

BENEFIT CHANGE RECAP FOR OREGON EMPLOYERS

From time to time, we make changes to our health plan benefits to keep them in line with market demands and regulatory requirements. This year, in part due to federal healthcare reform legislation, we notified employers of several changes to benefits. To help you track the changes, this document recaps the 2010 benefit changes. Please note that not all the changes apply to all employers.

2010 Oregon mandate notices to all Oregon employers renewing in 2010 (except for the Basic Health Plan):

- Medically necessary telemedical health services provided by a healthcare professional are covered if your plan covers the same services when provided in person. The telemedical health service must not duplicate or supplant a health service that is available to the patient in person. Coverage of a telemedical health service is subject to the same deductible, copayment, or coinsurance requirements that apply to comparable health services provided in person.
- The human papillomavirus (HPV) vaccine is added to the list of immunizations covered by the group policy.
- Hearing aids are covered for members under 18 years of age, and dependent children 18 years of age or older who are enrolled in an accredited educational institution, up to a maximum benefit of \$4,000 every 48 months. The benefit amount will be adjusted on January 1 of each year to reflect the U.S. City Average Consumer Price Index.
- Routine costs of clinical trials are covered. Benefits are only provided for routine costs of care associated with qualifying clinical trials. Expenses for services or supplies that are not routine costs are not covered.

Therapy benefit notice to all Oregon employers renewing July 1, 2010, and later (except for the Basic Health Plan):

The benefits for physical, occupational, and speech therapy services will now include a combined annual benefit limitation of 30 visits. Previously, physical and occupational therapy services were limited to 20 annual visits and speech therapy to 10. In addition, benefit consideration for visits in excess of the annual limitation will only be given to cases involving the treatment of severe neurologic conditions (e.g. stroke, spinal cord injury, head injury, severe pediatric neurodevelopment problems). In no case will the extension of benefits exceed an additional 30 visits.

Open enrollment notice to *large* Oregon employers renewing July 1, 2010 and later:

Large employers (51 or more employees) will automatically have an open enrollment provision for late enrollees included as part of their medical plan, replacing the six-month waiting period previously in place. Late enrollees may enroll during the employer's annual open enrollment period if their application is received by the plan's renewal date. Plan coverage becomes effective the first day of the plan year. Enrollees who previously submitted an application as a late enrollee and are still in the middle of their six-month waiting period will be automatically enrolled effective on the plan's renewal date. Plan provisions regarding exclusion periods for pre-existing conditions apply upon the effective date of coverage.

Continued on reverse.



Healthcare reform notice to Oregon employers renewing October 1, 2010, and later:

- The plan's overall maximum lifetime benefit provision no longer applies. If any covered expense that includes a lifetime maximum benefit amount is deemed to be an "essential benefit" by the U.S. Department of Health and Human Services, the lifetime maximum amount will not apply to that covered expense.
- Dependent children are now eligible to enroll and remain on a parent's plan until they turn 26 years old. This is regardless of the child's place of residence, marital status, or financial dependence on the parent.
- The plan's pre-existing condition exclusion period no longer applies to members under the age of 19.
- Any cost-sharing in the plan (deductibles, copayments, and/or coinsurance amounts) will be waived for specific preventive care services when provided by a participating provider. The HHS provides a complete list of recommended preventive care services on their Web site as guidance at: <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.

Current USPSTF recommendations do not include the November 2009 breast cancer recommendations.

(Note: The preventive care cost-sharing mandate does not apply to large groups who have opted to retain their grandfathered status. This information was not included in the notice we sent to grandfathered groups.)