



Putnam/Northern Westchester HEALTH BENEFITS CONSORTIUM

200 BOCES Drive
Yorktown Heights, New York 10598

(914) 248-2459
FAX (914) 962-6819

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IMPORTANT NOTICE ABOUT YOUR HEALTH INSURANCE

The following lists all changes to Plan Document (Form no. PNW-November 2006-01), which have been authorized by the Joint Governance Board since the last printing of the booklet. Please file this addendum with your copy of the Plan Document.

Pg Replace

4 *Mental and Nervous Conditions: 100%* of usual, reasonable and customary charges, for up to 31 days of confinement, concurrent with the In-patient Psychiatric Services/ Treatment benefit under the Medical Expense Benefits portion of the Plan, for each calendar year in a general or public hospital (excludes Private Proprietary Hospital)*

With

Mental and Nervous Conditions: 100% of usual, reasonable and customary charges, for up to 31-days# of confinement, concurrent with the In-patient Psychiatric Services/ Treatment benefit under the Medical Expense Benefits portion of the Plan, for each calendar year in a general or public hospital (excludes Private Proprietary Hospital).*

The 31-day limit does not apply to services for the treatment of Biologically based mental illness or for Children with serious emotional disturbances. In such cases, the 365-day limit, noted previously shall apply.

Pg Replace

7 *For eligible services of Preferred Providers, excluding mental health providers, the member is responsible for*

With

For eligible services of Preferred Providers, the member is responsible for

Pg Replace

7 **Excludes prescription drug, hospital (in or outpatient) and mental health co-payments/coinsurance/deductibles.*

With

Excludes prescription drug and hospital (in or outpatient) co-payments/ coinsurance/ deductibles.

Pg Replace
8 *60% of usual, reasonable and customary charges. Maximum of 40 visits per person per calendar year.*

With
Maximum of 40 visits per person per calendar year, unless such services are for the treatment of Biologically based mental illness or Children with serious emotional disturbances

Pg Add new definitions
19

Biologically based mental illness means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders, bulimia, and anorexia.

Children with serious emotional disturbances means persons under the age of eighteen years who have diagnoses of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders, and where there are one or more of the following:

- (i) serious suicidal symptoms or other life-threatening self-destructive behaviors;*
- (ii) significant psychotic symptoms (hallucinations, delusion, bizarre behaviors);*
- (iii) behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage; or*
- (iv) behavior caused by emotional disturbances that placed the child at substantial risk of removal from the household.*

Pg Delete
41 *The deductibles and out-of-pocket maximums of the Consortium shall not exceed the deductibles and out-of-pocket maximums of the Empire Plan*

Pg Section 4 IMMUNIZATIONS
47

Replace:
The Plan will cover immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP). Please refer to the ACIP website for an up to date listing of recommended immunizations: <http://www.cdc.gov/nip/recs/child-schedule.htm>.

With:

The Plan will cover immunizations for children through age 18 as recommended by the Advisory Committee on Immunization Practices (ACIP), except for the Human Papillomavirus Vaccine, which is allowed for covered individuals through age 26. Please refer to the ACIP website for an up to date listing of recommended immunizations: <http://www.cdc.gov/nip/recs/child-schedule.htm>.

Pg Insert new section 8: COLONOSCOPIES

48 Effective January 1, 2008, the Plan will cover routine colonoscopies, subject to the following limitations:

- One routine colonoscopy every ten (10) years shall be allowed for members age fifty (50) and older;
- Non-routine colonoscopies (when medically necessary and provided for the treatment or diagnosis of an active illness or disease) will not be limited by age;
- Routine colonoscopies shall be subject to copayments and /or deductibles and coinsurance.

Pg Correct, under 26.B: "Part 8" to read "Part B"
56

Pg Add 26.D

56 *Would have been entitled to benefits under Part A or B of Medicare had the provider not opted out of Medicare*

Pg Under "Important Note",

62 Replace first sentence with

The Plan will not provide any benefits an Employee, Retiree or Dependent is, or could be, eligible to receive from Medicare , whether or not that person has enrolled in Part A and Part B of Medicare

Pg Add a second paragraph under the section titled "Important Note"

62 *In the event that a member receives services from a provider who opted out of Medicare Parts A and/or B, the Plan shall pay no more than would have been paid had the provider accepted Medicare assignment.*