

Optima Health Plans

Plan Changes

The following changes are effective January 1, 2012 upon group's effective date or renewal date.

Coverage for Treatment of Autism Spectrum Disorder:

For groups with 51 employees or greater, services covered will include “diagnosis” and “treatment” of Autism Spectrum Disorder in children from age two through six. Diagnosis of autism spectrum disorder means medically necessary assessments, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder. Treatment for autism spectrum disorder shall be identified in a treatment plan and includes the following care prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary: (i) behavioral health treatment, (ii) pharmacy care, (iii) psychiatric care, (iv) psychological care, (v) therapeutic care, and (vi) applied behavioral analysis when provided or supervised by a board certified behavioral analyst licensed by the Board of Medicine. Coverage for applied behavioral analysis under this benefit is limited to an annual maximum benefit of \$35,000.

This mandate applies to all Optima Plus, Vantage, POS, Equity, Design, and Design RxDed employer group plans with 51 or more employees.

Specialty Drug Change:

For a single Copayment or Coinsurance charge, members may receive up to a consecutive 31-day supply of a covered specialty drug.

Please see next page for benefit changes that went into effect July 1, 2011

Changes went into effect July 1, 2011 upon group's effective date or renewal date.

July 2011 Changes Below

Artificial Limb:

A 30 percent Coinsurance has been added to the Artificial Limb benefit for all plans except CDHP plans (Design & Equity).

Durable Medical Equipment:

A 30 percent Coinsurance has been added to the Durable Medical Equipment benefit for all plans except CDHP plans (Design & Equity).

Remove \$3,000 per person annual limit on Durable Medical Equipment, Orthopedic and Prosthetic.

Early Intervention Services:

Removal of \$5,000 per child annual limit on Early Intervention Services- Intervention services for children from birth to age 3: Member remains responsible for any applicable Copayment, Coinsurance, or Deductible depending on the type and place of service for all plans.

Design Plus, Design POSA and Design Vantage Plans: In-Network MOOP:

The in-network MOOP amount on the **1500/100%** plan will change from \$2,000 per member/\$4,000 per family to \$1,500 per member/\$3,000 per family.

The in-network MOOP amount on the **2500/100%** plan will change from \$3,000 per member/\$6,000 per family to \$2,500 per member/\$5,000 per family.

The in-network MOOP amount on the **3000/100%** plan will change from \$3,500 per member/\$7,000 per family to \$3,000 per member/\$6,000 per family.

The in-network MOOP amount on the **4000/100%** plan will change from \$5,000 per member/\$10,000 per family to \$4,000 per member/\$8,000 per family.

The in-network MOOP amount on the **5000/100%** plan will change from \$6,000 per member/\$12,000 per family to \$5,000 per member/\$10,000 per family.

Preauthorized Injectables and Infusions: Will be covered at the overriding Coinsurance level of the plan.

Reduction Mammoplasty Benefit: Will be covered at the overriding Coinsurance level of the plan and will count toward the MOOP amount.

Vaccines: Will be covered at the overriding Coinsurance level of the plan. The \$250 MOOP amount per dose no longer applies.

Equity Plans (Excluding 2500/100% and 3000/100% plans):

In-Network MOOP: The in-network MOOP amount on the **4000/100%** plan will change from \$5,000 per member/\$10,000 per family to \$5,950 per member/\$11,900 per family.

RX copayments will apply after the plan deductible is met for the 80% and 90% Coinsurance plans: Copayments will be \$10/\$30/\$50/\$100.

Emergency Department Services: Will be covered at the overriding Coinsurance level of the plan.

Preauthorized Injectables and Infusions: Will be covered at the overriding Coinsurance level of the plan.

Reduction Mammoplasty Benefit: Will be covered at the overriding Coinsurance level of the plan and will count toward the MOOP amount.

Vaccines: Will be covered at the overriding Coinsurance level of the plan. The \$250 MOOP amount per dose no longer applies.