



Physical Exam Benefit Improvement



The most important reason to have a physical exam is early detection of a disease such as cancer, diabetes or high blood pressure. These diseases may be present years before any symptom is evident.

The Health and Welfare Trust Fund's Direct Payment Plan's maximum coverage for a physical exam, X-ray, Laboratory tests and Immunizations

has improved as follows:

Effective 3/01/09	
Active and Retired Plans (adults only)	\$300
Active Plan Dependent Children (over 24 months of age)	\$200

We encourage you to use this benefit each Plan Year.

Primary Care Physician

Under the Health and Welfare Trust Fund's Direct Payment Plan, you may choose a Primary Care Physician (PCP) in the Anthem Blue Cross Prudent Buyer Plan network.

Visit your PCP to diagnose and treat minor illnesses and injuries as well as handle chronic illnesses. Your PCP will also determine when you need to see a specialist and coordinates your care appropriately.

You should establish a relationship with a PCP when you are healthy, don't wait until you are sick.

Itemized Statement

If your provider sends you an Itemized Statement for payment, send it to Anthem Blue Cross. Anthem's address is listed on the reverse side of your Health Plan ID Card.

If you receive medical treatment in a foreign country, you must provide an Itemized Statement to process the claim for payment or reimbursement.



What Does an Itemized Statement List?

An Itemized Statement lists the:

- Patient's name, address, birth date
- Insured I.D. number, address, birth date
- Insurance Plan Names, Policy and/or Program
- Dates of Hospitalization, Services
- Provider Tax ID Number
- Provider name and address
- Doctor and Hospital Service Charges
- Diagnosis or nature of illness/injury
- Procedure codes (CPT)
- Signature of Physician or supplier
- Facility location and provider billing information

Without an Itemized Statement, your medical claim cannot be processed for payment.

Plan Definitions

Utilization Review (UR) Program requires an Eligible Individual that is to be admitted to the Hospital to obtain the opinion of the Professional Review Organization (PRO), as to the medical necessity of the confinement in order to receive unreduced benefit coverage.

Professional Review Organization (PRO) is responsible for determining if:

- the confinement in a Hospital is medically necessary.
- the number of medically necessary days for the confinement

Explanation of Benefits (EOB)

An EOB is NOT an invoice or bill. The EOB is your notification that a claim has been processed for payment.

If you do not receive an EOB from the Trust Fund Office within 45 days of your doctor's visit, contact your doctor to ask whether a claim was filed.

When you need to make a payment to a Provider (listed on the EOB), send the payment to the provider, not to the Trust Fund Office.

Retired Prescription Drug Benefit



\$12,000
per Calendar Year
combined Retail
and Mail Order.



Elective Surgery



Elective surgery is defined as surgery that can be scheduled in advance, is not an emergency, and if delayed, would not result in death or permanent impairment or health. All elective non-emergency surgeries that include an overnight stay are subject to Pre-Admission Review to determine the number of days you need to be in the hospital. The Professional Review Organization (PRO) will notify you of the number of inpatient days the Plan will cover.

For any surgery, remember to ask the surgeon or other specialist if they participate with the Anthem Blue Cross Prudent Buyer Plan so you do not incur unnecessary out-of-pocket costs.

Prescription Drug Program

Using the Direct Payment Plan's Prescription Solutions Drug Program is easy. For a small copayment you can purchase a 30-day supply of medication from any retail contracting pharmacy.

If you take medication on a regular basis, use Prescription Solutions' *Mail Service Pharmacy*. This service provides you a 90-day supply of medication for the cost of two copayments.

You may use the Mail Service Pharmacy at any time. If you prefer to use the retail contracting pharmacy, be aware that after the third refill, your cost will increase to *two* copayments for the same 30-day supply.

To save money, sign up for the Mail Service Pharmacy.

BENEFIT CONTACT INFORMATION

Delta Dental
800-765-6003
www.deltadentalca.org

Bright Now! Dental
888-274-4486
www.brightnow.com

Rx Solutions
800-562-6223
www.rxsolutions.com

PacifiCare / Secure Horizons
800-624-8822
www.pacificare.com

Claremont
800-834-3773
www.claremonteap.com

DeltaCare USA
800-422-4234
www.deltadentalca.org

Pacific Union Dental
800-999-3367
www.pacificuniondental.com

Health Net / Seniority Plus
800-522-0088
www.healthnet.com

Vision Service Plan
800-877-7195
www.vsp.com

Healthways
Health Improvement Program
866-549-7419