

Notable Changes Under Consideration for the 2007 Uniform Benefits

Section Page Number (in Attachment D)	Description	Reason for Change
Throughout Uniform Benefits	<ul style="list-style-type: none"> a) Replaced "Paid in full" with "Covered" b) Replaced "contract year" with "calendar year" 	<ul style="list-style-type: none"> a) For ease in comprehension. b) For ease in comprehension.
Schedule of Benefits I. Pages 1 - 3	<ul style="list-style-type: none"> a) Moved language forward explaining participants in a Preferred Provider Plan will receive a supplemental Schedule of Benefits. b) Clarified the coinsurance is 100% except as described. c) Clarified the lifetime maximum applies to all medical and pharmacy benefits. d) Clarified that hearing aids are covered up to a payment by the plan of \$1,000 per hearing aid and the benefit is one aid per ear no more than once every three years. e) Relocated the cochlear implant benefit language. 	<ul style="list-style-type: none"> a) To make the language more prominent for affected participants. b) For ease in comprehension. c) To clarify existing practice. d) To clarify existing practice. e) To better group related benefits.
Definitions II. Pages 4 – 11	<ul style="list-style-type: none"> a) Added definitions for the following terms: "Comorbidity", "Natural Tooth" and "Specialty Medications". b) Clarified the termination date for dependents age 19 or over and for dependents that plans determine are no longer disabled. c) Revised "Providers of Health Care" to be "Providers". d) Clarified the definitions of "Urgent Care" and "You/Your". 	<ul style="list-style-type: none"> a) Based on feedback from a participant, health plan and PBM to clarify existing practice. b) To clarify existing practice. c) For language consistency purposes. d) To clarify existing practice.
Benefits and Services III., A., 3. Page 13	Revised language describing the benefits for surgical services.	To clarify existing practice.
Benefits and Services III., A., 4., c. Page 14	Clarified the coverage of contraceptives under the pharmacy benefit.	To clarify existing practice.
Benefits and Services III., A., 5., a. & b. Page 14	<ul style="list-style-type: none"> a) Added language clarifying the benefit for routine physical examinations and adult immunizations. b) Added language stating lead screenings are covered for children. 	<ul style="list-style-type: none"> a) Change recommended by a plan to clarify existing practice. b) To clarify existing practice.
Benefits and Services III., A., 6. Page 15	Revised language describing the benefit for anesthesia services.	Change recommended by a plan to clarify anesthesia services are covered when provided in connection with covered services.

Attachment C

Page 2

Section Page Number (in Attachment D)	Description	Reason for Change
Benefits and Services III., A., 17. Page 18	Clarified language on the benefit for splints for temporomandibular disorders.	Change requested by a plan to clarify existing practice and ensure benefit is administered consistently by plans.
Benefits and Services III., C., 3. Page 23	<ul style="list-style-type: none"> a) Clarified language describing the benefit for hearing aids, consistent with the changes made in the Schedule of Benefits. b) Added language clarifying ostomy and catheter supplies are covered. 	<ul style="list-style-type: none"> a) To clarify existing practice. b) Change recommended by Department staff to ensure benefit is administered consistently by plans.
Benefits and Services III., C., 5. Page 24	Revised language describing the benefit for congenital defects and birth abnormalities.	Correction.
Benefits and Services III., D., 1. Pages 25 – 26	<ul style="list-style-type: none"> a) Clarified language describing the pharmacy benefit. b) Added language giving the PBM the flexibility to require specialty medications to be obtained from specified pharmacies. 	<ul style="list-style-type: none"> a) To clarify existing practice. b) Change recommended by the PBM to ensure specialty medications are made available in an efficient and cost-effective manner.
Exclusions and Limitations IV., A., 7., c. Page 29	Added language clarifying services for storage or processing of semen are not covered.	Change recommended by a plan to clarify existing practice.
Exclusions and Limitations IV., A., 11., f. Page 31	Added language to clarify the exclusion for non-FDA approved prescriptions.	Change recommended by the PBM to clarify existing practice.
Exclusions and Limitations IV., A., 12., o. Page 32	Revised language to clarify the exclusion for eyeglasses and corrective contact lenses.	To clarify existing practice.
Exclusions and Limitations IV., A., 12., af. & IV., B., 8. Pages 34 - 35	Replaced the limitation in section IV., B., 8. with an exclusion in A., 12., af. clarifying sexual counseling services that are not covered.	Change recommended by plans to clarify existing practice.
Exclusions and Limitations IV., A., 12., ag. Page 34	Added language clarifying services that are to be provided by schools are not covered.	To clarify existing practice.