

Summary of California Indian Health Care Program Medical Plan Changes Effective 8/1/06

Plan Change	Before:	Effective 8/1/06: *New limitation or condition of coverage	PPO \$30 Copay NV01	PPO \$40 Copay NV02
		Checkmark below (✓) indicates that change applies to this plan:		
Bariatric Centers of Expertise (COE) ⁽¹⁾	Bariatric surgery covered if medically necessary only at Centers of Expertise (COE).	<i>The EOC now clarifies that "Authorized Referrals", as defined, are available for bariatric COE services.</i>	✓	✓
Dental Injury ⁽¹⁾	Treatment must be received within one year following the injury	<i>Treatment will be covered only if received within one year following accidental injury or within one year following your original effective date, whichever date is later. Treatment excludes orthodontia.</i>	✓	✓
Medically Necessary ⁽¹⁾	Defined	<i>Existing definition expanded.</i>	✓	✓
Medicare Part D ⁽¹⁾	Not applicable	<i>The parts of the EOC describing the Non-Duplication of Medicare, both in the Non-Duplication of Medicare and the Pharmacy sections, has been revised to explain how coverage will not duplicate benefits provided under the new Part D of Medicare.</i>	✓	✓
Optometrist ⁽¹⁾	Participating optometrists were not previously available	<i>Optometrist network has been created so Member can choose a Participating Provider. A member will pay more for services provided by a non-participating optometrist.</i>	✓	✓
Preservice Review ⁽¹⁾	Required for certain procedures including MRI, CAT and PET scans	<i>The list of procedures requiring pre-service review has been expanded with the addition of a number of procedures, including MRS and NC scans.*</i>		✓
Pay Non-Participating Providers and Non-Contracting Hospitals ⁽¹⁾	Plan pays claim directly to Non-Participating Provider and Non-Contracting Hospital if benefits are assigned.	<i>In some cases, the Plan will not recognize assignments of benefits and payment may be made directly to the subscriber/certificate-holder and the subscriber/certificate-holder is responsible for paying the provider. Applies to some Non-Participating Providers and Non-Contracting Hospitals.*</i>		
PrecisionRx Specialty Solutions ⁽¹⁾	Certain high cost drugs obtainable through retail pharmacies	<i>Certain high cost drugs (injectable, infused, oral or inhaled) will be covered only when obtained through PrecisionRx Specialty Solutions.*</i>		

(1) Plan changes filed by BC Life & Health Insurance Company (BCL&H) and Blue Cross of California (BCC) with the California Department of Insurance and Department of Managed Health Care; BCL&H plan changes pending approval.

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are independent licensees of the Blue Cross Association (BCA).

The Blue Cross name and symbol are registered service marks of the BCA. The following Medical plans are offered by BCC: PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO and Power Select HMO. The following Medical plans are offered by BCL&H: Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500 and PPO 3500/2400 (HSA Compatible) plans.