



**Finance Committee Meeting**

**AGENDA**

**February 1, 2011**

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**I. CALL TO ORDER**

**II. MATTERS BEFORE COMMITTEE**

1. [Discussion - Insurance Renewal](#)

**III. ADJOURN**



## Finance Committee Meeting

### AGENDA

February 1, 2011

**Item:**

Discussion - Insurance Renewal

**Department:**

**Additional Information:**

**Financial Impact:**

**Budgeted Item:**

**Recommendation / Request:**

Viewing Attachments Requires Adobe Acrobat. [Click here](#) to download.

Attachments / click to download

 [Insurance Spreadsheet](#)

**CURRENT Plan Design**

**NON-GRANDFATHERED Plan Design with Suggested Changes**

PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
\$1,000,000	
<b>DEDUCTIBLE, PER CALENDAR YEAR</b>	
\$200	\$400
\$600	\$1,200
<b>COPAYMENTS</b>	
\$10 copay then 100% up to \$100 per visit, then deductible and 80%	60% after deductible
80% after deductible	60% after deductible
80% after deductible	60% after deductible
The Emergency room copayment is waived if the patient is admitted to the Hospital on an emergency basis. The utilization review administrator, Medicor must be notified at (877) 432-5663 within 48 hours of the admission, even if the patient is discharged within 48 hours of the admission.	
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR</b>	
\$600	\$1,200
\$1,200	\$2,400
The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.	
The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%. Outpatient substance abuse treatment charges Cost containment penalties Copayments Pre-existing Conditions Limitations and reductions to Reasonable and Customary	
<b>COVERED CHARGES</b>	
<b>Hospital Services</b>	
80% after deductible the semiprivate room rate	60% after deductible the semiprivate room rate
80% after deductible Hospital's ICU Charge	60% after deductible Hospital's ICU Charge
80% after deductible the facility's semiprivate room rate 120 days Calendar Year Maximum	60% after deductible the facility's semiprivate room rate 120 days Calendar Year Maximum

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>MAXIMUM ANNUAL BENEFIT AMOUNT</b>	\$750,000	
<b>DEDUCTIBLE, PER CALENDAR YEAR</b>		
Per Covered Person	\$200	\$1,000
Per Family Unit	\$600	\$3,000
<b>COPAYMENTS</b>		
Physician visits	\$20 copay then 100% up to \$100 per visit, then deductible and 80%	60% after deductible
Outpatient services	80% after deductible	60% after deductible
Emergency room	80% after deductible	80% after deductible
The Emergency room copayment is waived if the patient is admitted to the Hospital on an emergency basis. The utilization review administrator, Medicor must be notified at (877) 432-5663 within 48 hours of the admission, even if the patient is discharged within 48 hours of the admission.		
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR</b>		
Per Covered Person	\$600	\$3,000
Per Family Unit	\$1,200	\$6,000
The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.		
The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%. Outpatient substance abuse treatment charges Cost containment penalties Copayments Pre-existing Conditions Limitations and reductions to Reasonable and Customary		
<b>COVERED CHARGES</b>		
<b>Hospital Services</b>		
Room and Board	80% after deductible the semiprivate room rate	60% after deductible the semiprivate room rate
Intensive Care Unit	80% after deductible Hospital's ICU Charge	60% after deductible Hospital's ICU Charge
<b>Skilled Nursing Facility</b>	80% after deductible the facility's semiprivate room rate 120 days Calendar Year Maximum	60% after deductible the facility's semiprivate room rate 120 days Calendar Year Maximum



**CURRENT Plan Design**

**NON-GRANDFATHERED Plan Design with Suggested Changes**

PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>Mental Disorders and Treatment of Substance Abuse</b>	
\$10 Copay then 100% up to \$100 per visit; then 80% after deductible	60% after deductible
80% after deductible	60% after deductible
80% after deductible	60% after deductible
<b>Preventive Care</b>	
100%	not covered
\$400 Calendar Year maximum	
Includes but not limited to: office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination and office visit.	
Frequency limits for mammogram Ages 40 and over . . . . . annually	
80% after deductible	60% after deductible
100%	not covered
\$400 Calendar Year maximum	
Includes but not limited to: office visits, routine physical examination and immunizations through age 1.	
80% after deductible*	60% after deductible*
*Refer to the separate Organ Transplant policy indicating transplant reimbursement	*Refer to the separate Organ Transplant policy indicating transplant reimbursement
80% after deductible	60% after deductible
Routine Colonoscopy only for Age 50 and over – limited to 1 every 5 years	
80% after deductible	60% after deductible
Dependent daughters not covered.	

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>Mental Disorders and Treatment of Substance Abuse</b>		
Office Visits	\$20 Copay then 100% up to \$100 per visit; then 80% after deductible	60% after deductible
Inpatient	80% after deductible	60% after deductible
All other covered services	80% after deductible	60% after deductible
<b>Preventive Care</b>		
Routine Well Person Care	100%	not covered
Includes but not limited to: office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination and office visit. Services/Tests that are covered by Federal Mandate will be covered with no copay or coinsurance for Network Providers.		
Frequency limits for mammogram Ages 40 and over . . . . . annually		
Routine Well Newborn Care	80% after deductible	not covered
Routine Well Child Care	100%	not covered
Includes but not limited to: office visits, routine physical examination and immunizations through age 1. Services/Tests that are covered by Federal Mandate will be covered with no copay or coinsurance for Network Providers.		
<b>Organ Transplants*</b>	80% after deductible*	60% after deductible*
<b>*See page 20, section (l) Organ Transplant for limitations</b>	*Refer to the separate Organ Transplant policy indicating transplant reimbursement	*Refer to the separate Organ Transplant policy indicating transplant reimbursement
<b>Diagnostic Colonoscopy and associated charges</b>	80% after deductible	60% after deductible
<b>Pregnancy</b>	80% after deductible	60% after deductible
Dependent daughters not covered.		

CURRENT Plan Design

NON-GRANDFATHERED Plan Design with Suggested Changes

PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS		PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
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Suggestions & Comments

**Obesity/Weight Loss and Smoking Cessation** - Lifetime maximums are no longer allowed, however these items are covered under the recommended Preventive Services list - so moving these items under the Preventive section would still allow you to pay them at 100% as required by Healthcare Reform but not cover them at all if OON. Another option would be to change the Out of Network percentage from 100% to 60% after deductible like most other items are paid

Non-Grandfathered groups are not allowed to ask whether or not dependents up to age 26 have coverage elsewhere

Non-Grandfathered groups must provide employees with the option of an external appeals process after the normal appeals process has been exhausted

No lifetime or annual maximums are allowed on any "essential health benefits"

A 30 day enrollment period must be offered to all employees to allow for addition of dependents up to age 26

No rescissions allowed