

PO Box 723
Lugo, Pa
29028
2-22-16

To: The Honorable:
Dear Governor Haley,
From: Susie Szasz
Re: Blue Cross Blue Shield State
Insurance

It is worthless. I do not meet my deductible until the end of the year. I have a large doctor bill because of this factor.

~~It~~ NOW: I can't get a hearing aid because they refuse to give me a denial letter for my 2nd insurance which with my husband's policy will pay approx. 2/3 of the balance.

I must pay for and receive the hearing aid to get a denial letter - GFHA needs a denial letter + code to process the claim. I don't have \$1500 sitting around the house -

This is ridiculous insurance. Poor
Susie J. Szasz

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mental health and substance abuse needs and assist in coordinating services.

Case managers are licensed nurses and social workers. They assist members by answering questions and helping them get the most out of their mental health, medical and pharmacy benefits. This may include care planning, patient/family education, benefits review and coordinating other services and community resources. Covered members enrolled in this program receive access to a personal case manager, educational resources and web tools that help them learn more about their health and how they can better manage their condition. Participation is voluntary and confidential.

Quit For Life® Program

The research-based Quit For Life® Program is brought to you by the American Cancer Society® and Alere Wellbeing. It is available at no charge to State Health Plan subscribers, their covered spouses and covered dependents age 13 or older.

One of the most successful programs of its kind, the Quit For Life Program helps participants stop using cigarettes, cigars, pipes and smokeless tobacco. A professionally trained Quit Coach® works with each participant to create a personalized quit plan. As part of the 12-month program, participants receive a complete Quit Guide and five telephone calls from a Quit Coach. Participants may call the toll-free support line as often as they wish. For members age 18 and older, the program also provides free nicotine replacement therapy, such as patches, gum or lozenges, if appropriate.

Your Quit Coach may also recommend that your doctor prescribe a smoking cessation

drug, such as bupropion or Chantix, which is available through your prescription drug coverage. Prescription drugs for smoking cessation, including Chantix and bupropion, are provided to Savings Plan and Standard Plan primary members at no cost to the member. The drugs must be obtained from a network provider.

Registration is available 24 hours a day, seven days a week. Quit Coaches also are available 24 hours a day, seven days a week (except on certain holidays). If you still need help after the 12-month program ends, you may re-enroll. Call 866.QUIT.4.LIFE (866.784.8454) or visit www.quitnow.net/ScStatehealthPlan to enroll in the Quit For Life Program. After your eligibility is verified, you will be transferred to a Quit Coach for your first call.

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*The American Cancer Society name and logo are trademarks of the American Cancer Society, Inc.

Exclusions: services not covered

There are some medical expenses the State Health Plan does not cover. The Plan of Benefits (available in your benefits office or on the PEBA website) contains a complete list of the exclusions.

1. Services or supplies that are not medically necessary within the terms of the plan
2. Routine procedures not related to the treatment of injury or illness, except for those specifically listed in the Preventive Benefits section
3. Routine physical exams, checkups (except Well Child Care and Preventive Benefits according to guidelines), services, surgery (including cosmetic surgery) or supplies that are not medically necessary. (The

Savings Plan covers an annual physical by a network physician for each participant age 19 and older.)

4. Routine prostate exams, screenings or related services are not covered under the plan. A diagnostic prostate exam, screening and laboratory work will be covered when medically necessary but not as part of the Savings Plan annual physical exam. The diagnostic exam will be subject to the State Health Plan's usual deductibles and coinsurance.
5. Routine Prostate-Specific Antigen tests
6. Eyeglasses
7. Contact lenses, unless medically necessary after cataract surgery and for the treatment of keratoconus, a corneal disease affecting vision
8. Routine eye examinations
9. Refractive surgery, such as radial keratotomy, laser-assisted in situ keratomileusis (LASIK) vision correction, and other procedures to alter the refractive properties of the cornea
10. ~~Hearing aids and examinations for fitting them~~
11. Dental services, except for removing impacted teeth or treatment within one year of a condition resulting from an accident
12. TMJ splints, braces, guards, etc. (Medically necessary surgery for TMJ is covered if preauthorized by Medi-Call.) TMJ, temporo mandibular joint syndrome, is often characterized by headache, facial pain and jaw tenderness caused by irregularities in the way joints, ligaments and muscles in the jaws work together.
13. Custodial care, including sitters and companions or homemakers/caretakers
14. Admissions or portions thereof for custodial care or long-term care, including:
 - Respite care
 - Long-term acute or chronic psychiatric care
 - Care to assist a member in the performance of activities of daily living, i.e., custodial care (including, but not limited to: walking, movement, bathing, dressing, feeding, toileting, continence, eating, food preparation and taking medication)
 - Psychiatric or substance abuse long-term care, including: therapeutic schools, wilderness/boot camps, therapeutic boarding homes, half-way houses and therapeutic group homes
15. Any item that may be purchased over the counter, including but not limited to medicines and contraceptive devices
16. Surgery to reverse a vasectomy or tubal ligation if elective and not medically necessary to treat a pre-existing condition
17. Diagnosis or treatment of infertility for a subscriber or a spouse if either member has had a tubal ligation or vasectomy
18. Assisted reproductive technologies (fertility treatment) except as noted on Pages 57-58 of this chapter
19. Diet treatments and all weight loss surgery, including, but not limited to: gastric bypass, gastric banding or stapling; intestinal bypass and any related procedures; the reversal of such procedures; and conditions and complications as a result of such



P. O. BOX 4665
INDEPENDENCE, MO
64051-4665
(800) 821-6136
geha.com

201601143305



1 OF 1

ENV 25513

Forwarding Service Requested

SINGLE PIECE

25513 0.3584 SP 0.500



MICHAEL T SZASZ 220
PO BOX 723
LUGOFF, SC 29078-0723

MEMBER ID#: 24169431
MEMBER NAME: Michael T Szasz
PATIENT NAME: Susie Szasz
ACCT #: 1338
CLAIM #: 160037619800
REL: Wife
C949

January 13, 2016

THIS IS A COPY OF OUR LETTER SENT TO: Beltone Hearing Care Group

We need additional information. The primary insurance explanation of benefits statements indicating payment or denial are needed for the claim outlined below.

If your other insurance has terminated, please indicate the last date of coverage: _____

Provider	Date of Service	Type of Service	Line Item Charge
Beltone Hearing Care Group	January 4, 2016	Hearing Aid Outpatient	\$1000.00
Beltone Hearing Care Group	January 4, 2016	Medical (Non-Surgical), Brochure states N/C Outpatient	\$495.00

We will promptly process your claim when we receive your response. To expedite handling, please return this letter with information relevant only to this request. We are unable to process this claim until the requested information is received. This is the only request you will receive for this information.

If you have any questions, please contact our Customer Service department at (800) 821-6136.

Sincerely,

Claims Department

*1-20-16
Called Beltone (local)
She'll call GEHA tomorrow*

To: BCBS Appeal
From: Susie Szasz
ID#

PO Box 723
Fugo, PA 29078
2-23-16

Re: hearing aid denial letter: appeal

I feel it is ridiculous; a real atrocity that because of your denial letter policy I cannot get a hearing aid claim processed through my GEHA policy (2nd Ins). They need a denial letter and code to process paying approx 2/3 of the cost of a new hearing aid.

BCBS State does not cover hearing aids but refuses to give me a denial letter unless I buy and receive a hearing aid. This makes NO sense → you refuse to cover hearing aids and you refuse to give me a letter to get it covered by another insurance unless I buy it ahead of the refusal — This is ridiculous to deny me a hearing aid by denying me a refusal letter.

(2)

Why should I pay for
something you're going to
deny me -

I don't have money
up front + need the
other insurances payment
to get a hearing aid.

Please send me a
refusal letter for
GFHA Insurance to
process my Beltone Ins.
claim for a hearing aid.

Sincerely
Love
Susie Stasz