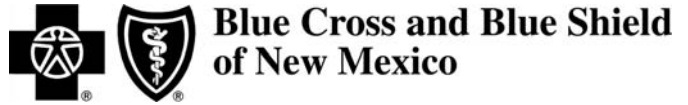


# Endorsement:

## 2009 Benefit Changes for Fully Insured Group BlueNet® or EPO Plans



Blue Cross and Blue Shield  
of New Mexico

This *2009 Benefit Changes for Fully Insured Group BlueNet/EPO Plans* endorsement is made a part of your Blue Cross and Blue Shield of New Mexico (BCBSNM) health care plan benefit booklet. If you have a question about these changes, please call your Customer Service Unit representative at the phone number printed on the bottom of the page or on the back of your identification card.

BY:

A handwritten signature in black ink that reads "Elizabeth A. Watrin".

Elizabeth A. Watrin  
President  
Blue Cross and Blue Shield of New Mexico

## Product Name Change

Effective January 1, 2009, the entire BCBSNM suite of BlueNet health plans are being referred to as BlueNet EPO health plans. The term "EPO" stands for "Exclusive Provider Organization." NOTE: The provider network is the same "PPO" network to which you currently have access. The name change does not affect your provider network in any way. (If you have a custom plan and it refers to the "EPO," no name change is being made to your plan.)

## Covered Services: Benefit Changes

Effective January 1, 2009, some benefits of the BlueNet EPO and other custom EPO plans are being changed as a result of New Mexico regulatory requirement changes. We are also pleased to add an "alternative medicine" category of coverage that includes acupuncture and services of a chiropractor at this time. Therefore, as of January 1, 2009, please make the following changes to your BlueNet or other EPO plan benefit booklet and/or Summary of Benefits:

### Short-Term Rehabilitation

Under the definition of "Short-term rehabilitation" on page 32, remove "spinal manipulation." Replace the "Covered Services," "Conditions of Coverage," and "Benefit Limits" sections on pages 32 and 33 with the following provisions:

Covered Services — This plan covers the following short-term rehabilitation services when provided for the medically necessary treatment of injury or illness:

- occupational therapy performed by a licensed occupational therapist
- physical therapy performed by a physician, licensed physical therapist, or doctor of oriental medicine
- speech therapy, including audio diagnostic testing, performed by a properly accredited speech therapist for the treatment of communication impairment or swallowing disorders caused by disease, trauma, congenital anomaly, or a previous treatment or therapy
- inpatient physical rehabilitation and skilled nursing facility services

Conditions of Coverage — To be eligible for benefits, therapies must meet the following conditions:

- Services must be **prior-approved** by BCBSNM.
- There is a documented condition or delay in recovery that can be expected to measurably improve with therapy within two months of beginning active therapy. This period may be extended upon recommendation of the referring preferred physician, in consultation with BCBSNM.
- Improvement would not normally be expected to occur without intervention.

Benefit Limits — Benefits for all inpatient, outpatient, office, and home-based services combined are limited as specified on the *Summary of Benefits*. NOTE: Long-term therapy, maintenance therapy, and therapy for chronic conditions are NOT covered. This plan covers short-term rehabilitation only.

**Add the following definition to the “Short-Term Rehabilitation” provision in Section 3 of your benefit booklet:**

Unit — A “unit,” for purposes of defining benefit limits for short-term rehabilitation is equivalent to one inpatient hospital day, one outpatient therapy visit, or one office- or home-based therapy visit (when not part of an approved home health or hospice admission, which are subject to separate benefit limitations and exclusions).

**Effective January 1, 2009, remove the “Acupuncture” exclusion from page 33 and from Section 4 of your benefit booklet and add the following provision to Section 3 of your benefit booklet:**

## Acupuncture/Chiropractic Services

This plan covers acupuncture when administered by a licensed provider acting within the scope of licensure and chiropractic services administered by a chiropractor acting within the scope of his/her licensure and according to the standards of chiropractic medicine in New Mexico (or the state in which services are rendered). Services must be necessary for the treatment of an illness or injury. Benefits for acupuncture (which includes acupuncture used as an anesthetic) and for chiropractic services (which includes physical therapy, spinal manipulation, x-rays, office visits, and other covered services performed by the chiropractor), are limited as specified on your *Summary of Benefits*.

This plan does **not** cover:

- herbs or homeopathic preparations
- services of a massage therapist or rolfing
- any therapeutic exercise equipment prescribed for home use
- maintenance therapy or care or long-term therapy

## Psychotherapy (Mental Health and Chemical Dependency)

**Effective January 1, 2009, remove the paragraph under “Psychotherapy (Mental Health and Chemical Dependency)” in Section 3 that is entitled “Minimum Coverage for Alcoholism Rehabilitation.” Add the following definition to the “Psychotherapy (Mental Health and Chemical Dependency)” provision in Section 3 of your benefit booklet:**

Unit — A “unit,” for purposes of defining benefit limits for psychotherapy for mental disorders, is equivalent to one inpatient hospital day, one outpatient therapy visit, or one office- or home-based therapy visit, including one partial hospitalization day or one intensive outpatient therapy visit.

## General Limitations and Exclusions

**Effective January 1, 2009, replace the “Nonpreferred Provider Services” exclusion in Section 4 of your benefit booklet with the following exclusion:**

Nonpreferred Provider Services — **This plan does not cover** nonemergency services provided by a nonpreferred provider unless **prior approval** for such services is received from BCBSNM. You will be financially responsible for the services of a nonpreferred provider if you did not receive, in advance, a valid approval from BCBSNM. **Note:** When prior approval is requested, BCBSNM may require that you travel to another city to receive services from a preferred provider.

Except in emergencies, BCBSNM will generally NOT authorize services of a nonpreferred provider if the services could be obtained from a preferred provider. Authorizations (prior approvals) for such services are given only under very special circumstances related to **medical necessity and lack of provider availability in the BCBSNM preferred provider network**. BCBSNM will NOT approve an authorization request based on non-medical issues such as whether or not you or your doctor prefer the out-of-network provider or find the provider more convenient. Regardless of medical necessity or non-medical issues, nonpreferred providers' services are NOT covered under this plan, except during an emergency, if you do not first obtain prior approval.

**Note:** If your health care provider leaves the BCBSNM preferred provider network (for reasons other than medical competence or professional behavior) or if you are a new member and your provider is not in the preferred provider network when you enroll, BCBSNM may authorize you to continue an ongoing course of treatment with the provider for a transitional period of time of not less than 30 days. (If necessary and ordered by the treating provider, BCBSNM may also authorize transitional care from other nonpreferred providers.) The period will be sufficient to permit coordinated transition planning consistent with your condition and needs. Special provisions may apply if the required transitional period exceeds 30 days. If you have entered the third trimester of pregnancy at the effective date of enrollment, the transitional period shall include post-partum care directly related to the delivery. Call the BCBSNM Customer Service department for details.

Members who extend coverage under an extension of benefits due to disability after the group contract is terminated are not eligible to receive prior approval for services of a nonpreferred provider. Services of a nonpreferred provider are not covered in such instances of extended coverage.

## General Provisions

**Effective January 1, 2009, replace the "Member Rights and Responsibilities" provision in Section 8 of your benefit booklet with the following provisions:**

Member Rights — As a member enrolled in an EPO health plan administered by BCBSNM, you have these rights:

- The right to available and accessible services when medically necessary as determined by your primary care or treating physician in consultation with BCBSNM, 24 hours per day, 7 days per week for urgent or emergency care services, and for other health care services as defined by your benefit booklet.
- The right to be treated with courtesy and consideration, and with respect for your dignity and your need for privacy.
- The right to be provided with information concerning BCBSNM's policies and procedures regarding products, services, providers, appeals procedures and other information about the company and the benefits provided.
- The right to choose a PPP within the limits of the covered benefits and plan network, including the right to refuse care of specific practitioners.
- The right to all the rights afforded by law, rule, or regulation as a patient in a licensed health care facility, including the right to refuse medication and treatment after possible consequences of this decision have been explained in language you understand.
- The right to receive from your physician(s) or provider, in terms that you understand, an explanation of your complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives, irrespective of BCBSNM's position on treatment options. If you

are not capable of understanding the information, the explanation shall be provided to your next of kin, guardian, agent or surrogate, if able, and documented in your medical record.

- The right to prompt notification of termination or changes in benefits, services or provider network.
- The right to file a complaint or appeal with BCBSNM or with the New Mexico Superintendent of Insurance and to receive an answer to those complaints within a reasonable time.
- The right to privacy of medical and financial records maintained by BCBSNM and health care providers contracted with BCBSNM, in accordance with existing law.
- The right to request information about any financial arrangements or provisions between BCBSNM and its preferred providers that may restrict referral or treatment options or limit the services offered to members.
- The right to adequate access to qualified health professionals near your work or home within the BCBSNM service area (the state of New Mexico).
- The right to affordable health care, with limits on out-of-pocket expenses, including the right to seek care from a nonpreferred provider, and an explanation of your financial responsibility when services are provided by a nonpreferred provider, or provided without required prior approval.
- The right to detailed information about coverage, maximum benefits, and exclusions of specific conditions, ailments or disorders, including restricted prescription benefits, and all requirements that you must follow for prior approval and utilization review.
- The right to make recommendations regarding BCBSNM's member rights and responsibilities policies.
- The right to a complete explanation of why care is denied, an opportunity to appeal the decision to BCBSNM's internal review, the right to a secondary appeal, and the right to request the assistance of the Superintendent of Insurance.

Member Responsibilities — As a member enrolled in an EPO health plan administered by BCBSNM, you have these responsibilities:

- The responsibility to supply information (to the extent possible) that BCBSNM and its preferred practitioners and providers need in order to provide care.
- The responsibility to follow plans and instructions for care that you have agreed on with your treating provider or practitioners.
- The responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals with your treating provider or practitioner to the degree possible.

Consumer Advisory Board — BCBSNM has established a Consumer Advisory Board to provide input from the member's point-of-view about BCBSNM's general operations and internal policies and to identify areas that need improvement.

Hold-Harmless Provision — The contracts between BCBSNM and its preferred providers include a "hold harmless" clause which provides that a BlueNet plan member (or other EPO plan member) cannot be liable to the provider for monies owed by BCBSNM for health care plan services covered under the EPO health plan.

## Glossary

**Effective January 1, 2009, add the following new definitions and replace the definitions of "Acupuncture" and "Short-term rehabilitation" in the *Glossary* section of your benefit booklet with the following definitions:**

**Acupuncture** — The use of needles inserted into the human body for the prevention, cure, or correction of any disease, illness, injury, pain, or other condition by controlling and regulating the flow and balance of energy and functioning of the person to restore health.

**Chiropractic services** — Any service or supply administered by a chiropractor acting within the scope

of his/her licensure and according to the standards of chiropractic medicine in New Mexico or the state in which services are rendered.

Service area — The BCBSNM EPO Plan's service area is the geographic area where BCBSNM is licensed to conduct managed health care plan business (all counties in New Mexico). Please see map on the last page of this endorsement.

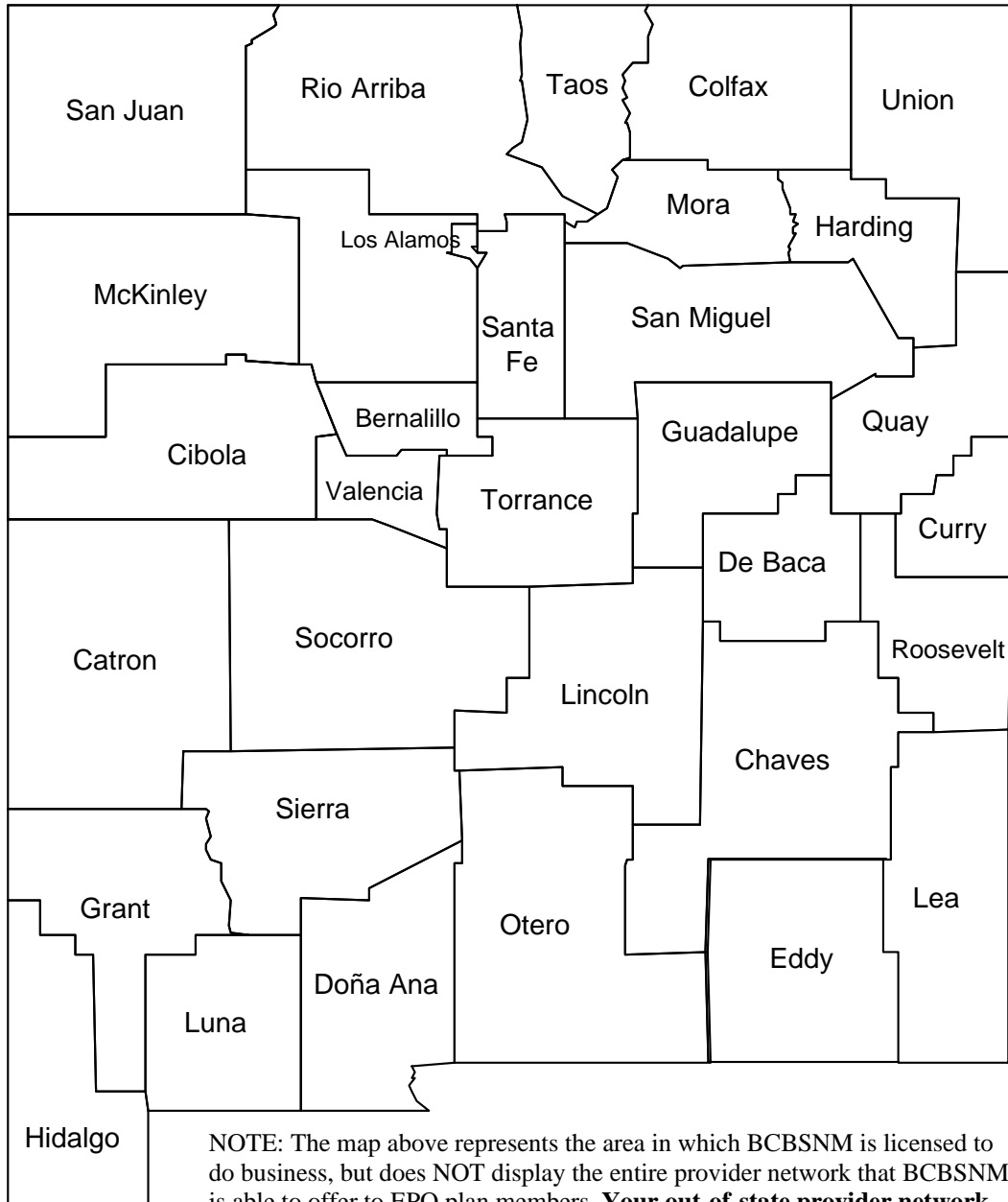
Short-term rehabilitation — Inpatient, outpatient, office- and home-based occupational, physical, and speech therapy techniques that are medically necessary to restore and improve lost bodily functions following illness or injury. (This does not include services provided as part of an approved home health or hospice admission, which are subject to separate benefit limitations and exclusions, and does not include alcoholism or drug abuse rehabilitation, which are also subject to separate limitations and exclusions.)

Unit — A "unit," for purposes of defining benefit limits for short-term rehabilitation and psychotherapy for mental disorders, is equivalent to one inpatient hospital day, one outpatient therapy visit, or one office- or home-based therapy visit (when not part of an approved home health or hospice admission, which are subject to separate benefit limitations and exclusions). When applied to the psychotherapy benefit for mental disorders, a "unit" also includes one partial hospitalization day or one intensive outpatient therapy visit.

## Summary of Benefits

Effective January 1, 2009, change the benefit limitations under the "Short-Term Rehabilitation" line item on your Summary of Benefits to: "up to 60 units each calendar year for all services combined." Also on your Summary of Benefits, change the benefit limitations under the "Psychotherapy for Mental Health Rehabilitation" line item to: "up to 60 units each calendar year for all services combined." Add a line to your Summary of Benefits for "Acupuncture/Chiropractic" services, for which you pay an office visit copayment (amount depends on the plan under which you are enrolled). Maximum benefits for acupuncture and chiropractic services combined are limited for each member to \$1,500 per calendar year. NOTE: Your coverage and benefit limitations for Chemical Dependency Rehabilitation are NOT changing.

# BCBSNM EPO SERVICE AREA



NOTE: The map above represents the area in which BCBSNM is licensed to do business, but does NOT display the entire provider network that BCBSNM is able to offer to EPO plan members. **Your out-of-state provider network and the world-wide preferred provider network are also available as described in your benefit booklet.**