

# Local Government Health Plan Benefits Handbook Amendment (Amendment VI)

This document is an amendment to the LGHP Benefits Handbook released in October 2011 and revised in July 2013. 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, 2014 (posted 05/27/2015)

### The following amend the Benefits Handbook, effective July 1, 2014:

1. Open Access Plan (OAP) Tier III participants who use out-of-network providers will be responsible for any amount that is over and above the charges allowed by the plan. Tier III does not have an out-of-pocket maximum. (Page 20 – OAP)
2. Preventive Services obtained out-of-network under the Local Consumer-Driven Health Plan (LCDHP) are not covered. Preventive Services obtained out-of-network under the LCHP are subject to the plan year deductible. (Page 25 – Medical Benefits Summary)
3. Members enrolled in LCHP or one of the OAPs, who are prescribed brand medication which requires step therapy and who have not received prior authorization approval will receive a rejection at a retail or mail order pharmacy as the plan requires a generic drug in that class to be tried first. (Page 36 – Prescription Drug Step Therapy)
4. If a compound drug contains an ingredient not covered by the LCHP, LCDHP and OAP plans, the entire compound drug will be denied. (Page 36 – Compound Drugs)
5. Residential treatment services are provided under the Local Care Health Plan and the Local Consumer-Driven Health Plan effective July 1, 2014. Residential treatment services must be authorized prior to admission to receive in-network or out-of-network benefits. Authorization is required with each new residential admission. Failure to notify the behavioral health plan administrator of an admission to a residential facility will result in a financial penalty and risk incurring noncovered charges. (Page 38 – Residential Services)
6. The claim filing dates of in-network and out-of-network services have been clarified. (Page 52 – Claim Filing)