

Summary of Changes to UA Employee Health Plan from 1995 to 2000

1995 UA health coverage changes were:

1. Raised inpatient hospital deductible from \$100 to \$200 per admission.
2. Require \$25 co-pay for each outpatient CAT scan, MRI or -oscopy test.
3. Require \$25 co-pay for each one day outpatient hospital or ASC surgery.
4. Require \$50 co-pay at outpatient hospital ER "if" visit is not true emergency.
5. Required \$5 or \$12 per mo for single employee coverage based on UA salary.
6. Raised the PMD Dr. co-pay from \$15 to \$20 per PMD Dr. visit
7. Eliminated the annual Major Medical carryover deductible rule.
8. Single premium raised from \$149/mo to \$161/Mo with employee paying \$5 or or \$12 a month based on their annual salary being over or under \$22,000/yr.
9. Family premiums raised from \$355/mo to \$367 a month with UA employee paying \$136/mo or \$157/mo based on salary being over or under \$22,000/yr.
10. Added coverage of "BC/BS' Babies First" pre-natal wellness program for pregnant women to receive "free" pregnancy risk assessment & advice.

1996 UA health coverage changes were:

1. Added coverage of Mammograms for women at age 35, and
2. Added coverage for prostate specific antigen test for men at age 40.

1997 UA health coverage changes were:

1. Effective date of health coverage for new employees changed to be date hired or first day of next month after being hired.
2. Added coverage of "chicken pox" vaccine at 100% if PMD doctor used.
3. Added coverage of "well baby" exam of newborn in hospital "if" PMD Dr used.
4. Expanded coverage of wellness exams for children newborn to age two from five visits to nine visits from birth to age two, if PMD doctor is used.

1998 UA health coverage changes were:

1. Federal HIPAA Law mandated UA "waive" the six month waiting period for pre-existing conditions for all new health plan members effective 1/1/1998 "if" the new member had previously met the six month waiting period on another health plan and could document this fact with a "certificate of coverage" from the other health plan.
2. Added coverage of routine annual physicals for UA employees, spouses, dependents and retirees based on the member's age "if" PMD doctor used and raised age for initial PSA test on men from 40 to 50.
3. Added coverage for BC/BS Preferred Home Health Care at 100% with no co-pays or deductibles "if" participating BC/BS home health provider used.
4. Added coverage for BC/BS Hospice Care at 100% with no co-pays or deductibles "if" participating BC hospice used.
5. Raised annual salary range from \$22,000/yr to \$26,000/yr and up that is basis for monthly UA single and family health plan premiums for UA employees.
5. Effective 1/1/1998, UA employees who retire and elect PEEHIP or other non-UA health plan coverage cannot switch back to UA retiree health group during UA's annual fall Open Enrollment or rejoin at a later date either.
6. Waive the annual \$200 Major Medical deductible for outpatient visits to see a psychologist or psychiatrist and pay 80% of the BC/BS allowed charge but patient can be balanced billed for charges above BC/BS allowed charge.

1999 UA health coverage changes were:

1. Added coverage for one annual eye exam covered under Major Medical at 80% of the allowed charge with 20% co-pay but no \$200 Maj Med deductible.
2. Continue to waive the annual \$200 Major Medical deductible for outpatient visits to see a psychologist or psychiatrist and pay 80% of the BC/BS allowed charge for such services but patient can be balanced billed for charges above BC/BS allowed charge for such services.
3. Lower maximum limit for "maintenance drug supply" from 120 to 90 days.
4. Require patient try or take a "new" maintenance drug for at least 34 days before being allowed to get a 60 or 90 day supply re-fill.
5. Add coverage of Viagra for men age 50 and older if medically justified.
6. Added coverage of federal law called "Women's Health & Cancer Rights Act" that mandated coverage of "breast reconstructive surgery" following mastectomy or removal of breast(s) due to breast cancer.
7. Removed Zantac, Tagamet & Pepcid brand name drugs from maintenance drug list because they are now available "over-the-counter" and in generic form as well.

Year 2000 UA health coverage changes were:

1. Added coverage of "oral" birth control pills for all female health plan members.
2. Required \$20 Rx drug co-pay when patient's doctor prescribed brand name drug that has generic version available but doctor or patient still wants brand.

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