

**Michigan Technological University
Mandated Benefits - New for 2014/2015**

Benefit	Benefit Description for 2014/2015	Benefit Description for Prior Year 2013/2014
Plan Maximums for Medical and Drug	Eliminate Medical & Prescription Drug Maximum - Unlimited for 2014/2015 Plan Year	\$500,000 Medical and \$500,000 Drug Plan Maximum
Integrated Out-of-Pocket Maximum of \$6,350 for Preferred Care	Implement an integrated OOP Maximum to include Annual Deductible, Coinsurance, and Medical and Prescription Drug Copays	Only Coinsurance is applicable to the Medical Plan Out-of-Pocket Maximum
Autism Spectrum Disorder Expenses	Add coverage for diagnosis and treatment. No Maximum allowed.	Wasn't a covered benefit
Bariatric Surgery Expense	Add coverage for (a) Physician-supervised weight loss programs that are reviewed/approved or as outlined in our medical policies; (b) Certain surgical treatments when co-morbid health conditions exist and all reasonable non-surgical options have been tried. NOTE: Surgical treatment of obesity is limited to once per lifetime unless Medically/Clinically Necessary to correct or reverse complications from a previous bariatric procedure. Non-Covered Services: Weight loss services not specifically listed above under Covered Services are not Covered. This includes, but is not limited to: food, food supplements, gastric balloons, certain weight loss surgeries, jaw wiring, liposuction, physical fitness or exercise programs. Cost sharing is allowed, benefit maximum of 1 procedure per lifetime.	Wasn't a covered benefit
Human Organ Transplant	Add coverage for Human Organ Transplants. No Maximum is allowed.	Wasn't a covered benefit
Infertility	Add coverage for services to diagnose and treat underlying conditions resulting in infertility. Note: Fertility drugs are not in benchmark. No Maximum is allowed.	Wasn't a covered benefit
Mental Health and Substance Abuse Expenses	Remove Inpatient 10 day limitation and Outpatient 30 visit limitation from Mental Health and Substance Abuse	Inpatient: 10 day limitation; Outpatient: 30 visit limitation
Orthognathic Surgery	Add coverage to correct conditions of the jaw and face related to structure, growth, sleep apnea, TMJ disorders, malocclusion problems owing to skeletal disharmonies, or other orthodontic problems that cannot be easily treated with braces. No Maximum allowed.	Wasn't a covered benefit
Pediatric Dental	Implement four tiers of benefits (Routine 100%, Basic 70%, Major 50%, and Ortho 50%); service limitations apply i.e., 2 routine cleanings per policy year, etc.	Wasn't a covered benefit
Pediatric Vision	Add coverage for routine eye exam for child (1 per Policy Year). Implement benefit of 100% Preferred / 70% Non-Preferred, limited to 1 pair of glasses (lenses and frames) per Policy Year. Contact lenses (1 per policy year) covered if medically necessary.	Wasn't a covered benefit
Physician's Office Visit Expense; Non-Surgical Physicians Expense	Remove 1 visit per day Maximum.	1 visit per day Maximum.
Temporomandibular Joint Dysfunction Expense	Add coverage for treatment of TMJ. No Maximum allowed.	Only Diagnostic Testing was covered
Weight Management Programs	Add coverage for weight management programs. No Maximum allowed.	Wasn't a covered benefit
Affordable Care Act ("ACA") Taxes & Fees	Increase ACA Taxes & Fees for the entire Policy Year (equates to approximately 8 - 9% of Total Premium)	ACA Taxes & Fees were required as of 01/01/2014, allowing a pro-rated amount (equates to approximately 6.3% of Total Premium)