June 2013

NAME

GROUP

ADDRESS

CITY STATE ZIP

Dear EHA Member:

This letter provides you with important information regarding the Blue Cross and Blue Shield of Nebraska (BCBSNE) health and dental benefit plans offered to EHA members. Please read this material carefully. If you have any questions, please contact our Member Services Department.

**PREMIUM RATES AND HEALTH PLAN BENEFIT CHANGES**

EHA 2013-2014 benefit changes and premium rates may be reviewed via the Educators Health Alliance website at [www.ehaplan.org](http://www.ehaplan.org).

**Other Important Information**

* If a school group decides to change to a higher calendar year deductible as of September 1, 2013, members of those groups will be responsible for the difference in the deductible amounts from September 1, 2013 through December 31, 2013, and the deductible amount will start over as of January 1, 2014.
* You will receive a new member ID card because your plan is changing. If you make additional changes, such as adding or removing a dependent, you may receive a second member ID card. Please use the most recent card.

**NEW: EHA KNEES, HIPS, AND BACK PROCEDURE REVIEW PROGRAM**

EHA and BCBSNE have developed a program for employees and their dependents requiring total hip, total knee, or lumbar fusion (back) surgeries. Beginning September 1, 2013, if you or a dependent need total hip, total knee, or lumbar fusion surgery, your health care provider must pre­authorize the procedure before the surgery. Preauthorization helps de­termine if the procedure is the safest, most effective and cost-efficient treatment option.

For in-network providers, if your health care provider does not receive preauthorization before the procedure, and the procedure is performed, the claims will be denied as provider liability, and your provider may not charge you for the service.  If a preauthorization request is submitted and BCBSNE determines that the criteria, or guidelines for evaluating the procedure, are not met, and the procedure is performed, the claim will be denied as member liability.

If the procedure is performed by an out-of-network provider, the entire claim will be denied as member liability.

**CALL US IF YOU HAVE QUESTIONS**

If you have any questions about this information, please contact our Member Services Department at the telephone number shown on the back of your Blue Cross and Blue Shield of Nebraska member ID card – 877-721-2583.

Sincerely,

Blue Cross and Blue Shield of Nebraska