Local Government Health Plan Benefits Handbook Amendment

(Amendment VII)

This document is an amendment to the LGHP Benefits Handbook released in October 2011 and revised periodically. An amendment adds, modifies, deletes or otherwise changes a benefit listed in the Benefits Handbook. As changes occur, the online handbook will be modified to reflect the changes. Those updates and changes will be included in this amendment document as they occur. If you have a printed copy of the online handbook, you should refer to this amendment to ensure you have the most up-to-date information.

LOCAL GOVERNMENT HEALTH PLAN AMENDMENT – Effective July 1, 2015 (posted 07/01/2015)

The following amend the Benefits Handbook, effective July 1, 2015:

1. Language has been added regarding moving out of county with HMO coverage (Page 3 - Member Responsibilities)

2. Language was added to the Qualifying Change in Status section to include the move of an eligible dependent to a foreign country (Page 9 - Qualifying Change in Status)

3. When an HMO member's PCP leaves the plan's network, the member will only be allowed to change health plans if the HMO network experienced a significant change in the number of medical providers offered (Page 20 - HMOs)

4. Per the Affordable Care Act, out-of-pocket maximums for HMO and OAP plans now include prescription coverage (Pages 20 and 21 - HMOs and OAPs Out-of-Pocket Maximums)

5. Per the Affordable Care Act, out-of-pocket maximums for the Local Consumer-Driven Health Plan now include prescription coverage (Page 21 - LCDHP Out-of-Pocket Maximum)

6. Per the Affordable Care Act, out-of-pocket maximums for the Local Choice Health Plan now include prescription coverage (Page 22 - LCHP Out-of-Pocket Maximum)

7. The DAW, Dispense As Written, penalty has been clarified to read that if a plan participant elects a brand name drug and a generic is available, the cost difference between the brand product and the generic product, plus the brand copayment will be incurred (Page 36 - Prescription Coverage Overview)

8. Additional dental exclusions listed (18, 19 and 20) (Page 42 - Dental Exclusions and Limitations)

9. If you do not enroll in Medicare Part A, as well as Part B, you will be responsible for the portion of your healthcare costs that Medicare would have covered (Pages 48 and 50 - Medicare Overview and Failure to Enroll in Medicare)

10. External review decisions of medical appeals will be final and binding on all parties under the self-insured plans (which include the Local Choice Health Plan, Local Consumer-Driven Health Plan, Coventry OAP and HealthLink OAP). The previous levels, the CMS Appeal Committee, and the Local Appeal Committee are no longer available (Page 54 - Medical Appeals)

11. The consumer assistance Claims Appeal address and contact information have changed (Page 56 - Assistance with the Appeal Process)