

*Healthcare Reform
Mandates Effective
January 1, 2011*

*Insurance Coverage
By Veterinarians
For Veterinarians*



1.800.621.6360

Underwritten by:
New York Life Insurance Co.
51 Madison Ave.
New York, NY 10010



www.avmaghlit.org

A Membership Service of the American Veterinary Medical Association

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Insurance You Can Trust.

The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (Reconciliation Act) provide that medical care plans include certain mandated provisions. As a result of these mandates, the following changes are being made to your GHLIT medical coverage effective January 1, 2011:

- **Lifetime Dollar Limits for “Essential Health Benefits” have been removed**
- **Annual Dollar Limits for “Essential Health Benefits” have been removed**

“Essential health benefits” means benefits in the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care.

Preventive Services Coverage enhanced

The following services shall be covered without regard to any deductible, copayment, or coinsurance requirement that would otherwise apply:

- (1) 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;
- (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
- (3) with respect to Covered Persons who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;

- (4) with respect to Covered Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration. For purposes of this section, recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued in or around November 2009 are not considered to be current. No recommendation of the United States Preventive Service Task Force shall serve to reduce the mammogram benefits required by Illinois law [215 ILCS 356g(a)] and described on the Major Medical Insurance pages of your Certificate.

Right to Appeal

You have the right to appeal any decision or action taken by New York Life to deny, reduce or terminate a medical claim under the policy. When New York Life has denied a medical claim for a covered service based on a judgment as to the medical necessity, appropriateness, healthcare setting, level of care, or effectiveness of the healthcare service, the covered person has the right to have the decision reviewed by an independent review organization not associated with New York Life. This does not preclude the insured member’s ability to also appeal the claim decision to the AVMA GHLIT Board of Trustees.

Emergency Services

Emergency Services for a covered emergency medical condition are covered without any prior authorization and without regard as to whether the healthcare provider furnishing such services is a Participating Provider. Care provided by a Non-participating Provider will be paid at the same level as for a Participating Provider.

Pre-existing Condition Limitations have been eliminated for Children under age 26

With respect to insureds who are under age 26, no healthcare service or treatment will be denied, limited, or excluded based on the fact

that a medical condition was present before the effective date of coverage, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before that day.

Grandfathered Health Plan Disclosure Requirement

If you were insured by AVMA GHLIT Medical coverage on or before March 23, 2010 and have not subsequently changed plans or deductible, New York Life believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan may preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. The AVMA GHLIT medical coverages do comply with all consumer protections of the Affordable Care Act.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, or any other questions on this information can be directed to:

The AVMA Group Health
and Life Insurance Trust
3501 Frontage Road
Tampa, FL 33607
1.800.621.6360
www.avmaghlit.org