

In order to comply with recent healthcare reform changes, the following modifications have been made to the City of Asheboro Healthcare Plan effective July 1, 2014 – June 30, 2015:

Eligibility

The Plan's limitation on Dependent Children with access to other employer-based coverage is removed. Dependent Children have the option to stay on the plan until age 26 whether they are covered by another employer or not. For example, if you have an adult child that gets a job that offers health insurance, he/she can remain on the City of Asheboro Health Insurance Plan but the city coverage would become secondary.

Enrollment Requirements

The Summary Plan Description has changed slightly. Instead of the 31 days previously allowed to notify Human Resources of a qualifying event, it is now 30 days. For example, if you have a family status change (marriage, divorce, death, birth, change of employment of spouse), you have 30 days to notify Human Resources of the change in order to add or drop dependent coverage.

Network and Health Management

Case Management is a mandatory service with a non-compliance penalty of \$2500. For example, this penalty will apply should you be offered Case Management and you refuse it. Note: Case Management is only offered after a severe illness or injury.

Pre-Existing Conditions

The Plan does not apply a Pre-Existing Conditions Exclusion Period to any member for services incurred on or after July 1, 2014.

Benefit Maximums

Out-of-Pocket Maximum now INCLUDES deductibles, co-pays and penalties. For example, money you pay toward your deductible, co-pays and penalties will be credited toward your Out-of-Pocket Maximum. Prior to July 1, 2014, the Out-of-Pocket Maximum was in addition to your deductibles, co-pays and penalties. **NOTE: Effective July 1, 2014, the Out-of-Pocket Maximum increases from \$3000 to \$3500 in-network and from \$6000 to \$7000 non-network.** Out-of-Pocket Maximum DOES NOT include prescription drugs purchased with your MedCost/Prevo RX Card or services you receive from the Hope Center. The yearly deductible remains at \$1000.

Lifetime Maximum

The Annual Maximum Benefit per person goes from \$2 million in a calendar year to UNLIMITED.

Routine Wellness/Preventive Services Paid at 100%; Deductible Waived In-Network – Paid at 50% Out-of-Network

Includes Physical or Gynecological exam, well child care, laboratory services, X-ray services, immunizations / vaccines, health history, developmental assessment, pap smear, ovarian cancer screenings, PSAs, bone mass measurements, and contraceptive management, including FDA approved contraceptive methods / devices, injectables and implants, excluding over-the-counter products. Includes injectable contraceptives administered in the physician's office. Oral contraceptives and patches are covered under the prescription drug benefits. Gynecologists may perform the Gynecological exam and pap smear, with the balance of the physical exam performed by another Physician. There will be no duplication of services.

Nutritional Counseling Paid as any covered medical expense

Includes Medical Nutritional Counseling, covered as any other medical expense, rendered by a licensed health care provider (in-network when available), as required to provide appropriate guidance and education for diet related conditions or risk factors, including but not limited to diabetes, obesity, high cholesterol and high blood pressure.

Advance Cancer Screening Paid at 100%; Deductible Waived In-Network – Paid at 50% Out-of-Network

Includes Mammograms and Colonoscopies other than inpatient. Includes routine, diagnostic / therapeutic and related services. Includes polyp removal during routine colonoscopy when billed properly by the provider.

Genetic Testing

Genetic testing is considered Medically Necessary (and therefore covered) based on the diagnosis, provided:

- a person has symptoms or signs of a genetically-linked inheritable disease or
- the testing is performed as part of oncology treatment.

Genetic testing requires documentation of Medical Necessity via medical records or a letter of Medical Necessity if:

- it has been determined that a person is at risk for carrier status as supported by existing peer-reviewed, evidence-based, scientific literature for the development of a genetically-linked inheritable disease when the results will impact clinical outcome or
- the therapeutic purpose is to identify specific genetic mutation that has been demonstrated in the existing peer reviewed, evidence-based, scientific literature to directly impact treatment options as outlined in the letter of Medical Necessity noted above.

If genetic testing is determined to be Medically Necessary and meets the criteria outlined above, genetic counseling may be covered. Genetic counseling is limited to 3 visits per Benefit Year.

Termination of Pregnancy

Excludes abortions except for female Employees and enrolled female spouses of Employees when the life of the mother would be endangered if the unborn child was carried to term or the pregnancy is the result of rape or incest. Covers complications of abortion, for all female Employees and enrolled female spouses of Employees.

Medical Plan Exclusions

Obesity (Non-Surgical) is now covered as any other medically necessary expense. **Note:** Specifically **excluded** are charges for bariatric surgery, including but not limited to, gastric bypass, stapling and intestinal bypass, and lap band surgery, including reversals. (*recommended change due to AMA guidelines*)