Dear Group Administrator,

Plan Changes Effective Upon Renewals after Jan. 1, 2019

There are some changes to certain health plans currently offered to your group. Blue Cross and Blue Shield of Texas (BCBSTX) is making you aware of the benefit changes to the plans below. This list also includes plans which are not offered as part of your group health coverage.

The following pages list the significant benefit changes to select plans. To determine if your plan(s) is affected, find your plan identification number(s) listed next to the plan name. You can locate your plan ID#(s) in Section 1:B of your Renewal Exhibit. If a plan number is not listed, that plan does not have significant benefit changes for the 2019. You can also change plans or select other plan options for your employees.

What to Consider When Deciding to Keep or Change Plans

Visit BCBSTX website (www.bcbstx.com/employer) to check which doctors, other health care providers and prescription medications are covered by the plan(s) you are considering. You can also contact your producer or BCBSTX account representative. This is an important step when choosing a plan that meets your employees' needs.

We appreciate your trust in BCBSTX. We strive to continue to exceed the service needs of you and your employees.

Sincerely,

Blue Cross and Blue Shield of Texas
Blue Cross and Blue Shield of Texas

2019 Affordable Care Act (ACA)/Metallic Plans

To find your renewal group's 2019 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character MPI in the search field and press enter.

In 2019, MDLive will serve as another provider group for Virtual Visits.

Blue Advantage Bronze HMO 833; B661ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network Facility copay: $500 and
  - Out-of-network services: subject to the contract out-of-network benefits.

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Bronze HMO 806; B660ADT

- The in-network, individual, deductible will change to $6,650 from $6,550. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family, deductible will change to $13,300 from $13,100. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual out-of-pocket maximum will change to $6,650 from $6,550. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family out-of-pocket maximum will change to $13,300 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Gold HMO 830; G666ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting ((i.e. home/office)). Infusion therapy site-of-care benefits are now the following amounts:
- In-network professional copay: $50
- In-network Facility copay: $500
- Out-of-network services: subject to the contract out-of-network benefits.

Changes to the 2019 Health Insurance Drug List.
Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Gold HMO 812; G661ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting ((i.e. home/office)). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Gold HMO 814; G662ADT

- The in-network individual Out-of-pocket maximum will change to $6,000 from $5,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The in-network family Out-of-pocket maximum will change to $12,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, Nuclear Medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting ((i.e. home/office)). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Gold HMO 816; G663ADT

- The in-network individual out-of-pocket maximum will change to $5,000 from $3,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The in-network family out-of-pocket maximum will change to $10,000 from $10,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced Imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of a facility hospital setting ((i.e. home/office)). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Gold HMO 817; G664ADT

- The in-network family Out-of-pocket maximum will change to $12,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion Therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. Your plan requires prior authorization for some services. If your provider is in-network, he/she is responsible for obtaining prior authorization. You are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Your Infusion therapy site-of-care benefits are now the following amounts:

- In-network Professional copay: $50
- In-network Facility copay: $500
- Out-of-network services: subject to the contract for out-of-network benefits

Changes to the 2019 Health Insurance Drug List.

Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Platinum HMO 808; P611ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Your Infusion therapy site-of-care benefits are now the following amounts:
  - In-network Professional copay: $50
  - In-network Facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Platinum HMO 807; P610ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits.

- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Silver HMO 820; S643ADT

- The in-network, individual, out-of-pocket Maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The imaging services copay will change to $200 from $250. The copay is a fixed dollar amount members are required to pay for covered services at the time you receive care.
- The imaging services coinsurance will change to 70% from 100%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting ((i.e. home/office)). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Silver HMO 803; S640ADT

- The in-network, family deductible will change to $12,000 from $14,700. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family out-of-pocket maximum will change to $12,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting ((i.e. home/office)). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network Professional copay: $50
  - In-network Facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Silver HMO 804; S641ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy Site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Silver HMO 818; S642ADT

- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The primary care provider office visit copay will change to $50 from $40. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The behavioral health and substance abuse office visit copay will change to $50 from $40. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The Virtual Visit office visit copay will change to $50 from $40. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
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  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Advantage Silver HMO 846; S644ADT

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

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  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits.

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Essentials Access Bronze HMO 806; B601HMO

- The in-network, individual deductible will change to $6,650 from $6,550. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to $13,300 from $13,100. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to $6,650 from $6,550. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
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- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Essentials Access Gold HMO 801; G610HMO

- The in-network, family, out-of-pocket maximum will change to $10,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

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  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits.

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- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
The in-network, family deductible will change to $12,000 from $13,100. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.

The in-network, family out-of-pocket maximum will change to $12,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

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  - Out-of-network services: subject to the contract for out-of-network benefits

The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.

Changes to the 2019 Health Insurance Drug List.

Updates to the 2019 Preferred Pharmacy Network.
Blue Essentials Access Silver HMO 802 ; S601HMO

- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The imaging services copay will change to $200 from $250. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The imaging services coinsurance will change to 70% from 100%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
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  o In-network professional copay: $50
  o In-network facility copay: $500
  o Out-of-network services: subject to the contract for out-of-network benefits
- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Essentials Access Silver HMO 803 ; S602HMO

- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The in-network, family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits

- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.

- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
Blue Essentials Access Silver HMO 804 ; S603HMO

- The in-network, family deductible will change to $10,000 from $13,100. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.

- The in-network, family, out-of-pocket maximum will change to $10,000 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.

- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
Blue Premier Access Bronze HMO 806; B640HMH

- The in-network, individual deductible will change to $6,650 from $6,550. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to $13,300 from $13,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to $6,650 from $6,550. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $13,300 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Premier Access Gold HMO 801; G630HMH

- The in-network, family, out-of-pocket maximum will change to $10,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits.

- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Premier Access Silver HMO 805; S623HMH

- The in-network, family deductible will change to $12,000 from $13,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The in-network, family, out-of-pocket maximum will change to $12,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits.
- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Premier Access Silver HMO 802; S620HMH

- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The in-network, family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits

- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.

- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
Blue Premier Access Silver HMO 803; S621HMH

- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Premier Access Silver HMO 804; S622HMH

- The in-network, family deductible will change to $10,000 from $13,100. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family, out-of-pocket maximum will change to $10,000 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- The plan will have a new Virtual Visits benefit. Virtual Visits provide the member with access to Virtual Network providers that can provide diagnosis and treatment of non-emergency medical and behavioral health conditions in situations that can be handled without a traditional PCP office visit or behavioral health office visit. The member will have the ability to see a physician virtually by phone, online video, or mobile app for non-emergency medical conditions and behavioral health needs as described in the benefit booklet.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Bronze PPO 833; B662CHC

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Bronze PPO 805; B660CHC

- The in-network, family deductible will change to $13,300 from $13,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to $6,650 from $6,550. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family out-of-pocket maximum will change to $13,300 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual deductible will change to $11,500 from $11,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to $13,300 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family out-of-pocket maximum will change to $26,600 from $39,300. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Bronze PPO 806; B661CHC

- The in-network, individual deductible will change to $6,650 from $6,550. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to $13,300 from $13,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to $6,650 from $6,550. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $13,300 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual deductible will change to $13,300 from $13,100. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family Deductible will change to $26,600 from $26,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to $13,300 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to $26,600 from $26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Gold PPO 801; G650CHC

- The out-of-network, individual, out-of-pocket maximum will change to Unlimited from $6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to Unlimited from $18,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Gold PPO 819; G651CHC

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Gold PPO 820; G652CHC

- The in-network, family, out-of-pocket maximum will change to $10,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $10,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $30,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Gold PPO 822; G653CHC

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $8,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $24,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Gold PPO 823; G654CHC

- The in-network, family deductible will change to $3,750 from $4,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to $4,500 from $6,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $9,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual deductible will change to $2,500 from $3,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family deductible will change to $7,500 from $9,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $13,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $39,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Gold PPO 830; G656CHC

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Platinum PPO 811; P621CHC

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $2,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $7,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Platinum PPO 810 ; P620CHC

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $2,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to Unlimited from $7,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 803; S660CHC

- The in-network, family deductible will change to $12,000 from $14,700. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family, out-of-pocket maximum will change to $12,000 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family deductible will change to $24,000 from $29,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $12,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $12,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 824; S661CHC

- The in-network, individual deductible will change to $3,000 from $3,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to $9,000 from $10,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The emergency room services copay will change to $500 from $600. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The out-of-network, individual deductible will change to $6,000 from $7,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family deductible will change to $18,000 from $21,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $44,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 825; S662CHC

- The in-network, family deductible will change to $10,000 from $13,100. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family, out-of-pocket maximum will change to $10,000 from $13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family deductible will change to $20,000 from $26,200. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family, out-of-pocket maximum will change to $20,000 from $26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 827; S663CHC

- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The specialist office visit copay will change to $70 from $80. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The imaging services copay will change to $200 from $250. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The imaging services coinsurance will change to 70% from 100%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after they meet your deductible.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $44,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 834; S665CHC

- The in-network, family deductible will change to $9,750 from $12,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to $7,900 from $7,350. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The in-network family, out-of-pocket maximum will change to $15,800 from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The plan coinsurance will change to 60% from 80%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after they meet your deductible.
- The out-of-network, individual deductible will change to $6,500 from $8,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family deductible will change to $19,500 from $24,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from $44,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 844; S666CHC

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The out-of-network, family, out-of-pocket maximum will change to unlimited from $44,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catheterization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.
- Updates to the 2019 Preferred Pharmacy Network.
Blue Choice Silver PPO 845; S667CHC

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from $14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The out-of-network, family, out-of-pocket maximum will change to unlimited from $44,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copay members must pay for covered medical expenses incurred during the benefit period.

- The out-of-network, individual deductible will change to $12,000 from $8,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, joint and spine surgery, diagnostic heart catherization, cardiac advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine), advanced imaging services (MRI, MRA, PET, PET-CT, CT, CTA, nuclear medicine (excludes cardiac advanced imaging)) in addition to other services. This plan requires prior authorization for some services. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.

- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
  - In-network professional copay: $50
  - In-network facility copay: $500
  - Out-of-network services: subject to the contract for out-of-network benefits

- Changes to the 2019 Health Insurance Drug List.

- Updates to the 2019 Preferred Pharmacy Network.
If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

<table>
<thead>
<tr>
<th>Arabic</th>
<th>إن كان لديك أو لدى شخص تساعد، هل لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.</th>
</tr>
</thead>
<tbody>
<tr>
<td>中文</td>
<td>如果您或您正在协助的对象，对此有疑问，您有权免费获取您的母语的援助和信息。咨询一位翻译员，请拨打号码 855-710-6984。</td>
</tr>
<tr>
<td>Français</td>
<td>Si vous, ou quelqu'un que vos êtes en train d'aider, avez des questions, vous avez le droit d'obtenir l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.</td>
</tr>
<tr>
<td>Deutsch</td>
<td>Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.</td>
</tr>
<tr>
<td>Gujarati</td>
<td>તમને અનુમતિ આપેલી તમના માટે ક્ષણીએ રહેશે, કે તમને આ યોગ્ય સહાયતા અને માહિતી મળી શકે છે. આ વિષયમાં પણ તમે અહીં ખરાબ ઘટકો સાથે ચાલુ કરવામાં આ નંબર 855-710-6984 પર કોલ કરી શકો છો.</td>
</tr>
<tr>
<td>Hindi</td>
<td>यदि आपके, या आप जिन्हें सहायता कर रहे हैं उसके प्रश्न हैं, तो आपको अपनी भाषा में निर्देशित सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।</td>
</tr>
<tr>
<td>Japanese</td>
<td>ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、855-710-6984までお電話ください。</td>
</tr>
<tr>
<td>Korean</td>
<td>만약 귀하 또는 귀하를 돕는 사람이 질문이 있다면 귀하의 무료로 그려진 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 외국어가 필요하시면 855-710-6984로 전화하십시오.</td>
</tr>
<tr>
<td>Laos</td>
<td>ໂໝາກ ໄດ້ ຄວ້າ ຈາເກັບ ທ້າຍ ຄວ້າ ຂຽນ ຍັງ ມັກ ທ້າຍ ໄດ້ ຄວ້າ ຄວ້າ ຈາເກັບ ທ້າຍ ຄວ້າ ມຽງ ນ້າເກັບ ບາງ ການ ທ້າຍ ຄວ້າ ຄວ້າ ຈາເກັບ ທ້າຍ ຄວ້າ ມຽງ ນ້າເກັບ ບາງ ການ ທ້າຍ ຄວ້າ ຄວ້າ ຈາເກັບ ທ້າຍ ຄວ້າ ມຽງ ນ້າເກັບ ບາງ ການ ທ້າຍ ຄວ້າ ຈາເກັບ ທ້າຍ ຄວ້າ ມຽງ ນ້າເກັບ ບາງ ການ ທ້າຍ ຄວ້າ ຄວ້າ ຈາເກັບ ທ້າຍ ຄວ້າ ມຽງ ນ້າເກັບ ບາງ ການ</td>
</tr>
<tr>
<td>Navajo</td>
<td>T'áa ni, éí doodago ła'da bikáá anánílo'óó'í, na'ídlkidgo, ts'ídá bee né a ho'óti'í t'áá níí' e niká a'doolwóó döó bina'idóólkidigii bee né hodoonii. Ata'dahalne'ígi bích'í'í hodiíilníi kwe'é 855-710-6984.</td>
</tr>
<tr>
<td>Persian</td>
<td>اگر شما یا کسی که شما به او کمک می‌کنید، سوالی داشته باشید، حق این را دارد که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت کنکاوی یک مترجم شفاهی، به شمار 855-710-6984 تلفن همراه کنید.</td>
</tr>
<tr>
<td>Russian</td>
<td>Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.</td>
</tr>
<tr>
<td>Spanish</td>
<td>Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Úpang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اگر آپ کو، یا کسی اسے فرد کو جس کی کچھ چیز مدد کر رہے ہیں، کوئی سوال دریں بی تو، آپ کو اینی زبان میں فہم دیدیہکے اور معلومات حاصل کرتے کہ حاصل کیتے ہیں، مترجم سے بات کیتے کہ نیں 855-710-6984 پر کہا کریں</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984.</td>
</tr>
</tbody>
</table>
**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

<table>
<thead>
<tr>
<th>Office of Civil Rights Coordinator</th>
<th>Phone: 855-664-7270 (voicemail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD: 855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax: 855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois 60601</td>
<td>Email: <a href="mailto:CivilRightsCoordinator@hcsc.net">CivilRightsCoordinator@hcsc.net</a></td>
</tr>
</tbody>
</table>

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

<table>
<thead>
<tr>
<th>U.S. Dept. of Health &amp; Human Services</th>
<th>Phone: 800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 Independence Avenue SW</td>
<td>TTY/TDD: 800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></td>
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</table>