



## **Retiree Medical Plan**

# **Summary of Material Modifications**

*Amendments to the January 1, 2007 Health Benefits Plan Summary Plan Description for Changes as of January 1, 2007, July 1, 2007 and January 1, 2008*

## **SUMMARY OF CHANGES**

---

This document summarizes the January 1, 2007, the July 1, 2007, and January 1, 2008 changes to **the January 1, 2007 Health Benefits Plan Summary Plan Description** and is formally known as a Summary of Material Modifications (SMM).

Overview of Changes:

| <b>Plan</b>   | <b>Provision</b>       | <b>Date of Change</b> | <b>Page</b> |
|---|------------------------|-----------------------|-------------|
| HMO Illinois  | Mental Health Benefit  | January 1, 2007       | 3           |
| Blue Cross Blue Shield Preferred Provider Organization (PPO), Traditional Plan, Medicare Supplement Plan, and Medicare Carve-out Plan | Contraceptive Coverage | July 1, 2007          | 4           |
| Blue Cross Blue Shield Preferred Provider Organization (PPO)  | Preventive Care        | January 1, 2008       | 5           |
| Blue Cross Blue Shield Preferred Provider Organization (PPO), Traditional Plan, Medicare Supplement Plan, Medicare Carve-out Plan     | Residential Treatment  | January 1, 2007       | 5           |

## HMO Illinois Serious Mental Health Benefits Changes

As a result of new legislation passed in 2007, HMO Illinois will provide additional benefits for illnesses considered “serious mental illness” effective January 1, 2007. These expanded benefits include:

- 60 visits each year for outpatient treatment for “serious mental illness” (as specifically defined by the law).
- 45 inpatient days for “serious mental illness”.
- Because pervasive developmental disorders are considered as a serious mental illness under the law, there will be 20 additional outpatient visits each calendar year for speech therapy for disorders that are classified as pervasive developmental disorders.

Disorders Considered as Serious Mental Illness:

- Schizophrenia
- Paranoid and other psychotic disorders
- Bipolar disorders (hypo manic, manic, depressive, and mixed)
- Major depressive disorders (single episode or recurrent)
- Schizoaffective disorders (bipolar or depressive)
- Pervasive developmental disorders
- Obsessive-compulsive disorders
- Depression in childhood and adolescence
- Panic disorder
- Post traumatic stress disorders

| <b>DePaul University</b>             | <b>HMO Illinois<br/>2006</b>                        | <b>HMO Illinois<br/>2007</b>                        |
|--------------------------------------|---|---|
| <b><u>Mental Illness</u></b>         |   |   |
| <b>Inpatient</b>                     |   |   |
| <b>Days</b>                          | 20  | 20  |
| <b>Co-pay</b>                        | \$0   | \$0   |
| <b>Outpatient</b>                    |   |   |
| <b>Days</b>                          | 20  | 20  |
| <b>Co-pay</b>                        | \$20/visit  | \$20/visit  |
| <b><u>Speech Therapy</u></b>         |   |   |
| <b>Visits</b>                        | 60 combined with Phys & Speech                      | 60 combined with Phys & Speech                      |
| <b>Co-pay</b>                        | \$0   | \$0   |
| <b><u>Serious Mental Illness</u></b> |   |   |
| <b>Inpatient</b>                     |   |   |
| <b>Days</b>                          | N/A   | 45  |
| <b>Co-pay</b>                        | N/A   | \$0   |
| <b>Outpatient</b>                    |   |   |
| <b>Visits</b>                        | N/A   | 60  |
| <b>Co-pay</b>                        | N/A   | \$20  |
| <b><u>Speech Therapy</u></b>         |   |   |
|                                      | <b><u>Pervasive Developmental<br/>Disorders</u></b> | <b><u>Pervasive Developmental<br/>Disorders</u></b> |
| <b>Visits</b>                        | N/A   | 20  |
| <b>Co-pay</b>                        | N/A   | \$0   |

## Contraceptive Coverage Changes

Effective July 1, 2007 the Medical Program's specific exclusion of routine contraceptive drugs and devices in the following options is removed from the following plans:

- **Medicare Supplement Plan** – administered by Blue Cross Blue Shield of Illinois.
- **Medicare Carve-out Plan** – administered by Blue Cross Blue Shield of Illinois.
- **Preferred Provider Organization (PPO)** – administered by Blue Cross Blue Shield of Illinois.
- **Traditional Plan** – administered by Blue Cross Blue Shield of Illinois.

Benefits will be provided for prescription contraceptive drugs, devices, injections, and implants. Outpatient contraceptive services include consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.

Office visit co-pays, co-insurance, and outpatient surgical charges will be charged as applicable under the applicable medical option. In addition, whether or not a specific contraceptive device or drug is covered under the Plan is determined by the claims administrator's standard procedure or policy and may change from time to time. For more information, contact your medical option's administrator by calling the number on the back of your medical ID card.

### Summary of Contraceptive Coverage Changes for Above-mentioned Plans

| <b>Contraceptive Procedure / Medication</b>   | <b>Prior to 7/1/07</b> | <b>Effective 7/1/07</b> |
|---|------------------------|-------------------------|
| <b>Birth control medication*</b> , including pills, patches, rings and Plan B.  | <i>Not Covered</i>     | <i>Covered</i>          |
| <b>Outpatient contraceptive devices &amp; services**</b> , including non-prescription in-office coverage such as shots (Depo-Provera, IUD, Norplant, and diaphragm) | <i>Not Covered</i>     | <i>Covered</i>          |

\* Covered as any other prescription drug under each applicable plan.

\*\*Covered on out-patient doctor office visit under each applicable plan. Outpatient contraceptive services means consultations, examinations, procedures and medical services provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.

## Blue Cross Blue Shield PPO Preventive Care Benefits Changes

Beginning on January 1, 2008, in-network preventive care expense will be covered at 100% and will not be subject to deductible, co-insurance or maximums. The preventive care benefit for out-of-network providers will be subject to the standard out-of-network deductible and co-insurance with no dollar maximum.

Effective January 1, 2008, the Blue Cross Blue Shield PPO preventive care benefit provisions are amended as follows:

|   | In-Network    |               | Out-of-Network |               |
|---|---------------|---------------|----------------|---------------|
|   | BCBS PPO 2007 | BCBS PPO 2008 | BCBS PPO 2007  | BCBS PPO 2008 |
| <b>Well Child Care</b>                          |               |               |                |               |
| <i>Deductible Applies:</i>                      | No            | No            | No             | Yes           |
| <i>Co-insurance (% of Bill Paid by DePaul):</i> | 100%          | 100%          | 100%           | 70%           |
| <i>Annual Maximum :</i>                         | \$700         | None          | \$700          | None          |
| Doctor Office Co-payment:                       | None          | None          | None           | None          |
|   |               |               |                |               |
| <b>Adult Preventive Care</b>                    |               |               |                |               |
| <i>Deductible Applies:</i>                      | No            | No            | No             | Yes           |
| <i>Co-insurance (% of Bill Paid by DePaul):</i> | 100%          | 100%          | 100%           | 70%           |
| <i>Annual Maximum:</i>                          | \$200         | None          | \$200          | None          |
| Doctor Office Co-payment:                       | None          | None          | None           | None          |

A detailed comparison of the preventive care benefits for the medical plans is available via the HR website at <https://hr.depaul.edu>.

## Residential Treatment Programs

Effective July 1, 2007 the following plans will include eligible **Residential Treatment Programs under the Mental Health Benefits:**

- **Medicare Supplement Plan** – administered by Blue Cross Blue Shield of Illinois.
- **Medicare Carve-out Plan** – administered by Blue Cross Blue Shield of Illinois.
- **Preferred Provider Organization (PPO)** – administered by Blue Cross Blue Shield of Illinois.
- **Traditional Plan** – administered by Blue Cross Blue Shield of Illinois.

Eligible inpatient mental health services include those provided by Mental Health Residential Treatment Centers. Services provided by a Mental Health Residential Treatment Center will be covered as services provided by an Inpatient Hospital Facility under the mental health benefit for up to 31 days per calendar year. Services will be subject to Medical Necessity Criteria as well as Pre-certification and Concurrent Review.

A Mental Health Residential Treatment Center is an institution which (a) specializes in the treatment of psychological and social disturbances that are the result of Mental Health conditions; (b) provides a subacute, structured, psychotherapeutic treatment program, under the supervision of Physicians; (c) provides 24-hour care, in which a person lives in an open setting; and, (d) is licensed in accordance with the laws of the appropriate legally authorized agency as a residential treatment center.

A person is considered confined in a Mental Health Residential Treatment Center when she / he is a registered bed patient in a mental Health Residential Treatment Center upon the recommendation of a physician.

The 2008 Summary Plan Description for the Retiree Medical Plan is located on the HR website at:

[https://hr.depaul.edu/ContributionFolder/Documents/Benefits/SPD\\_2007\\_Retiree\\_Medical.pdf](https://hr.depaul.edu/ContributionFolder/Documents/Benefits/SPD_2007_Retiree_Medical.pdf)

The Summary Plan Description may also be requested from Human Resources by calling (312) 362-8501.

This Summary of Material Modification amends the January 1, 2007 DePaul University Health Benefits Plan for plan changes effective January 1, 2007, July 1, 2007, and January 1, 2008.

Participation in Health and Welfare Benefit plans in no way guarantees employment with the University.

While the University expects to continue Health and Welfare Benefit plans indefinitely, it reserves the right to terminate, suspend, withdraw, amend or modify all or any part of the plans, or to change the cost of coverage, at any time without notice. Any such change or termination of the plans will be based solely on any decision of the Plan Sponsor and/or the Plan Administrator and may apply to any or all groups of employees – including active and disabled employees, and current or future retirees and their dependents – as determined under the Plan.

No supervisor, manager or other representative of the University has any authority to enter into any oral or written agreement contrary to the foregoing or contrary to the terms of any summary plan description or applicable plan document.