

FACT SHEET

What's New for Your Medical and Prescription Plans as of July 1, 2010

- Michelle's Law

This law allows a college student, enrolled as a dependent child on the employee's **medical** care plan, who suffers from a serious illness which requires the student to be on a medical leave of absence from school or a reduced class schedule (full-time to part-time) to retain medical care coverage via his/her parent's health care plan. A physician's documentation is required. Additional information is available at www.ben.omb.delaware.gov/medical.

- Mental Health Parity

This law allows members to receive equal coverage for mental health and substance abuse services, costs, and treatment as provided for medical or surgical benefits. Additional information is available at www.ben.omb.delaware.gov/medical.

- All Infertility Services

Members receiving infertility services included but not limited to In Vitro Fertilization (IVF) and Artificial Insemination, will be required to pay a 25% coinsurance for medical care and prescription services associated with these services. IVF services must be pre-approved by the medical care provider, Blue Cross Blue Shield of Delaware or Aetna. There will be a \$10,000 lifetime maximum for medical care services for infertility and a \$15,000 lifetime maximum for all medications for infertility. Members approved for IVF prior to July 1, 2010 and who have received IVF services through their medical carrier at any time since January 1, 2009, are responsible for the 25% coinsurance on all infertility services (medical care and prescription services) and will be "grandfathered" to retain a lifetime maximum of \$30,000. Additional information is available at www.ben.omb.delaware.gov/medical.

- Bariatric Surgery

Members shall receive full medical care coverage for this type of surgery when the procedure is provided at an approved facility (hospital or surgical center). Members with medical care coverage through Aetna must utilize an "Institute of Excellence for Bariatric Surgery". Those members with medical care coverage through Blue Cross Blue Shield of Delaware must utilize a "Blue Distinction Center for Bariatric Surgery." If a member has a bariatric procedure performed at an unauthorized facility (hospital or surgical center) the member is responsible for 25% coinsurance. Additional information and listings of approved facilities are available at www.ben.omb.delaware.gov/medical.

- Virtual Colonoscopy

This method of colorectal screening is now available under all medical care plans. A Virtual Colonoscopy, also known as a Computed Tomographic Colonography (CTC), can replace the traditional Colonoscopy. Members are encouraged to discuss this procedure with their physician, as some members require a follow-up traditional Colonoscopy. The member is responsible for the applicable out-of-pocket expenses. Additional information is available at www.ben.omb.delaware.gov/medical.

- High-Tech Imaging Scans and Tests

Scans and tests classified as High-Tech Imaging are Computerized Tomography (CT)/Computed Tomography Angiography (CTA), Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA), Positron-Emission Tomography (PET), and Nuclear Cardiac Imaging studies.

Requests for these tests, to be performed as an out-patient, must be reviewed and approved through MedSolutions to determine if the test is appropriate for the member's medical condition. It is the treating physician's responsibility to submit and receive approval for the high-tech imaging test/s prior to the member receiving the test. When the physician receives approval the test may then be scheduled with the testing facility.

Failure to receive approval prior to having the test performed will result in the claim being denied and the provider is held accountable for the entire cost of the test. Tests and scans performed during a member's hospitalization or Emergency Room visit are exempt from this program. The member is responsible for applicable out-of-pocket expenses. Additional information is available at

www.ben.omb.delaware.gov/medical.

- Hospice Care

All medical plans now include a 365 day hospice care benefit. Additional information is available at

www.ben.omb.delaware.gov/medical.

- Prescription Plan Changes

Some health conditions require medications that are classified as "specialty medications" and are provided through Medco's Specialty Pharmacy, Accredo Health. Medications used to treat some forms of cancer and multiple sclerosis will be classified and administered as "specialty medications". Staff from Accredo Health will reach out to physicians and members to work together in managing the member's medical needs.

Some medications used to treat migraine headaches are part of the Step Therapy Program, which requires the member to try one of the "preferred or formulary" medications, Sumatriptan, Maxalt, Maxalt MLT or Relpax, before obtaining a "non-preferred or non-formulary" medication. The non-preferred migraine headache medications are Amerge, Axert, Frova, Treximet, and Xomig/ZMT.

When a member receives a new prescription for Coumadin, or its generic Warfarin, (blood thinners) or a new prescription for Tamoxifen (used to prevent a recurrence of breast cancer), the member will be provided the opportunity to voluntarily participate in Medco's Personalized Medicine program. This program provides genetic testing to members using either of these medications to ensure that the medication is effective in treating the member's medical condition in accordance with the member's genetic characteristics.

Additional information is available at www.ben.omb.delaware.gov/script.