

## PREMERA BLUE CROSS GROUP CONTRACT 7/2007 MANDATE ENDORSEMENT

### Applies to:

#### Washington Group Contract Numbers:

EAWS (03-2007)	YVWS (03-2007)	EAWL (03-2007)
WA SG DIMENSIONS (08-2005)	WA SG VALUE (8-2005)	WA DIM EA (08-2005)
WA DIM1 MED SG (08-2005)		

### Applies to:

#### Washington Certificate Form Numbers:

YCWS (03-2007)	WASGDIM1GLB (08-2005)	YFWL (03-2007)
YBWS (03-2007)	DIM EPO (08-2005)	YFSWL (03-2007)
YWWS (03-2007)	WA SG GLOBAL (08-2005)	WALGDIM FND1 (08-2005)
YFWSA (03-2007)	WA SG HSA (08-2005)	WALGDIM HTG1 (08-2005)
YFWSE (03-2007)	ENVOY PLUS (08-2005)	WALGDIM FND (08-2005)
YFWSZ (03-2007)	VALPLUS (08-2005)	WALGDIM HTG (08-2005)
WASGDIM1 FND1 (08-2005)	YVWSC (03-2007)	WALGDIM GLB (08-2005)
WASGDIM1 HTG1 (08-2005)	YCWL (03-2007)	WALGDIM FND1 HSA (08-2005)
PREFERRED PLUS COPAY (08-2005)	YBWL (03-2007)	WALGDIM HTG1 HSA (08-2005)
PREFERRED PLUS COINSUR (08-2005)	YWWL (03-2007)	WALGDIM ENV (08-2005)

**This Endorsement revises the Group Contract between the Group and Premera Blue Cross to add a new special enrollment provision. The change to the certificate of coverage for all new and existing groups described in this Endorsement becomes effective on July 22, 2007.**

#### ■ ENROLLMENT OF PERSONS ELIGIBLE FOR MEDICAL ASSISTANCE

In the "Special Enrollment" section we have added the following subsection:

##### Persons Eligible For Medical Assistance

When the Washington State Department of Social and Health Services (DSHS) determines that it is cost-effective to enroll in this plan, a person who is eligible for state medical assistance and who is also eligible for coverage under this plan, we will enroll the person as a special enrollee. Coverage will start on the first of the month following the date we receive the application for coverage. In order to apply for coverage, you may be required to provide the notice of eligibility you received from DSHS.

An eligible employee who elected not to enroll in this plan when such coverage was previously offered, must enroll in this plan in order for any otherwise eligible dependents to be enrolled in accordance with this provision. Coverage for the employee will start on the date the dependent's coverage starts.

**All other provisions of the "Special Enrollment" section remain unchanged.**

**All other provisions of the group plan remain unchanged. This Endorsement forms a part of the Group Contract between the Group and Premera Blue Cross. It should be kept with your benefit booklet for future reference.**

**If you have questions regarding this information, please contact our Customer Service Department. The phone numbers are located inside the front cover of your benefit booklet.**

Premera Blue Cross



**H. R. Brereton Barlow**  
President and Chief Executive Officer