

NOTABLE CHANGES RECOMMENDED FOR THE 2014 UNIFORM BENEFITS

Section Page # in Attachment D	Description	Reason for Change
I. Schedule of Benefits Page 3	Removed \$1,000 benefit maximum per hearing aid. Limited benefit to one hearing aid no more than once per lifetime.	Required under ACA. Refer to discussion item #1 on page 3 of this memo.
I. Schedule of Benefits Page 4	Removed \$1,250 benefit maximum for diagnostic procedures and non-surgical treatment for TMJ per Participant per calendar year	Required under ACA. Refer to discussion item #2 on pages 3-4 of this memo.
I. Schedule of Benefits Page 4	Removed \$1,000 per tooth benefit maximum for dental implants following accident or injury.	Required under ACA. Refer to discussion item #3 on page 4 of this memo.
II. Definitions Page 4	Added ACA's definition of Habilitation Services.	Refer to discussion item #7 on page 9 of this memo.
II. Definitions Page 4	Added ACA's definition of Rehabilitation Services.	Refer to discussion item #7 on page 9 of this memo.
II. Definitions Pages 4-5	Added definition of Shared Decision Making (SDM).	Refer to discussion item #1 on page 5 of this memo.
III.A.3., Benefits and Services Page 5	a. Added prior authorization requirement for Low Back Pain surgery. b. Added SDM program requirement for participants seeking surgical treatment of LBP.	a. Technical change. b. Refer to discussion item #1 on page 5 of this memo.
III.A.11., Benefits and Services Page 5	Added Rehabilitation to description of Physical, Speech, and Occupation Therapy.	Refer to discussion item #7 on page 9 of this memo.
III.A.17., Benefits and Services Page 6	Removed \$1,250 benefit maximum for diagnostic procedures and non-surgical treatment for TMJ per Participant per calendar year	Required under ACA. Refer to discussion item #2 on pages 3-4 of this memo.
III.C.3., Benefits and Services Page 6	Removed \$1,000 benefit maximum per hearing aid. Limited benefit to one hearing aid no more than once per lifetime.	Required under ACA. Refer to discussion item #1 on page 3 of this memo.

Section Page # in Attachment D	Description	Reason for Change
III.D.1., Prescription Drugs <i>Page 8</i>	Clarified claims processing for Medicare Part D immunizations, vaccinations, and other prescription drugs.	Technical clarification.
IV. A.10.c., Exclusions/ Limitations <i>Page 8</i>	Clarified that self-help devices intended to support the essentials of daily living and other equipment designed to position or transfer patients for convenience and/or safety reasons is excluded.	Technical change.
IV.A.12.k., Exclusions/ Limitations <i>Page 8</i>	Added specific exclusions for Habilitation Services, except as required by state law, in including Wis. Stat. §§632.895 (5), (12m), and (16).	Refer to discussion item #7 on page 9 of this memo.
IV.A.12.l., Exclusions/ Limitations <i>Page 8</i>	Clarified that care, including treatment, services and supplies provided to assist with activities of daily living are excluded.	Technical change.
V.C.3., Coordination of Benefits and Services <i>Page 9</i>	Added provision clarifying that dental benefits under Uniform Benefits are primary with regards to stand-alone dental plans that are approved by the Board.	Refer to discussion item #8 on page 10 of this memo.
VI.J., Miscellaneous Provisions <i>Page 9</i>	Added language supporting the previously adopted change in policy to have appeals that are eligible for Independent Review to be reviewed only by an IRO rather than giving members the choice of appealing to the Board or an IRO.	Refer to discussion item #4 on pages 7-8 of this memo.
VI.K., Miscellaneous Provisions <i>Page 10</i>	Added language supporting the previously adopted change in policy to have appeals that are eligible for Independent Review to be reviewed only by an IRO rather than giving members the choice of appealing to the Board or an IRO.	Refer to discussion item #4 on pages 7-8 of this memo.