

## Changes Under Consideration for the 2006 Uniform Benefits

Section Page Number (in Attachment D)	Description	Reason for Change
Schedule of Benefits I. Page 4-4	Clarify that a participant is responsible for a 20% coinsurance on Medical Supplies, Durable Medical Equipment, and Durable Diabetic Equipment and Supplies.	To clarify that these supplies and equipment are payable at 80%.
Schedule of Benefits I. Page 4-5	Clarify that an ER copayment applies if a participant is not admitted to the hospital as an inpatient or if admitted as an outpatient for observation.	To clarify existing practice related to member complaints.
Schedule of Benefits I. Page 4-6	Pharmacy out-of-pocket maximum:  1. Clarify that only Level 1 and Level 2 copayments apply to the prescription drug annual out-of-pocket maximum.  2. Clarify that Level 3 copayment applies to <b>covered</b> non-formulary prescription drugs.	Consistent with past practices of the Group Insurance Board.  Clarify existing practice.
Definitions Section II. Pages 4-7, 4-8, 4-13	Modify the definition of the following definitions:  1. Clarify definition of congenital to conform to Wis. Stats. and Wis. Admin. Code.  2. Clarify the definition of dependent to specify that the dependent must be attending an accredited institution and that post-graduation student commitments do not qualify a dependent for full-time student status.  3. Specify that a Prior Authorization is required to receive care from a non-plan provider unless it is an emergency or urgent care.  4. Clarify the referral definition to specify that a referral must be obtained from a plan provider and be approved by the health plan prior to receiving services.	Modifications per recommendations from staff, health plans and employers.