County of Orange
New Sharewell Choice PPO Health Plan
Administered by Blue Shield of California
Changes effective January 1, 2014

The County of Orange, with the approval of the Orange County Board of Supervisors, is changing your plan's benefits, effective January 1, 2014. Your new plan will be named the Sharewell Choice PPO health plan and some of its benefits will be different than your current Premier Sharewell PPO Health Plan.

The following is an overview of the benefit changes. Please read this information thoroughly. For complete information about your new health plan, please see the 2014 Sharewell Choice PPO Health Plan Document by going to **blueshieldca.com/oc** and selecting *Employee Health Plan Benefits* and then *Sharewell Choice PPO Health Plan Information*. If you have any questions regarding these plan changes, please contact Blue Shield Customer Service at **(888) 235-1767** or come to an Open Enrollment meeting in November 2013.

New program

Musculoskeletal Care Management program: This program is designed to support members with upper- and lower-back pain, rheumatoid arthritis and osteoarthritis, migraine and tension headaches, fibromyalgia, and regional musculoskeletal disorders. Participants are identified through claims, and then contacted by phone for enrollment into the program.

Members in the Musculoskeletal Care Management program will receive educational materials as well as telephonic support from a nurse care manager. Through personalized coaching and management, this program's goal is to help reduce pain and improve movement for participants and reduce future complications. For more information or to enroll in the program, call **1-866-954-4567**.

Pharmacy benefit changes

Prescription drug discounts: You will now receive discounts on prescription drug purchases from Blue Shield network pharmacies. You must present your Blue Shield member ID card to the network pharmacy when you fill your prescription to receive your prescription drugs at the discounted rate. If you go to a non-network pharmacy to fill or refill your prescriptions, you will not receive the discount. You will still need to satisfy your deductible before your plan starts paying benefits.

To find the closest network pharmacy, go to **www.blueshieldca.com/oc** and select *Find Physicians and Facilities* or call our Blue Shield Customer Service team at **1-888-235-1767**.

Out-of-pocket cost changes

Non-network coinsurance: The 2014 coinsurance for non-network services is increasing from 20% to 30% after your non-network deductible is met. You are responsible for this amount.

Out-of-pocket maximum: The Major Expense Benefit (MEB) will be replaced by an out-of-pocket maximum. The out-of-pocket maximum is the highest amount the Plan requires you to pay towards the cost of your health care in a calendar year. After the out-of-pocket maximum is met, the Plan will pay 100% of all additional eligible charges. Note: some claims may not apply to the out-of-pocket maximum such as daily maximum reimbursements for non-network dialysis and outpatient ambulatory surgery described below.

Your plan's new out-of-pocket maximum for individuals will be $6,000 (network) and $12,000 (non-network). The out-of-pocket maximum is based on the amount paid out-of-pocket, including deductibles. Please see the *2014 Sharewell Choice PPO Health Plan Document* for more details. To download a copy, please go to **www.blueshieldca.com/oc** and click on *Employee Health Plan Benefits* and then *Sharewell Choice PPO Health Plan Information.*

Non-network benefit changes

The County and Blue Shield strongly encourage you to use network providers whenever possible. Effective January 1, 2014, the following Plan changes will take place to encourage use of network providers.

Non-network outpatient ambulatory surgery centers: The new 2014 benefit covers you at 70% up to $1,500 per day for care received at a **non-network** ambulatory surgery center within California. This means if you go to a non-network ambulatory surgery center within California and the charges are more than $1,500 a day, you will be financially responsible for any amount over $1,500 (in addition to your coinsurance). Outside California, participants are covered for 70% of the amount specified as Usual, Reasonable, and Customary (URC). The URC is determined from a database of actual charges in the same geographical area where service was received.

Participants are strongly encouraged to receive care at Blue Shield network ambulatory surgery centers. You can find the closest network center by going to **www.blueshieldca.com/oc** and selecting *Find Physicians and Facilities* or by calling Blue Shield Customer Service at **1-888-235-1767**.

Dialysis reimbursement: Participants who require dialysis and live within California are now covered for 70% of the dialysis costs up to a maximum of $600 per day for care received at a **non-network** dialysis center. The non-network deductible must be met. This means if you go to a non-network dialysis center and the charges are more than $600 a day, you will be financially responsible for any amount over $600 (in addition to your coinsurance). Outside California, participants are covered for 70% of the amount specified as Usual, Reasonable, and Customary (URC). The URC is determined from a database of actual charges in the same geographical area where service was received.

To keep out-of-pocket costs down, participants who require dialysis are strongly encouraged to receive care at a dialysis center in the Blue Shield provider network. To find a network center, go to **www.blueshieldca.com/oc** and select *Find Physicians and Facilities* or call Blue Shield Customer Service at **1-888-235-1767**.

Bariatric surgery: Participants who live within California are **required** to receive bariatric care at Blue Cross and Blue Shield Association Blue Distinction Centers for Bariatric Surgery® (visit www.bcbs.com for more information) to be covered for this care. Prior Authorization is required

for bariatric surgery. Currently, the facilities in Orange County below have been able to meet the high-quality standards for the Blue Distinction Centers for Bariatric Surgery:

• Fountain Valley Regional Hospital and Medical Center
• Orange Coast Memorial Medical Center
• St. Joseph Hospital of Orange
• UC Irvine Medical Center

Facilities are subject to change, so please contact Blue Shield Customer Service if you are considering this procedure.

Non-network facility benefit: Non-network facility claims will be paid based on the Usual, Reasonable, and Customary (URC) schedule. The URC is determined from a database of actual charges in the same geographical area where service was received.

Knee and hip replacements: Participants who live within California are now strongly encouraged to receive care at Blue Cross and Blue Shield Association Blue Distinction Centers for Knee and Hip Replacement® (visit www.bcbs.com for more information).

Transplants: Participants who live within California and require a transplant are encouraged to use Blue Shield's Transplant Case Management program and network of designated hospitals. This program supports members identified as potential solid organ or bone marrow transplant candidates (excluding kidney only, cornea, and skin). A skilled specialized nurse will be assigned to work with you, your family and your medical team to assist in this process. Participants are referred to Blue Shield Transplant Centers of Expertise that have been selected by Blue Shield after extensive clinical review of hospital experience (number of transplants), outcomes of these transplants, quality improvement initiatives, and cost-effectiveness.

Health Care Reform changes

The Sharewell Choice PPO health plan is a non-grandfathered plan based on the federal Patient Protection and Affordable Care Act (PPACA). As a result, the plan has been revised to comply with the following PPACA requirements:

• **Preventive care at no cost** to participants including, but not limited to, preventive health screenings, blood pressure checks, cholesterol tests, colonoscopies, diabetes screenings, and prostate exams.

• **Women's preventive services at no cost** to participants, including but not limited to mammograms, well-woman exams, cervical cancer screenings, contraceptive services, Human Papillomavirus DNA testing and gestational diabetes screening.

• **Emergency services paid at network benefit level** (90%) when provided at a non-network hospital; participant is responsible for any costs over Usual, Reasonable and Customary.

• **Revisions to the appeals process** to allow a final external review process for claims involving medical judgment questions.