

GROUP HEALTH OPTIONS, INC.
ANNUAL DEDUCTIBLE
CONTRACT REVISIONS
 Effective January 1, 2011
 (Created 6/28/10)

This is the most current list of revisions, but this list is subject to change at any time.

CONTRACT LANGUAGE/BENEFIT CHANGE	EXPLANATION
Standard Provisions	The HIPAA transactions provision has been clarified to more accurately reflect the HIPAA transaction requirements.
Accessing Care	A clarification has been added to state that only emergent and urgent care are covered worldwide.
Cost Shares	<p>The individual annual deductible carryover provision has been clarified to state that charges from the last three (3) months of the prior year which were applied toward the individual annual Deductible will also apply to the current year individual annual Deductible.</p> <p>The coinsurance provision has been clarified to state that benefit specific coinsurances do not apply to the Out-of-Pocket Limit.</p>
Allowances Schedule	<p>The lifetime maximum has been removed in accordance with federal health care reform.</p> <p>The injectables provision under Drugs-Outpatient has been clarified to state that self-administered injectables are not covered.</p> <p>A clarification has been made in the mail order provision under Drugs-Outpatient to state that mail order drugs and medicines are dispensed through the GHO-designated mail order service.</p> <p>Non-grandfathered plans only: The in-network and out-of-network emergency services copayments are the same in accordance with federal health care reform.</p> <p>The pre-existing condition provision has been revised to reflect that there is no wait for members under the age of 19 in accordance with federal health care reform.</p> <p>Non-grandfathered plans only: The in-network preventive care benefit has been revised to state that these services are covered in full in accordance with federal health care reform.</p> <p>The tobacco cessation provision has been clarified to state that tobacco cessation benefits are available through the GHO-designated tobacco cessation program.</p>
Enrollment and Eligibility	Dependent age provision has been revised in accordance with federal health care reform to extend coverage to dependents up to age 26.

Eligibility for an unmarried dependent may be extended if the dependent is totally incapable of self-sustaining employment because of a developmental or physical disability incurred prior to attainment of the limiting age, and is dependent upon the Subscriber.

Eligibility for Medicare provisions have been clarified to more accurately reflect how Medicare secondary payer regulations and guidelines impact benefits, as well as when Medicare eligibles may opt to maintain Medicare Parts A and B while continuing coverage under the agreement.

A retroactive termination provision for fraud or intentional misrepresentation has been added in accordance with federal health care reform.

Continuation coverage under federal law provisions have been clarified to state that continuation coverage under COBRA will terminate when a member becomes covered by Medicare or obtains other group coverage.

Group conversion plan provisions have been revised in accordance with Washington state law to state that application for conversion must be made within 31 days following termination of coverage under the agreement or within 31 days from the date notice of the termination of coverage is received, whichever is later.

Medical and Surgical Care

A clarification has been made to reflect coverage of injections when administered by a professional in a clinical setting.

Rehabilitation Services

A clarification has been made to reflect massage therapy services under this provision, and to state that all services require a prescription from a physician and must be provided by a rehabilitation team.

Tobacco Cessation

A clarification has been made to state that services related to tobacco cessation are covered provided the member participates in an individual or group program.

Exclusions

The first party exclusion has been clarified to state that failure to fully cooperate, including withholding information regarding the cause of injury or illness or other insurance coverage may result in denial of claims and the Member shall be responsible for reimbursing GHO. A clarification has also been made to reflect applicability of provisions based on whether or not a group is subject to ERISA.

The pre-existing condition provision has been revised to reflect that there is no wait for members under the age of 19 in accordance with federal health care reform.

Subrogation

Several clarifications have been made to these provisions to address the applicability of provisions based on whether or not a group is subject to ERISA.

Definitions

The plan coinsurance definition has been modified to state that a coinsurance percentage not identified as Plan Coinsurance is a benefit

specific coinsurance and does not apply to the Out-of-Pocket Limit except as otherwise noted.

A definition for essential health benefits has been added in accordance with federal health care reform.