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### **Now, understanding and managing your health care benefits is easier as Blue Cross Blue Shield of FL has consolidated your Explanation of Benefits (EOB) into one comprehensive monthly statement!**

Instead of receiving an Explanation of Benefits (EOB) each time a claim is paid, you will receive a monthly health statement. Your statement is produced every 28 days if you or any covered family members have finalized claims. This new Member Health Statement replaces your previous Explanation of Benefits and features the same claim related information. You may continue to access up-to-date EOB information on-line at [www.BCBSFL.com](http://www.BCBSFL.com). You may also contact Customer Service at 1-800-664-5295.

Your statement can be used as documentation for Health Care Savings Account or Health Reimbursement Account receipt requests.

#### **Highlights of what you will find:**

- Current claim information for everyone covered under your policy finalized within the preceding 28 days of issue of the statement. Members that have a Personal Health Information form signed on file (i.e., such as an 18+ years old dependent or spouse) will get a separate member health statement mailed so that others will not see claims information.
- A breakdown of costs billed, expenses covered under your Plan and amounts for which you may be responsible.
- Valuable tips on health care savings and getting the most from your coverage.
- Definitions of terms being reported to you.
- In and Out of Network Claims Deductible and Out of Pocket Maximum accumulators.
- Blue Cross Blue Shield's Nurse Line available 24/7 to speak directly with a nurse or health coach (1 877-789-2583).
- Secure website at [www.bcbsfl.com/myblueservice](http://www.bcbsfl.com/myblueservice)

**April is National Autism Awareness Month. For additional information, view [www.autismspeaks.org](http://www.autismspeaks.org)**

**Remember April 29<sup>th</sup> is Walk at Lunch Day**

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### A Price Break on Your Medical Bill?

The out-of-pocket share of a medical bill can be a budget buster! However, you may be able to knock off a portion of your bill by simply asking your hospital or provider for a price break. Hospitals, doctors and health providers each have their own rules for negotiating bills - so it never hurts to ask. Kiplinger Personal Advisor February 2009 reports that one couple managed to get their hospital to deduct nearly \$700 from their out-of-pocket medical expense. After paying off about 70% of the outstanding balance, the couple offered to pay the hospital 20% of the remaining amount in one lump sum if the hospital gave them a 10% discount. The hospital granted the couple's request.

#### SPECIAL ENROLLMENT RIGHTS

As layoffs and reduction in hours frequently occur in tough economic times, it is critical that you know when you are eligible to add a dependent to your ICUBA Plan. If your spouse or dependent child age 25 or younger loses group health coverage, your entire family may have special enrollment rights under the Health Insurance Portability and Accountability Act (HIPAA). You must notify your employer and enroll within 31 days of the date of the loss in coverage in order to add any eligible family member to the ICUBA Plan. For additional information log on to <http://icubabenefits.org>

#### VOLUNTARY PRE-SERVICE REVIEW

In order to ensure that the proposed elective treatment you are scheduling is a covered expense, your **doctor** can request a Voluntary Pre-service Review in order to help you make better-informed decisions. These are non-life-threatening-non-emergency services that may not be covered under the ICUBA Plan. By asking your doctor to request a pre-service review, you'll know in advance the costs you may be responsible for. Together you and your doctor or health care provider can choose the best approach for your individual needs. Some of the procedures available for pre-service review include breast reduction mammoplasty, rhinoplasty, and TMJ surgery. Ask your doctor beforehand!

#### COBRA Changes

Employees (and their qualified beneficiaries) involuntarily terminated any time between February 17, 2009 and December 31, 2009 may be eligible for up to a 65% reduction in COBRA premiums for up to nine months.

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