











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 health insurance plan, under the PBT PPO Value and Value HSA Qualified Plan Options.

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.		\$5,000,000 Annual Benefit.
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.		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.		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	PPO Value Plan and the Value HSA Qualified Plan Insureds. Deductible satisfaction is not required for In-Network or Out-of-Network benefits		No change in benefit.
	PPO Value Plan and the Value HSA Qualified Plan Insureds. Benefits are payable at <u>100%</u> if an <u>In-Network</u> provider is utilized. Out-of-Network benefits are payable at the stated co-insurance percentage.		No change in benefit.
	Wellness Care, including routine physical exams, routine Gynecological Exam, tests and immunizations are limited to a maximum payment of \$500 per person per Calendar Year.		For all plans the <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 <u>Independent Third Party Review</u> in the case of claim denials.

Provision	Current PBT Benefit		New Benefit 1-1-2011
Substance Abuse Benefits	PPO Value Plan and the Value HSA Qualified Plan Insureds. There is a maximum annual dollar limit of \$10,000 per person for In-patient and \$2,500 per person for out-patient. In addition to a \$25,000 per person Life Time Maximum.		The maximum dollar limits are removed. The benefits are now payable to a maximum of 30 days in-patient per calendar year and a maximum of 60 out-patient visits per calendar year. The \$25,000 Life Time Maximum is eliminated.
	PPO Value Plan and the Value HSA Qualified Plan Insureds In-Network and Out-of-Network benefits are payable at the stated co-insurance percentage.		No change in benefit.
	PPO Value Plan Insureds Charges do not apply to the Out-of-Pocket Maximum. Value HSA Qualified Plan Insureds Charges do apply to the Out-of-Pocket Maximum		No change in benefit.
Emergency Room Benefits	PPO Value Plan Insureds In-Network and Out-of-Network charges are paid at a \$100 co-pay per visit, and at the In-Network Co-insurance level (co-pay waived if admitted).		No change in benefit.
	Value HSA Qualified Plan Insureds In-Network and Out-of-Network benefits are payable at the stated co-insurance percentage.		In-Network and Out-of-Network benefits will now be payable at the In-Network coinsurance level.

Provision	Current PBT Benefit		New Benefit 1-1-2011
Benefit for Orthotics - State of Illinois Mandate and is unrelated to PPACA	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. After deductible satisfaction, benefits are payable at your plan's stated In-Network and Out-of Network co-insurance percentage.		Orthotics and prosthetic devices are covered and include the initial purchase, and Medically Necessary repairs and replacements. After deductible satisfaction, benefits are payable at your plan's stated In-Network and Out-of-Network co-insurance percentage.

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