

Memo

To: Rebecca Fricke

From: Steve Webster

Date: March 24, 2023

Re: Grandfathered PPO plan compared to Non-Grandfathered PPO plan

The following grid illustrates the benefit differences between the Grandfathered PPO plan and the ACA-compliant Non-Grandfathered PPO plan. It excludes 2023 legislative bills #1141 - Prosthetic Limbs and #1146 - Infertility.

Benefit	Grandfathered PPO Plan	Non-Grandfathered PPO Plan
Copayments	Do not accumulate towards Out-of-Pocket Maximum	Do accumulate towards Out-of-Pocket Maximum https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xxvii.pdf
Colonoscopy	Covered, subject to medical cost share. Eligible for \$200 Routine Screening Benefit Allowance	Covered at 100%
Contraceptive Services	Covered, subject to medical cost-shares	Covered at 100%
Routine Diagnostic Screenings	Mammogram covered at 100% for ages 40 and above. All other routine diagnostic screenings subject to medical cost-shares: <ul style="list-style-type: none"> \$200 Benefit Allowance for Screenings recommended with a rating of "A" or "B" by the United States Preventative Services Task Force. 	Screenings covered at 100%. Include, but not limited to the following: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening Anemia screening - Hemoglobin or Hematocrit (one or the other) Cholesterol Screening; coverage for frequency of Lipid Profile is dependent on Member age

		<ul style="list-style-type: none"> • Lung Cancer Screening • Basic Metabolic Panel; one (1) per Member per year • Hepatitis B virus infection screening • Hepatitis C virus infection screening • Diabetes Screening; benefit allowance of one (1) per Member per year • Osteoporosis Screening • Sexually Transmitted Disease (STD) Screening • Genetic counseling and evaluation for BRCA Testing and BRCA lab screening
Cervical Cancer Screening	Routine pap smear covered at 100% per calendar year. Office visit subject to copay.	Covered at 100% per calendar year
Prostate Cancer Screening	Covered, subject to coinsurance. Office visit subject copay.	Covered at 100%
Well Child Care	Covered, subject to office visit copay. Visit coverage goes to age 6: <ul style="list-style-type: none"> • 7 visits birth through 1 year • 3 visits 13-24 months • 1 visit a year 25-72 months 	Covered at 100%. Visit coverage goes to age 18: Limits in accordance with American Academy of Bright Futures Pediatric schedule
Vaccines Covered for Children	Covered at 100% <ul style="list-style-type: none"> • DPT (Diphtheria-Pertussis- Tetanus) • MMR (Measles-Mumps- Rubella) • Hemophilus • Influenza B • Hepatitis • Polio • Varicella (Chicken Pox) • Pneumococcal Disease • Influenza Virus • HPV 	Covered at 100%. Expanded list of coverage in accordance with: <ul style="list-style-type: none"> • Centers for Disease Control (CDC) • Prevention Advisory Committee on Immunization Practices (ACIP) Health Resources and Services Administration (HRSA)

Preventative Screening for Adults	Covered, subject to office visit copay.	Covered at 100%
Tobacco Cessation Services	Not Covered	Covered at 100% <ul style="list-style-type: none"> • Two (2) tobacco cessation attempts per year • Four (4) tobacco cessation counseling session of at least 10 minutes each session • All FDA approved tobacco cessation medications (prescriptions and over the counter medications) for a 90-day treatment regimen when prescribed by a health care provider
Breast Pumps	Not Covered Rental covered upon Prior Authorization and due to separation of mother and child after birth.	Covered at 100% <ul style="list-style-type: none"> • Replacement tubing, breast shields, and splash protectors are covered • Pumps and supplies are covered • Lactation consulting is covered
Routine Prenatal and Postnatal Care	Covered, subject to coinsurance.	Covered at 100%
Folic Acid Supplements	Not Covered	Covered at 100% for women
Pre-Natal Vitamins	Pharmacy benefits apply if prescribed by Physician, otherwise, non-covered.	Covered at 100% for women
Vitamin D Supplements	Not Covered	Covered at 100% for 65 and older
Formulary breast cancer preventive medication	Not Covered	Covered at 100% for 65 and older
Sterilization - Female	Covered, subject to medical cost-sharing	Covered at 100% <ul style="list-style-type: none"> • Occlusion of fallopian tubes by use of permanent implants • Tubal ligation at 100% when performed as the primary procedure.