

Senate Bill 2160 Health Insurance coverage NDPERS

Purpose: To provide state active employees and non-Medicare retirement populations with enhanced health care benefits by moving NDPERS to a plan in alignment with the Patient Protection and Affordable Care Act (PPACA).

Overview of SB 2160

- Revises the definition of "health insurance benefits coverage" to be a non-grandfathered plan.
- Defines "non-grandfathered health plan" to mean a plan that aligns with PPACA
- Requires that State Active employees and non-Medicare employees will solely be offered the NDPERS non-grandfathered plan.

Benefits of SB 2160

Switching from a **grandfathered health insurance plan** to a **non-grandfathered health insurance plan** can provide several benefits. Grandfathered plans are older policies that were in place before March 23, 2010 (the date the Affordable Care Act, or ACA, was enacted) and have not been significantly changed since. While they are exempt from some ACA requirements, non-grandfathered plans must comply fully with ACA standards. Here are the benefits of making the switch:

1. Essential Health Benefits (EHBs)

Non-grandfathered plans must cover a comprehensive set of 10 essential health benefits, including:

- Preventive services (e.g., vaccinations, screenings) without cost-sharing.
- Maternity and newborn care.
- Mental health and substance use disorder services.
- Prescription drugs.
- Pediatric services, including dental and vision care.

Grandfathered plans may not include these benefits or might require significant out-of-pocket costs for them.

2. No Pre-existing Condition Exclusions

- Non-grandfathered plans cannot deny coverage or charge higher premiums based on pre-existing conditions.
- Grandfathered plans may still have limitations or exclusions for pre-existing conditions.

3. Coverage for Preventive Services

- Non-grandfathered plans must provide certain preventive services (e.g., cancer screenings, immunizations) at no additional cost, even before meeting the deductible.
- Grandfathered plans may not include these benefits or may require cost-sharing.

4. Cap on Out-of-pocket Costs

- Non-grandfathered plans have an annual limit on out-of-pocket costs for covered services.
- Grandfathered plans might not cap out-of-pocket expenses, potentially exposing you

The **10 Essential Health Benefits (EHBs)** that must be covered by all non-grandfathered health insurance plans under the Affordable Care Act (ACA) include a wide range of services designed to meet the basic health care needs of individuals. Here's a detailed list:

1. Ambulatory Patient Services

- Outpatient care that you receive without being admitted to a hospital, such as:
 - Doctor visits.
 - Specialist consultations.
 - Outpatient surgeries.
 - Diagnostic tests like X-rays and blood work.

2. Emergency Services

- Emergency room visits and treatment for acute conditions, such as injuries or heart attacks.
- Plans must provide coverage without requiring prior authorization, even if the provider is out of network.

3. Hospitalization

- Inpatient care, including:
 - Surgery.
 - Overnight hospital stays.
 - Care for severe illnesses or injuries.
 - Room and board in the hospital.

4. Maternity and Newborn Care

- Prenatal care (e.g., check-ups, screenings, and tests during pregnancy).
- Labor and delivery services.

- Postnatal care for both mother and baby.

5. Mental Health and Substance Use Disorder Services

- Behavioral health treatment, including:
 - Counseling and psychotherapy.
 - Inpatient mental health and substance use treatment.
- Substance use disorder treatment programs, such as detoxification and rehabilitation.

6. Prescription Drugs

- Coverage for a wide range of prescription medications, including:
 - Generic drugs.
 - Brand-name drugs.
 - Specialty medications.

7. Rehabilitative and Habilitative Services and Devices

- Rehabilitative care to help recover skills or functions lost due to injury or illness (e.g., physical therapy, occupational therapy).
- Habilitative care to help develop skills or functions that a person never had (e.g., therapy for children with developmental delays).
- Durable medical equipment, such as wheelchairs, crutches, or prosthetics.

8. Laboratory Services

- Diagnostic tests, such as blood tests and imaging (e.g., MRI or CT scans).
- Preventive screenings, such as cholesterol checks or cancer screenings.

9. Preventive and Wellness Services and Chronic Disease Management

- Preventive services, including vaccinations, cancer screenings, and annual check-ups, covered without cost-sharing (no copays or deductibles).
- Wellness programs to promote healthy living (e.g., smoking cessation or weight loss programs).
- Chronic disease management for conditions like diabetes, asthma, or hypertension.

10. Pediatric Services, Including Oral and Vision Care

- Coverage for children's healthcare needs, such as:
 - Pediatric check-ups.
 - Immunizations.

- Dental care (e.g., cleanings, X-rays, and fillings).
- Vision care (e.g., eye exams and glasses).

Additional Notes:

- Some specific services within these categories may vary depending on the state, as states can define their own "benchmark" plans to determine the exact scope of benefits within these categories.
- Preventive services are covered without cost-sharing only when provided by in-network providers.

Switching to a non-grandfathered plan ensures access to these comprehensive benefits, which can significantly enhance the value and scope of your health coverage.