

COST CONTAINMENT RECOMMENDATIONS

The cost impact of mandated benefits varies between states because each state differs in the number and type of benefits mandated. On average, states have enacted laws mandating about 18 specific benefits. Sixteen states have over 20 mandated benefits; eight states have 10 or fewer mandates. The states with the most mandated benefits are **Maryland (39), Minnesota (34), and California (33)**. The fewest are found in Idaho (6), and Alabama, Delaware, Vermont, and Wyoming (each with eight mandated benefits).”

Service	Recommendation
Non-emergency use of the Emergency room	Not covered
*Treatment of Infertility	Testing Only
<ul style="list-style-type: none"> If Covered If Covered will same sex spouse be covered for third-party sperm donor or surrogate 	Implement dollar limit under Medical and RX Not Covered
Dialysis Treatment	Cover In-Network only
*Bariatric Surgery	Not Covered or dollar Limit and Once per lifetime, if covered no reversal.
Gender Dysphoria	Cover with strict language with \$ limit to include all procedures including any complications, not to exceed the \$ limit. Include language to only allow for one procedure per lifetime and no reversals.
Home Health Care	Cover In-Network only
Infusion Therapy	Must receive RX through Specialty Pharmacy only, administered at In- Network infusion centers, Home Healthcare or Physician’s office only
CRX International Pharmacy	Cover
Hearing Aids	Cover with Dollar Limit (\$2,000)
Hazardous Hobbies: Treatment or services received as a result of an accidental injury incurred while engaging in a hazardous activity. Such activities include, but are not limited to, hang gliding; sky diving; operating all-terrain vehicles; rock climbing; racing in an automobile, motorcycle, or boat; ice climbing; ultra-light flying; river running; and bungee jumping	Exclude

*Autism	This needs to be discussed or review each states mandate. <i>I would suggest covering with a dollar limit to age 19.</i>
Cranial Banding	Exclude
Genetic Testing	Always cover BRCA with Pre-Cert, if other genetic testing is covered, it must be pre-certified – Very costly testing and needs to be monitored through pre-cert
Private Duty Nursing	Exclude
Treatment for TMJ: services for the diagnosis and treatment of TMJ: surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; cranosacral therapy; orthodontics; occlusal adjustment; and dental restorations. Upper and lower jawbone surgery, orthognathic surgery, and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute traumatic Injury, dislocation, tumors, cancer or obstructive sleep apnea.	Exclude surgical procedure, cover under dental or limit to \$2500 per lifetime with no Orthodontic coverage. Note: Surgery typically is not recommended, but can range from more than \$5,000-\$7,000 or more for arthroscopy to about \$40,000-\$70,000 or more for total joint replacement.
Pre-Certification/Prior Authorization for: <ul style="list-style-type: none"> • Inpatient Admissions • Skilled Nursing Facility • Home Health Care (including infusion Therapy) • Hospice • Transplants • Ambulatory Surgical Facility • Outpatient Surgery • Renal Dialysis • Chemotherapy • Radiation Therapy • DME in excess of \$1,500 • Genetic Testing and counseling (if covered) • Infertility (if covered) • Habilitative Services 	50% penalty for noncompliance after Retro Review

*State Mandated Benefit by some states