

City of San Luis Trust Approvals for plan year 2019-2020

Us Medical Plan

1. **Add:** Copay of \$15 for X-ray and Lab's at a contract provider -instead of deductible and coinsurance
2. **Add:** Copay of \$25 for Complex Imaging – MRI, CT, Pet Scans etc – instead of deductible and coinsurance
3. **Remove Pre-certification** for the following:
 - Complex Imaging i.e. CT Scans, Pet Scans, MRI's
 - Special Services such as acupuncture, podiatry & TMJ
4. **Add Incentive Program** to reduce Cost include:
 - a. Reimbursement of In-Patient – Lodging for up to \$125 per night up to 4 nights for select providers in Maricopa and Pima Counties
 - b. Allow for up to 100% Co-insurance plus deductible

Mexico Dental Plan – Item as requested by Siarmed:

- 1 **Add:** Copay for Medications received for dental services - \$3/\$6 copays.
2. **Change** cost allowed under plan for certain Orthodontic and major restorative services.

D7472 Removal of Torun Palatinus	\$250
D7473 Removal of Torus Mandibular	\$250
D7485 Surgical Reduction of Osseous Tuberosity	\$250
Orthodontic	
D0340 Cephalometric Film	\$44
D3050 Panoramic Film	\$44
D0470 Diagnostic Cast	\$28
D8030 Limited Orthodontic Treatment of Adolescent Dentition	\$500
D8670 Periodic Orthodontic Treatment Visit Cast Part of Contract	\$500

Mexico Medical Plan

1. **Change:** Emergency Room – In and Out of Network to \$50 copay

City of San Luis Trust Approvals for plan year 2019-2020 – continued.

Us Dental Plan – changes requested by EBSO

1. **Add:** the following language for clarification

Major Restorative Services	
Class I services- Preventative - add limits	Add as listed
Routine Oral Exams - 2 times per Calendar Year	Add as listed
Office visits, during regular hours - problem focus exams 2 times per Calendar Year	Add as listed
Cleanings - 2 times per Calendar Year	Add as listed
Fluoride treatments - limited to children under age 16 and 1 treatment per Calendar Year.	Add as listed
Sealants - limited to unrestored permanent molars of plan members	Add as listed
age 16 years of age and to one treatment per tooth in any 36 Consecutive months.	Add as listed
Dental X-rays - full mouth or panoramic - limited to once in any 36 consecutive month period.	Add as listed
Bitewings films, maximum of 4 films per visit - limited to 2 sets of X-rays per Calendar year.	Add as listed
Vertical bitewing Xrays - limited to 1 set every 3 years	Add as listed
Surgical Periodontics	
add language to the plan to match the copay sheet	Add language to plan to allow
Onlays	Add language to plan to allow
Root Canal Therapy	Change to major services
Surgical Procedures	Update to match fee schedule
Reline/Rebase	Change to major services
Dentures - add language to the plan document for Complete	
Dentures - add language to the plan document for limits	
D5110 - complete denture upper	add limitation once every 5 yrs
D5120 - complete denture lower	add limitation once every 5 yrs
D5130 - immediate upper denture	add limitation lifetime benefit
D5140 - immediate lower denture	add limitation lifetime benefit

City of San Luis Trust Approvals for plan year 2019-2020 – continued.

EAP Preferred

1. **Add:** 6 Visits per situation for all employees

Medical and Dental Plan Approval:

Plan Includes the following fees:

1. Stop Loss both Specific and Aggregate premiums
2. TPA fees:
 - a. Medical administration
 - b. Dental administration
 - c. ACA fees
 - d. Integrated Case Management
3. Network fees:
 - a. BCBS of AZ - medical
 - b. Siarmed both medical and dental
4. Consultant Fee
5. EAP
6. Healthiest You
7. ACA fees except penalties
8. Flu Shots for members on Mexico plan

Broker/Consultant Agreement

1. **Amend as follows:**
 - a. **Move** agreement to Trust
 - b. **Renew** consultant agreement

City of San Luis Recommended Plan Changes for plan year 2019-2020

EAP Visits	EE Total	Visits	Cost PEPM	Monthly Total	Yearly Total	Guarantee
Non-Pubic Safety Employee	154	3	\$2.17	\$334.18	\$4,010.16	6/30/2022
Non-Pubic Safety Employee	154	6	\$3.05	\$469.70	\$5,636.40	6/30/2022
All Employees	234	6	\$2.28	\$533.52	\$6,402.24	6/30/2022
Public Safety	80	12	\$6.30	\$504.00	\$6,048.00	6/30/2021

* Public Safety 2 and 1/2 years is due to initial contract ending 12/31 and changed to coincide with plan year of 7/1
Rates are for 7/1/2019

Recommend 6 Visits for all employees with the EAPP Traumatic Agreement wit EAP for all Public Safety

City of San Luis Recommended Plan Changes for plan year 2019-2020

	Current	Recommended
	2018-2019	2019-2020
US Medical Plan Recommended Changes		
X-Ray and Lab's		
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$15 Copay
Complex Imaging - Mri, CT Pet Scan etc.		
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$25 Copay
At a hospital - Complex, MRI, CT and Pet Scan		20% + deductible
Hospitalization		
Pre-Certification	Required	Remove Pre-Cert Requirement
CT Scans, PetScans & MRI's	Required	Remove Pre-Cert Requirement
Special Services such as acupuncture, podiatry & TMJ		Remove Pre-Cert Requirement
No Changes		
Deductible		
In-Network Member	\$750	\$750
In-Network Family	\$1,500	\$1,500
No Changes		
Annual Out of Pocket Maximum		
In-Network Member	\$5,500	\$5,500
In-Network Family	\$11,000	\$11,000
Out of Network - Member	\$20,000	\$20,000
Out-of-Network Family	\$40,000	\$40,000

City of San Luis Recommended Plan Changes - Incentive Plan for plan year 2019-2020

	Current 2018-2019	Recommended Change 2019-2020
US Medical Plan		
Incentive Program		
Reimbursement for Incentive Program		
Coinsurance Trust pays 80% member 20%	20%	20%
Maximum Reimbursement per plan year	\$5,500.00	\$5,500.00
In-Patient - Lodging Reimbursement	None	Up to \$125 per night up to 4 nights
Out-Patient - Lodging Reimbursement	None	Up to \$125 per night up to 4 nights
Hospitalization for Incentive Program		
Hospitalization and Out-patient	20% + deductible	0% + deductible
	Member pays	Member pays
X-Ray and Lab's		
At Primary Care Provider - Diagnostic, X-ray and Lab	\$15 Copay	\$15 Copay
At Secondary Care Provider - Diagnostic, X-ray and Lab	\$25 Copay	\$25 Copay
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$15 Copay
At an hospital -	20% + deductible	20% + deductible
Complex Imaging - Mri, CT Pet Scan etc.		
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$25 Copay
At a hospital - Complex, MRI, CT and Pet Scan	20% + deductible	20% + deductible
Out of Network - Member	\$20,000	\$20,000
Out-of-Network Family	\$40,000	\$40,000

City of San Luis Recommended Mexico Plan Changes for 2019-2020

	Current	Recommended
	2018-2019	2019-2020
Mexico Dental Plan (As requested by Siarmed)		
Major Restorative Services Charges to the Trust		
D7472 Removal of Torum Palatinus	\$150	\$250
D7473 Removal of Torus Mandibular	\$150	\$250
D7485 Surgical Reduction of Osseous Tuberosity	\$150	\$250
Orthodontic		
D0340 Cephalometric Film	\$28	\$44
D3050 Panoramic Film	N/A	\$44
D0470 Diagnostic Cast	N/A	\$28
D8030 Limited Orthodontic Treatment of Adolescent Denition	N/A	\$500
D8670 Periodic Orhtodontic Treatment Visit Cast Part of Contract	N/a	\$500
Other Internal Changes		
Rx Copay - Charges to Employee		
RX Copay	N/A	\$3/\$6 Copay
Mexico Medical Plan Change		
Emergency Room - In and out of Network	\$250	\$50

City of San Luis Recommended

Mexico Dental Plan Changes for 2019-2020

	Current	Recommended
	2018-2019	2019-2020

US Plan Changes

Plan document changes requested by EBSO

Major Restorative Services

Class I services- Preventative - add limits	Plan current does not list	Add as listed
Routine Oral Exams - 2 times per Calendar Year		
Office visits, during regular hours - problem focus exams 2 times per Calendar Year		
Cleanings - 2 times per Calendar Year		
Flouride treatments - limited to children under age 16 and 1 treatment per Calendar Year.		
Sealants - limited to unrestored permanent molars of plan members age 16 years of age and to one treatment per tooth in any 36 Consecutive months.		
Dental Xrays - full mouth or panoramic - limited to once in any 36 consecutive month period.		
Bitewings films, maximum of 4 films per visit - limited to 2 sets of Xrays per Calendar year.		
Vertical bitewing Xrays - limited to 1 set every 3 years		
Surgical Periodontics	Plan says non-surgical	Add language to plan to allow
add language to the plan to match the copay sheet		
Onlays	Not listed as covered	Add language to plan to allow
Root Canal Therapy	Listed under Basic services	Change to major services
Surgical Procedures	Listed as not covered	Update to match fee schedule
Reline/Rebase	Listed under Basic services	Change to major services
Dentures - add language to the plan document for Complete		
Dentures - add language to the plan document for limits		
D5110 - complete denture upper	Listed under major	add limitation once every 5 yrs
D5120 - complete denture lower	Listed under major	add limitation once every 5 yrs
D5130 - immediate upper denture	Listed under major	add limitation lifetime benefit
D5140 - immediate lower denture	Listed under major	add limitation lifetime benefit

Any other updates needed to match the Mexico plan

as plan document states if not listed as a covered expense, then it is not covered.

EBSO can provide sample language to better define covered expenses as listed in the plan.

The more information that is listed in the plan document eliminates confusion and errors.