

# Northern Arizona Public Employee Benefit Trust (NAPEBT)

## Group 19676

### BENEFIT PLAN CHANGES

Effective July 1, 2020

#### HDHP

#### BREAST IMPLANT REMOVAL

Currently, your benefit plan excludes cosmetic surgery and any related complications and services. This exclusion will no longer apply to medically necessary breast implant removal.

#### GENE THERAPY TRAVEL AND LODGING

Your benefit plan will now cover travel and lodging for gene therapy.

#### NUTRITIONAL COUNSELING AND TRAINING

Currently, nutritional counseling and training is available for members diagnosed with one or more of the following conditions:

- Cardiovascular Disease
- Coronary Artery Disease
- Eating Disorders
- Food Allergies
- Gastrointestinal Disorders
- Heart Failure
- High Cholesterol
- Hypertension
- Mental Health and Substance Abuse Disorders
- Obesity
- Pre-Diabetes
- Renal Failure/Renal Disease

Diabetes will now be added to the list of conditions.

#### ADDITIONAL PREVENTIVE CARE SERVICES AND ITEMS FOR CHRONIC CONDITIONS

Currently, you pay the applicable deductible and coinsurance amount before the plan begins to pay. Your benefit plan will now waive cost-share in-network for additional preventive care services with a specified diagnosis.

#### **Preventive Care for Specified Conditions**

Blood pressure monitor  
Retinopathy screening  
Peak flow meter  
Glucometer  
Hemoglobin A1c testing  
International Normalized Ratio (INR) testing  
Low-density Lipoprotein (LDL) testing

#### **For Individuals Diagnosed with**

Hypertension  
Diabetes  
Asthma  
Diabetes  
Diabetes  
Liver disease and/or bleeding disorders  
Heart disease

#### PREVENTIVE SERVICES

Federal law often requires changes to the list of preventive services and medications covered under this benefit plan. A list of covered preventive services will be in the Preventive Services section of the benefit plan booklet. Call BCBSAZ Customer Service before receipt of the benefit plan booklet for a list of covered preventive services. Information on medications covered under this benefit plan can be found at [azblue.com/Pharmacy](http://azblue.com/Pharmacy).

Federal and state statutes and regulations may require additional changes to this benefit plan. BCBSAZ will advise employer groups and members of any additional changes to this benefit plan required by applicable federal and state law.

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If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

