

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

IMPORTANT EMPLOYEE NOTICE

**INTERIM BENEFITS TO COMPLY WITH THE FEDERAL PATIENT PROTECTION
AND AFFORDABLE CARE ACT**

Effective Date: January 1, 2021

Summary of the Federal Patient Protection and Affordable Care Act (PPACA):

The Federal Patient Protection and Affordable Care Act (PPACA) requires that insurance policies for all-sized employers provide certain benefits for the members and dependents as well as contain certain eligibility provisions. To comply with PPACA, we will provide the interim benefits outlined below.

Extension of Dependent Coverage to Age 26:

PACAA requires group medical policies to provide coverage to dependent children to age 26, regardless of marital status, student status, financial dependency or residency.

We have changed our definition of a Dependent Child to include your natural, stepchild or legally adopted child, if that child is less than 26 years of age. Your foster child may be eligible if the foster child is less than 26 years of age, that child has been placed with you or your spouse insured under this policy by an authorized state placement agency or by order of a court, the required documentation has been provided to Us and the child is approved in Writing by Us as a Dependent Child.

IMPORTANT NOTICE

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in this policy, if otherwise eligible. Individuals may request enrollment for such children for the 30 day period prior to the policy's renewal date. Enrollment will be effective the first day of the first plan year beginning on or after January 1, 2021

Lifetime and Annual Limits:

PPACA prohibits policies from applying lifetime and annual limits on the dollar value of a benefit.

If your group medical expense policy contained a lifetime limit on the dollar value of any of the following benefits, the lifetime limit on the dollar value of such benefits under your policy no longer applies:

- Overall lifetime maximums;
- Prosthetics lifetime maximum;
- Hospice lifetime maximum; or
- Transplant lifetime maximum for out-of-transplant-network providers.

IMPORTANT NOTICE

Individuals whose coverage ended by reason of reaching an overall lifetime limit under the group medical expense policy are eligible to enroll in the policy. Individuals who are otherwise eligible may request enrollment for 30 days prior to the policy's renewal date. Enrollment will be effective the first day of the first plan year beginning on or after January 1, 2021 .

If your policy contains an annual limit on the dollar value of any of the following benefits, the annual limits on the dollar value of such benefits included in your policy no longer applies:

- Back/Neck/Spine;
- Occupational/Physical/Speech Therapy; or
- Durable Medical Equipment.

Preventive Care Services:

PPACA requires policies provide coverage for certain preventive care services at 100% (or no member cost-sharing).

If you are insured under a Preferred Provider policy (including a High Deductible Health Plan) and the specific preventive services are provided by a Preferred Provider, the preventive services listed below will be paid at 100%.

If you are insured under a Comprehensive Medical policy, the specific preventive services listed below will be paid at 100%.

- Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (except the recommendations regarding breast cancer screening, mammography, and prevention issued on or around November 2009 will not be current for these purposes).
- Immunizations that are recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- Preventive care and screenings for infants, children, and adolescents according to the guidelines supported by the Health Resources and Services Administration.
- In addition to the benefits or services listed under the first item above, additional preventative care and screening for women according to the guidelines supported by the Health Resources and Services Administration (these guidelines are expected by August 2011).

A complete list of recommended preventive services can be found at the following URL and is expected to be updated annually by the federal government. Note: this web-site is maintained by the federal government.

www.HealthCare.gov/center/regulations/prevention.html.

External Review Process:

A policy must also develop an external review process.

If the state of jurisdiction for this policy does not already have an external review law, your policy will now include an external review process consistent with the National Association of Insurance Commissioner's Model External Review Act until this section of PPACA is further clarified by the federal government or state legislative action.

When BlueCross BlueShield / Ector County Independent School District has denied, reduced, or terminated payment for a requested service based on a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, the Member has the right to have that decision reviewed by an independent review organization not associated with BlueCross BlueShield / Ector County Independent School District.

Except where a covered person's life or health would be seriously jeopardized, a Member must first exhaust the internal review process set forth within the Group Policy before BlueCross BlueShield / Ector County Independent School District will grant an external independent review. A Member, or Dependent or a designated representative or provider acting on behalf of the Member or Dependent has the right to apply to the Insurance Commissioner for an external review of an adverse determination or final adverse determination which involves an issue of medical necessity, appropriateness, health care setting, level of care or effectiveness.

NOTE: These benefits represent a good faith effort of Ector County Independent School District to comply with federal law. The implementation date of any revised benefits will be communicated in the future on a timely basis.