Important Benefit Changes for 2017

2017 Premium Rates

- Sixth year in a row with no premium rate increases for active employees or their dependents.

Deductibles, Coinsurance and Out-of-Pocket Limits

- No change to deductibles or copays.
- Standardize coinsurance maximums and combined Out-of-Pocket limits for Base and Select Coverages. Plan limits are still below federally-required limits. Simplifies the Plan for easier comparison between coverage types and establishes a medical coinsurance maximum for Base Coverage.

Wellness/Preventive Benefits

- The Plan is required by the Affordable Care Act (ACA) to cover a number of preventive services. Based on United States Preventive Services Task Force (USPSTF) recommendations, coverage for the following benefits has been modified:
  - PSA screenings: PSA tests will no longer be covered as a wellness/preventive benefit for prostate cancer.
  - Cervical pap smears: Pap smears for women ages 21 to 65 years will be covered only once every three years as a wellness/preventive benefit.
  - Routine urinalysis: A urinalysis should be only done as a diagnostic test, never as a preventive service. National guidelines recommend against the test unless a patient is symptomatic. **Routine urinalysis testing** will no longer be covered for children and adults as a wellness/preventive benefit.
  - Iron deficiency anemia: Testing for iron deficiency anemia will be covered once for children age 6 to 24 months because there is insufficient evidence to support routine screenings for anemia in asymptomatic children under the age of 2. The Task Force has also concluded that evidence is insufficient to recommend routine screenings for adults unless a patient is pregnant.
  - Screening for lipid disorders: Cholesterol screenings are not recommended for patients 20 years old and younger. Routine testing for lipids for this age group will no longer be covered as a wellness/preventive benefit.

The aforementioned services currently covered under wellness/preventive benefits may still be covered under regular Plan benefits, based on medical necessity and subject to applicable deductibles and coinsurance.

Preventive Medication Coverage for Base Coverage

- Certain preventive drugs will be available for participants without having to meet the high deductible. This benefit is in addition to coverage mandated by ACA.
- Certain preventive drugs will be available at standard copay amounts ($12, $45, $70) and subject to $75 deductible (same as Select Coverage).
  - Changes will minimize barriers to preventive care.
  - No impact to those wellness/preventive drugs already provided at no cost to the participant.