

Local Government Health Plan Benefits Handbook Amendment (Amendment V)

This document is an amendment to the LGHP Benefits Handbook released in October 2011. 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 – 07/01/2013

The following amends the Benefits Handbook:

1. The term 'usual and customary (U&C)' was replaced with 'allowable charges' throughout the handbook.
2. A new section (Local Care Health Plan (LCHP) Summary of Benefits and Exclusions) was added behind the 'Health Plan Options' section of the handbook. The addition of these pages have caused the remaining pages to be renumbered beginning with page 24. The index has been updated to reflect the page number changes.
3. On pages 19 through 24, the new Local Consumer-Driven Health Plan (LCDHP) option was added throughout the 'Health Plan Options' section.
4. On page 20, under 'Health Plan Options', the 'Open Access Plan (OAP)' section was expanded to give more information regarding how an OAP works.
5. After page 24, a section that lists the benefits covered under the LCHP, as well as the plan's exclusions, was added.
6. On page 25 (new page 35), in the 'Prescription Coverage' section, under "Formulary List," the formulary list now categorizes drugs into four categories instead of three, adding 'specialty' as a new category.

The 'Prescription Coverage' section was also updated to include the prescription benefits of the new Local Consumer-Driven Health Plan (LCDHP).
7. On page 25 (new pages 35-36), in the 'Prescription Coverage' section, the following changes were made to the headings and to the text throughout those sections:
 - 'Managed Care Plans (Fully-Insured)' was changed to a more accurate description of 'Health Maintenance Organizations (HMOs)'
 - 'Self-Insured Managed Care Plans and the Local Care Health Plan (LCHP)' was changed to 'Open Access Managed Care Plans and the Local Care Health Plan (LCHP)'
8. On pages 39 and 40 (new pages 48-49), the 'Medicare' section was updated to indicate that members who use providers who are not in the LCHP network will have benefits paid at the out-of-network benefit level of 60% instead of 70%.
9. On pages 44 and 45 (new page 53), in the 'Claims Appeal Process' section, the option for a second level of internal appeals was removed in order to bring the appeal process in line with industry standards and mirror PPACA, NCQA and URAC guidelines.

The 'Claims Appeal Process' was also updated to include the appeal process for the new Local Consumer-Driven Health Plan (LCDHP).
10. On page 48 (new page 57), the term 'allowable charges' was added to the glossary with the following definition:

"The maximum amount the plan will pay an out-of-network healthcare professional for billed services."
11. On page 52 (new page 61), the page numbers associated with the terms listed in the index were updated since additional pages were added to the 'Health Plan Options' section.