

EARNHARDT MANAGEMENT COMPANY
Group #27342
BENEFIT PLAN CHANGES
EFFECTIVE 10/1/2017

Red, White and Blue PPO

COORDINATION OF BENEFITS (COB)

Effective for all dates of services on or after January 1, 2018 regardless of the group or member renewal date, BCBSAZ will change its COB methodology when another commercial carrier/administrator is the primary payer and BCBSAZ is the secondary payer. Currently, the combined payments by the primary payer and BCBSAZ do not exceed the provider's billed charges. For all dates of services on or after January 1, 2018, the combined payments by the primary payer and BCBSAZ will not exceed the greater of the primary payer or BCBSAZ's allowed amount. BCBSAZ's payment will be the higher allowed amount minus the amount paid by the primary payer, not to exceed what BCBSAZ would have paid as the primary payer. You will be responsible for the difference between the higher allowed amount and the total of BCBSAZ and the primary payer's payments if the provider is an in-network provider. You will be responsible for the difference between the provider's billed charges and the total of BCBSAZ and the primary payer's payments if the provider is noncontracted (except for emergency services). This change does not apply when the primary payer is Medicare.

MEDICATION SYNCHRONIZATION

If you are taking two or more prescription medications for a chronic condition, you may now request early or short refills of eligible covered medications by contacting the Pharmacy Benefit Customer Service number listed in your benefit plan materials and requesting enrollment in the BCBSAZ Medication Synchronization program. If you are enrolled in the BCBSAZ Medication Synchronization program, your cost-share for eligible covered medications will be adjusted for any early or short refills of those medications.

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.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877)475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

