














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, whether it is the Preferred Choice Indemnity, PPO or HSA-qualified 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		\$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 unless prior creditable coverage can be applied to reduce the period. 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 hold		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 Chiropractic, 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	Preferred Choice Indemnity or HSA Qualified Plan Insured Members Deductible satisfaction is not required for In-Network or Out-of-Network benefits		No change in benefit
	Preferred PPO Plan Insured Members Deductible satisfaction is not required for In-Network benefits but deductible satisfaction is required for Out-of-Network benefits		No change in benefit
	All Plans Benefits are payable at your plan's stated In-Network and Out-of Network co-insurance percentage For Out-of-Network Services, all plans have a \$500 Annual Maximum.		Benefits are payable at <u>100%</u> if an <u>In-Network</u> provider is utilized. <u>Out-of-Network</u> benefits are payable at the stated co-insurance percentage. For Out-of- Network services in both 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 Independent Third Party Review in the case of claim denials.

Provision	Current PBT Benefit		New Benefit 1-1-2011
Routine Nursery Care Benefits	A maximum dollar limit applies to the benefit.		The benefit is payable in the same manner as the current benefit except that the maximum dollar limits are removed
	Preferred Choice Indemnity Insured Members Deductible satisfaction is not required.		The benefit is now payable to a maximum of <u>4 in-patient hospital days</u> for both In-Network and Out-of Network.
	Preferred PPO Insured Members Deductible satisfaction is not required for In-Network but is required for Out-of-Network benefits.		The benefit is now payable to a maximum of <u>4 in-patient hospital days</u> for both In-Network and Out-of Network
	Preferred HSA Qualified Plan Insured Members Deductible satisfaction is required. Then, benefits are payable at your plan's stated In-Network and Out-of Network co-insurance percentage.		The benefit is now payable to a maximum of <u>4 in-patient hospital days</u> for both In-Network and Out-of Network
New 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 effective 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

