2017 Plan Document Change Recommendations

Page	Heading/Topic	Current 2016 Language/Policy	Recommendation for 2017 Language/Policy	Reason for Change	Category
27	**Maximum Out-of-Pocket (MOOP) Expenses for Medical and Prescription Drug benefits**	Various	**Basic Plan**: Medical – from $ $4,500 single/$9,000 family to $4,650/$9,300; RX - from $2,350 single/$4,700 family to $2,500/$5,000 **Choice Plan**: Medical - from $2,450 single/$7,200 family to $2,600/$5200; RX - from $4,400 single/$6,500 family to $4,550/$9,100 **Copay Plan**: Medical - from $3,425 single/$6,800 family to $3,575/$7,150; RX – from $3,425 single/$6,850 family to $3,575/$7,150	Align MOOP's with increases to new maximum ACA indexed amounts by plan	Health Care Reform (ACA) Compliance Requirement
43 - 44	**Schedule of Medical Benefits Preventive Care Children - Iron Supplements**	100% coverage for iron supplements	Remove 100% coverage across all plans; allow coverage at standard RX copays and coinsurance for medically necessary prescription iron supplementation for children	ACA no longer requires 100% coverage	Health Care Reform (ACA) Compliance Requirement
62, 64, 66, 137	**Gender/Gender Identity Care Services**	Exclusion for transsexual/transgender services	**Remove** exclusion language from Medical Plan Behavioral Health Exclusions and Fertility, Genetic, Reproductive and Sexual Dysfunction Services Exclusions: "Expenses for medical or surgical treatment related to transsexual (sex change) procedures, or the preparation for such procedures, or any complications resulting from such procedures"; language **included** in Definitions section: "Gender/Gender Identity Care: Services will be considered under the applicable benefit level and limited as any other preventive or medically necessary service outlined in the Health Plan Document. Services will not be limited based on an individual's documented gender or gender identity."	ACA requires non-discrimination i.e. remove exclusions for the provision of gender identity medical and prescription drug services for Health Plans that receive any form of Federal funding e.g. RDS drug subsidies and Med Part D subsidies and reimbursements	Health Care Reform (ACA) Compliance Requirement
11, 24 - 25, 35, 104	**Information about Medicare Part D Prescription Drug Plans**	Various	Various e.g. "Effective as of January 1, 2017, the City of Mesa Health Plan has replaced the prescription drug benefits available to retirees and covered individuals enrolled in City retiree medical plans, with a Medicare Part D prescription drug benefit (and additional City provided prescription drug benefits) for Medicare eligible individuals. This Medicare Part D program for retirees is called SilverScript Employer PDP sponsored by City of Mesa. You will have the same deductible, coinsurance and/or copayments, and annual individual out-of-pocket maximum that are available to non-Medicare-eligible retirees. See Schedule of Benefits Drug section for details about this coverage."	SilverScript Employer Group Waiver Program (Medicare Part D) and "wrap" expanded benefit plan introduced for Medicare eligible retirees as of 1/1/2017 - to allow Plan to receive significant discounts and subsidies from CMS for the provision of these benefits; enhance the long term sustainability of Medicare eligible retiree prescription drug benefits	Cost Savings or Enhancements
28 - 59	**Schedule of Medical Benefits - Copay Choice Plan**	Various copay amounts depending upon service	**Copay Plan:** copay additions or increases - Allergy Shots from $5 to $10; PCP office visit copay from $20 to $25; Specialist OV copay from $20 to $40 ; Chiropractor copay from $20 to $40 (up to 25 visits), $60 for visits above 25; PT, OT, ST, MT and ABA/TBT therapy copays from $20 to $40 up to 90 combined visits then $60 copay for above 90 visits; Corrective Appliances, DME & Medically necessary lenses/frames after cataract surgery copays from $20 to $25; Urgent Care copay from $50 to $55; Emergency room copay from $100 to $150; Outpatient facility copay from $100 to $200; Outpatient Wound Care procedures from $20 to $40; Inpatient facility copay from $200 to $300; Rx Copays: Retail - up to 30-day supply from $10/$40/$75 to $15/$50/$85 Mail Order/CVS Maintenance Choice Retail - up to 90-day supply from $20/$80/$150 to $25/$90/$160	Cost containment strategy to reduce Plan liability and mitigate 2017 rate increases in Copay Plan for both City and members	Cost Savings or Enhancements

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64 - 65	**Medical Plan Exclusions - Hair Exclusions**	No age limitation on hair treatment exclusion	"Expenses for hair removal or hair transplantation and other procedures to replace lost hair or to promote the growth of hair for cosmetic purposes (except for medically necessary treatments for hair loss due to a medical condition for children under the age of 18)"	Hair loss due to infection/medical conditions may require medical, behavioral health and/or drug treatments to enable normal hair growth in children and adolescents	Cost Savings or Enhancements
75	**EAP program enhancement**	Limitation of 8 EAP visits per person, per issue, per year	EAP visits up to 12 per person, per issue, per year for public safety personnel involved in traumatic events in line of duty	Compliance with HB2350: "Effective August 6, 2016, public safety employees who are sworn officers participating in the Public Safety Personnel retirement System, are eligible for a maximum of twelve (12) visits per person, per issue, per year for traumatic event counseling and therapy services following exposure to these events in the line of duty."	Cost Savings or Enhancements
120	**FSA Health Maximum Annual Election**	$2,500	$2,600	Align to anticipated IRS indexed levels to increase employee satisfaction and City FICA tax savings	Cost Savings or Enhancements
1 - 8	**Introduction Section and Quick Reference Chart**	Various	Updates for vendor names, services, addresses, email and phone, and additions (SilverScript, LegalShield & IDShield), as may apply	Corrections, revisions and additions to vendor information	Language Updates and Corrections
58	**Schedule of Medical Benefits - Vision (Eye Care) Services**	Refraction services not covered under Medical Plan; exception for medically necessary refractions following cataract surgery not documented	"No coverage for eye refractions (except medically necessary following cataract surgery)"	Include post cataract surgey eye refractions in covered medical services	Language Updates and Corrections
65 - 66	**Medical Plan Exclusions - Rehabilitation Therapies Exclusions**	No language	48.h. "Expenses for treatment of developmental delays/learning disorders are not covered; initial diagnostic testing for these conditions is covered."	Include language that identifies Plan practice and intent for developmental delays/learning disorders initial diagnosis testing therapies covered but treatment therapies are not covered	Language Updates and Corrections
70 - 71	**Utilization Management - Pre-Certification Requirements**	Various	Remove pre-cert: pain management treatments, testosterone treatments and lap band adjustments; Add pre-cert: outpatient infusion services, home setting for rehab therapies	Benchmark procedures - remove barriers to efficient patient care	Language Updates and Corrections
120	**FSA Health (Debit Card) Substantiation Requirements**	Substantiation requirements identified but failure to substantiate not documented	"Note, unsubstantiated debit card usage/claims require repayment of the unsubstantiated amount upon notification from the Appropriate Claims Administrator. If these claims remain unsubstantiated and have not been repaid by March 31 of the following calendar year, the unsubstantiated amounts will be reallocated to taxable income to you for the preceding calendar year. Under these circumstances, a corrected W-2 from the City's payroll department will be filed with the IRS and sent to you to show the additional taxable income for the preceding calendar year. You will be responsible to consult with your tax advisor for further action required by you."	Align Plan language with practice and IRS requirements	Language Updates and Corrections
104	**Coordination of Benefits & Subrogation procedures**	Plan does not subrogate; inconsistent other language indicates if there is third party motor vehicle insurance/liability the Plan is secondary to that coverage	"Motor Vehicle No-Fault Coverage Required by Law: If a covered individual is covered for medical, dental, prescription drug or behavioral health benefits by both this Plan and any motor vehicle no-fault coverage that is required by law, this Plan pays first and does not coordinate benefits with the Motor Vehicle coverage"	Conform language to Plan "no subrogation" practice and intent	Language Updates and Corrections