

Summary of Proposed Changes to the City of La Crosse Medical Plan Master Plan Document/Summary Plan Description

- 1) Effective date of coverage: change from the 1st of month following two months of employment to the 1st of the month following one month of employment.
- 2) Timely notice of claims: change from 16 to 12 months.
- 3) LiveHealth Online mental health video visits: Cover at no cost to the member.
- 4) Private hospital room: remove language that limits the cost of the private when a semiprivate room is not available.
- 5) Transplants: remove the specific list of transplants covered and replace with language stating that transplants are covered that are medically necessary and non-experimental/investigational in nature and include examples without limiting to such examples.
- 6) Skilled nursing: remove language that requires admission must occur within 24 hours of release from an acute care facility.
- 7) Home health care: remove language regarding the maximum weekly allowance.
- 8) Hospice care: remove 180 visit limit.
- 9) CPAP/BIPAP: remove specific criteria as medical review organization determines medical necessity.
- 10) Remove exclusion for use of off-label medications.
- 11) Nutritional counseling: change to cover when medically necessary instead of listing specific conditions that allow coverage.
- 12) Services and supplies associated with low or declining physical or mental functioning: remove exclusion for coverage of such.
- 13) Continuous glucose monitors and disposable insulin delivery devices: adding coverage under the prescription drug benefit (one per year).
- 14) Coordination of benefits: delete paragraph.
- 15) Add a second level appeal process.
- 16) Adding a voluntary Specialty Drug Program (CAAP Rx).
- 17) Recital: Delete paragraph referring to reverting back to plan provisions prior to 2012 if certain federal or state laws are repealed.

Summary of changes to be made to be consistent with state and federal laws or to be consistent with existing plan language:

- 1) Add statement that the plan will be deemed to automatically be amended to conform as required by any applicable law, regulation or the order or judgment of a court of competent jurisdiction governing provisions of this Plan and that it's the intent of the plan that it conforms to various applicable laws.
- 2) Remove sentence stating that outpatient mental illness or chemical dependency for more than five visits needs pre-certification to comply with mental health parity.
- 3) Remove sentence that states that the disease, trauma or therapeutic process must have occurred after the participant's effective date and that transsexual surgery is excluded from coverage.
- 4) Modify language for surgical treatment of gender dysphoria to comply with mental health parity.
- 5) Remove and add language regarding prescription drug coverage for treatment of gender dysphoria.
- 6) Add language and government websites under Routine Care.
- 7) Update language to allow for non-legend medications to be covered when mandated under Affordable Care Act.
- 8) Remove exclusion for charges in relation to use of illegal drugs or medications to comply with HIPAA's non-discrimination requirements.
- 9) Update language for exclusion of penile prosthesis implants to allow for coverage for medically necessary services relating to sex reassignment surgery for gender dysphoria.
- 10) Add Department of Labor recommended language regarding other coverage options besides COBRA.
- 11) Modify sentence regarding preventive services as defined by ACA to refer to a website for detailed information or for member to contact PBA for more information.
- 12) Increase the Maximum Out of Pocket to the 2023 rate.
- 13) Add language regarding the No Surprises Act (protection from surprise billing).