlines time frames relating to notification of overage dependent status.</p> <p><i>AB 1324 – Treatment Authorizations:</i> Prohibits health plans or health insurers from rescinding or modifying authorizations once authorized services have been rendered by the provider.</p> <p><i>AB 1894 – HIV testing:</i> Requires health plans and insurers to offer HIV testing regardless of whether the testing is related to the primary diagnosis.</p> <p><i>AB 2179 – Timely Access:</i> For CDI-regulated plans only, requires certificates and contracts to contain notices relating to limitations of network provider services, as well as information pertaining to complaints of timely access to providers.</p> <p><i>Federal - State Children's Health Insurance Program Reauthorization of 2009:</i> adds two new Special Enrollment provisions related to new eligibility and premium assistance options for employees or dependents eligible for Medicaid (Medi-Cal) or SCHIP (Healthy Families).</p>		

\* represents an enhancement to your current benefits