

#19676

**Northern Arizona Public Employee Benefit Trust (NAPEBT)
2009 BENEFIT PLAN CHANGES**

**BluePreferred Base and BuyUp Copay Plans
Effective Date: 07/01/09**

AUTISM

Currently, members do not have coverage for autism spectrum disorders, other than the evaluation to diagnose the disorder. Members will now have coverage for treatment of the following autism spectrum disorders: (1) Autistic disorder; (2) Asperger's syndrome; and (3) Pervasive development disorder.

Certain behavioral therapy services to treat the above autism spectrum disorders are subject to a maximum of fifty thousand dollars (\$50,000) for members under the age of nine (9) and a maximum of twenty-five thousand dollars (\$25,000) for members between the ages of nine (9) and sixteen (16). Behavioral therapy services include applied behavior analysis (including discrete trial training), pivotal response training, intensive intervention programs and early intensive behavioral intervention.

Precertification will be required for all behavioral therapy for the treatment of autism spectrum disorders.

Applicable cost-sharing, benefit limitations and exclusions will apply to autism spectrum disorders.

CATARACT SURGERY

Currently, members have a benefit for one (1) pair of eyeglasses (\$100 maximum for eyeglass frames) or standard contact lenses, if prescribed within six (6) months of cataract surgery. Members will now have a combined benefit of \$250 for eyeglasses (including frames and lenses) or contact lenses, if prescribed within six (6) months of cataract surgery.

INPATIENT HOSPITAL (CLAIMS FOR NEWBORN DEPENDENTS)

Currently, BCBSAZ waives cost-sharing on certain newborn hospital claims in situations where the newborn and mother claims were historically filed as a single claim and cost-sharing applied to the mother. BCBSAZ will now waive deductible on all newborn facility claims.

LABORATORY SERVICES

Currently, members pay a copay for laboratory services performed in a physician's office. Copays will now be waived for laboratory services performed in a physician's office when the laboratory service is the only service performed. If other services are performed in addition to the laboratory service, applicable copays, deductible and coinsurance will apply.

PREVENTIVE CARE; ROUTINE PHYSICAL EXAMS; MAMMOGRAPHY

Currently, this benefit plan does not cover screening for abdominal aortic aneurysms and immunizations for foreign travel. Men ages 65-75 who have ever smoked will now have coverage for screening for abdominal aortic aneurysms. All members will have coverage for immunizations for foreign travel. All other services covered under this benefit will remain the same.