








The Patient Protection and Affordable Care Act of 2010 (PPACA)
 Important Coverage Information Affecting PBT Insurance Plans
 Effective January 1, 2011

The Patient Protection and Affordable Care Act of 2010 (PPACA), or health care reform, was signed into law on March 23, 2010. PBT wants to ensure that you are informed about any impact health care reform has or will have on your health insurance coverage. To assist you in that understanding, we have prepared this chart that identifies the new plan benefit mandates required by PPACA and the effect these will have on your PBT Major Medical High Deductible Plan.

New benefits become effective January 1, 2011.

| Provision | Current PBT Benefit | | New Benefit 1-1-2011 |
|---------------------------------------|---|--------------|---|
| Lifetime Benefit Maximum | \$5,000,000 Lifetime Maximum Benefit. If insured has underlying coverage with PBT the Lifetime Maximum Benefit is \$1,000,000. | New → | \$5,000,000 Annual Benefit whether or not you have underlying coverage with PBT |
| Exclusion for Pre-Existing Conditions | All insureds are subject to a 12 month coverage exclusion period for pre-existing conditions. This period begins on the effective date of PBT coverage. | New → | The pre-existing condition exclusion limitation remains the same except it is not applicable to children up to age 19. |
| Eligibility for Adult Children | Children are eligible up to age 26 if they are unmarried and financially dependent on the certificate holder. | New → | Children are eligible up to age 26 even if they are not financially dependent on the certificate holder and are married. |
| | Children 26 and older are eligible if they are full time students, unmarried and financially dependent on the certificate holder. | | No change in benefit. |
| | Children who are military veterans may be covered to age 30 subject to certain additional requirements. | | No change in benefit. |

| Provision | Current PBT Benefit | | New Benefit 1-1-2011 |
|---|--|---|--|
| Annual Dollar Limits | Annual dollar limits apply to services such as Preventative Care, and Clinical Trials for terminally ill cancer patients and Autism Treatment for children under age 19. |  | The annual dollar limits are removed and benefits are payable in the same manner as the Current Benefit. |
| Preventative Care Benefits The definition of Preventative Services is now expanded to include routine health care – screenings and patient counseling to prevent illness, disease or other health problems, as well as child and adult immunizations | Deductible satisfaction is not required for In-Network benefits but deductible satisfaction is required for Out-of-Network benefits. | | No change in benefit. |
| | Benefits are payable at your plan’s stated In-Network (100%) and Out-of Network co-insurance percentage to an Annual Maximum of \$500 |  | <u>\$500 annual maximum is eliminated.</u> |
| Appeals Procedures | In the event of a denial or limitation of any benefit on a claim for covered services, an insured can request a review by PBT of the denial. |  | In addition to the current process, external claim procedures provide for an Independent Third Party Review in the case of claim denials. |
| Mental Nervous/Substance Abuse Benefits | A \$100 per visit maximum dollar limit applies to out-patient services and a \$50,000 annual maximum for combined in-patient and out-patient benefits. |  | The benefit is payable in the same manner as the current benefit except that the maximum dollar limits are removed |

| Provision | Current PBT Benefit | | New Benefit 1-1-2011 |
|---|---|---|---|
| Benefit for Orthotics - State of Illinois Mandate and is unrelated to PPACA | <p>The initial purchase of orthotics and prosthetic devices are covered only if replacing a body part while coverage was in effect and only if the insured is under age 18.</p> <p>After deductible satisfaction, benefits are payable at your plan's stated In-Network and Out-of Network co-insurance percentage.</p> |  | <p>Orthotics and prosthetic devices are covered and include the initial purchase, and Medically Necessary repairs and replacements.</p> <p>After deductible satisfaction, benefits are payable at your plan's stated In-Network and Out-of-Network co-insurance percentage.</p> |

If you have any questions:
Physicians and their office staff please call: 1-800-621-0748 (Option #3)
Dentists and their office staff please call: 1-866-898-0926 (Option #3)

You can also fax your questions to:
1-312-381-2795