



## Notice of Delay of August 1, 2014 Plan Changes

The Office of Group Benefits is delaying the effective date of changes implemented to medical and pharmacy plans from August 1 to September 30. Those changes included certain prior authorization requirements, provider visitation limits, and use of a formulary. As a result of the delay, some members will be reimbursed for medical or prescription expenses.

The pharmacy changes effective August 1 impacted active employees and retirees without Medicare. Retirees with Medicare were not affected by the pharmacy changes, though some of the medical coverage changes applied to them.

### Claims Adjudication and Appeal Processes

#### Pharmacy Costs

- Members who incurred higher pharmacy co-pays between August 1 and September 29 will automatically receive a reimbursement check in the mail. No action is necessary.
- Members who incurred increased pharmacy costs between August 1 and September 29 based on limitations or exclusions must submit an appeals form to MedImpact.

#### Medical Costs

- Members who incurred increased costs for medical services rendered between August 1 and September 29 will have their claims automatically reprocessed as long as the provider filed a claim. No action is required by members or providers.
- Members who incurred costs that were not submitted through a provider, they must submit an appeal request form to Blue Cross and Blue Shield.

All forms can be found on the OGB website at [www.groupbenefits.org](http://www.groupbenefits.org). Contact OGB's customer service line at [1-800-272-8451](tel:1-800-272-8451).