

Health Care Accountability Ordinance:
New Minimum Standards, Effective January 1, 2011

#	Benefit Requirements	Previous Min. Standards (2008)	New Standards (2011)
1	Type of Plan Required	The plan that meets these standards must be an <u>HMO</u> .	Any type of plan that meets the Minimum Standards as described below.
2	Employee Premium Contribution	The employer must pay 100% of the employee's health coverage premium.	The employer must pay 100% of the employee's health coverage premium.
3	Annual Out-of-Pocket (OOP) Maximum	No higher than a \$3,500 maximum, which may include a prescription drug deductible.	In-Network: No higher than a \$4,000 maximum, when added to the medical &/or pharmaceutical deductible (if the plan includes one or both). Out-of-Network: Not specified. OOP maximum has to include any employee cost-sharing in the plan (deductible, copayments, coinsurance, etc.).
4	Prescription Drug Deductible	Allowed, but may not exceed \$3,500 when added to the plan's OOP maximum.	In-Network: No higher than a \$4,000 maximum, when added to the medical &/or pharmaceutical deductible (if the plan includes one or both). Out-of-Network: Not specified.
5	Regular (Medical Services) Deductible	Not allowed.	In-Network: No higher than a \$4,000 maximum, when added to the medical &/or pharmaceutical deductible (if the plan includes one or both). Out-of-Network: Not specified.

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6	Prescription Drug Copayments	Not specified.	Not specified. Coverage of non-formulary drugs not required.
7	Coinsurance Percentages	Not specified.	20% in-network 50% out-of-network
8	Copay for Preventive Care Visits & Services ¹	\$30 maximum.	In-Network services are not subject to a deductible, copay, or coinsurance (per health reform rules). Preventive care services from an out-of-network provider are subject to the plans out-of-network requirements.
9	Copayments for Physician Office Visits for Primary Care, Perinatal/Maternity	\$30 maximum.	\$30 maximum. Out-of-Network: Not specified.
10	Services: <ul style="list-style-type: none"> • Hospital inpatient, physician & hospital service • Rehabilitative therapies, outpatient and inpatient • Outpatient services and procedures • Surgery & anesthesia • Organ transplants • Cancer clinical trials • Outpatient diagnostic services (x-ray, labs, etc.) • Perinatal and maternity care, including delivery services and 	These services must be covered, but a copayment amount is not specified.	These services must be covered. When coinsurance is applied to services: 20% in-network 50% out-of-network When copayments are applied for these services: Not specified.

¹ Applies to plans beginning on 9/23/2010 and after: non-grandfathered plans must provide coverage for certain preventive items and services with no cost-sharing allowed.

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	postpartum care <ul style="list-style-type: none"> • Physical, Occupational, and Speech Therapy • Skilled nursing services • Home health services • Durable medical equipment • Hospice care 		
11	Mental Health Services <ul style="list-style-type: none"> ◆ Inpatient & Outpatient Alcohol & Substance Abuse Services <ul style="list-style-type: none"> ◆ Inpatient & Outpatient 	These services must be covered, but a copayment amount is not specified.	These services must be covered. When coinsurance is applied to services: 20% in-network 50% out-of-network When copayments are applied for these services: Not specified
13	Emergency Room Services & Ambulance ²	These services must be covered, but a copayment amount is not specified.	Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.

² Applies to plans beginning on 9/23/2010 and after: non-grandfathered plans must cover Emergency Services at in-network rates regardless of the provider and without prior authorization.