

IAC Group Health Plans State Variations Overview



The following will replace the policy's description as outlined in the IAC Group Health Plans brochure and plan overviews. The descriptions outlined below are only those that differ from the benefits and provisions described in the brochure and plan overviews, and may not include all state mandated provisions. Refer to the Certificate of Coverage and the state's amendatory endorsement for the benefits, terms and conditions of the policy.

Arkansas Residents

Eligibility Requirements - Dependent Child

A dependent child who reaches the limiting age and is mentally or physically incapacitated, is incapable of sustaining employment by reason of mental retardation or physical disability, who became incapacitated prior to 19 years of age and who is chiefly dependent upon the insured person for support and maintenance, may remain an insured during the continuance of such incapacity.

Arizona Residents

Limited Major Medical Benefits

The \$1,000 limit per insured per calendar year for non-surgical back treatment does not apply.

Indiana Residents

Pre-Existing Condition Limitation Credit

This provision is amended by changing 12 months to 9 months.

Iowa Residents

Pre-Existing Conditions

This provision does not apply to a newborn or newly adopted child or child placed for adoption under the age of 18 if such a child is enrolled for coverage within 60 days from the date of birth or date of adoption.

Kansas Residents

Pre-Existing Conditions

This provision is amended by changing 12 months to 90 days.

Major Medical Exclusions

The exclusion pertaining to any treatment, service, supply or prescription which is not medically necessary is amended to include coverage for immunizations for an insured child from birth to 72 months of age.

The exclusion pertaining to an injury or sickness which arises out of or in the course of any employment for wage or profit is deleted in its entirety and replaced with: *"An injury or sickness which arises out of or in the course of any employment for wage or profit to the extent the insured is covered or is required to be covered or has a right to recovery under any Workers' Compensation Law."*

The exclusion pertaining to any education training materials is amended to include coverage for diabetes education and training.

Michigan Residents

Limited Major Medical Benefits

Inpatient treatment of mental and nervous disorders and outpatient treatment of mental and nervous disorders or chemical dependency is amended to add coverage for the medically necessary care and treatment of mental illness, alcoholism and substance abuse, provided by a hospital or physician on an inpatient and outpatient basis for chemotherapy and detoxification services.

Mississippi Residents

Limited Major Medical Benefits

The \$1,000 limit per insured per calendar year for non-surgical back treatment does not apply.

Plan Benefits

The benefits are amended to add coverage for diagnostic or surgical treatment of temporomandibular (TMJ) or craniomandibular disorders, up to a lifetime maximum benefit of \$5,000 per insured.

Major Medical Exclusions

The exclusion pertaining to the treatment, services or supplies for TMJ is deleted.

Missouri Residents

Limited Major Medical Benefits

Inpatient and outpatient treatment of chemical dependency disorders is covered up to 30 days per insured per calendar year for inpatient treatment and 20 days per insured per calendar year for outpatient treatment. Inpatient treatment can be converted for use for outpatient treatment on a two-for-one basis.

Plan Benefits

The following are added as covered benefits:

1. Immunizations for insured children from birth to five years of age, not subject to deductible, copay or coinsurance.
2. Administration of general anesthesia and associated hospital, ambulatory surgical center or office charges for dental care for an insured child under the age of five, an insured who is severely disabled or an insured who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.
3. Newborn hearing screening, necessary rescreening, audiological assessment and follow-up and initial amplification.

Major Medical Exclusions

The exclusion pertaining to attempted suicide is amended by deleting the words *"or insane."*

The exclusions pertaining to treatment, services or supplies related to teeth et al. and routing hearing exams are amended by adding at the end the words *"except as specifically described in the Plan Benefits."*

Nevada Residents

Limited Major Medical Benefits

Chemical dependency detoxification treatment is limited to \$1,500 per insured per calendar year, inpatient hospital or other covered facility treatments are limited to \$9,000 per insured per calendar year and for individual, group or family outpatient counseling is limited to \$2,500 per insured per calendar year.

Plan Benefits

These benefits are amended to add coverage for the medically necessary procedures for the treatment of the temporomandibular joint at 50% coinsurance and benefits will not exceed 50% of the maximum benefit per insured shown in the Schedule of Benefits.

Major Medical Exclusion

The exclusion pertaining to treatment, services or supplies for temporomandibular joint dysfunction is amended by adding at the end: *"except as provided in the Plan Benefits."*

New Mexico Residents

Additional Provisions - Eligibility Requirements

Dependents – the eligibility requirements are deleted and replaced with the following:

1. Lawful spouse, if not legally separated from You, who resides in the same household as the Insured Person; or
2. (a) a natural child; (b) a newly born child (c) a legally adopted child from date of placement; (d) a stepchild living in the same household who is primarily dependent on you for maintenance and support; (e) a child for whom you are a legal guardian and who is primarily dependent on you for maintenance and support, as long as evidence of the guardianship is evidenced in a court order or administrative order; (f) a child when mandated by a court or administrative order; (g) a foster child living in the same household, if the child is not otherwise provided with health care or health insurance coverage; (h) a child of a noncustodial parent or (i) unmarried and before the dependents twenty-fifth (25th) birthday regardless of whether the dependent is enrolled in an educational institution.

Premium Rates

We reserve the right to change premiums under the Policy on any premium due date by giving the Employer at least 60 days prior written notice.

Pre-Existing Conditions

This provision is amended by changing 12 months to 6 months.

Plan Benefits

These benefits are amended to add coverage for temporomandibular joint disorder (TMJ). Benefits are payable for surgical and nonsurgical treatment of TMJ and craniomandibular disorders. This coverage does not include coverage for orthodontic appliances and treatment for crowns, bridges and dentures unless the disorder is trauma related.

Major Medical Exclusions

The exclusions pertaining to the treatment, services or supplies related to the teeth or temporomandibular joint dysfunction is amended by adding the words *"except as specifically covered as described in Plan Benefits."*

The exclusion pertaining to treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco or nicotine is deleted and replaced with: *"any service or supply to eliminate or reduce a dependency or an addiction to tobacco, including but not limited to nicotine withdrawal programs, nicotine products such as transdermal patches and gums, hypnotism or goal oriented behavioral modification unless the optional Maternity Rider is shown in the Schedule of Benefits."*

North Carolina Residents

Limited Major Medical Benefits

The \$1,000 limit per insured per calendar year for non-surgical back treatment does not apply.

The following benefits are added:

1. Oral surgery for cutting procedures for the treatment of tumors, abscesses or cysts or injuries of the jaw or the extraction of impacted teeth up to \$5,000 per insured per calendar year.
2. Treatment of bones and joints, diagnostic, therapeutic, or surgical procedures involving bones or joints involving any bone or joint of the jaw, face or head so long as the procedure is medically necessary to treat a condition which prevents normal functioning of the particular bone or joint involved and the condition is caused by congenital deformity, disease or traumatic injury. Payment is subject to a \$5,000 per insured lifetime maximum. This coverage does not include orthodontic braces, crowns, bridges, dentures, treatment for periodontal disease, dental root from implants or root canals.
3. Anesthesia and hospitalization for dental procedures and charges for services performed in a hospital or ambulatory surgical center in connection with dental procedures for insured children under nine years, persons with serious mental or physical conditions and persons with significant behavioral problems when the provider certifies that because of the insured's age, condition or problem, hospitalization or general anesthesia is required.

Pre-certification not required.

Plan Benefits

The following benefits are added:

1. Newborn hearing screening when ordered by the attending physician.
2. Outpatient contraceptive services for the insertion or removal of any medically necessary examination associated with the use of the prescribed contraceptive drug or device.

North Carolina (cont.)

Major Medical Exclusions

This exclusion pertaining to an injury or sickness which arises out of or in the course of employment for wage or profit is amended by deleting the words, "or is payable under any Workers' Compensation or Occupational Disease Law": and replacing these deleted words with the following: "Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act."

The exclusion pertaining to treatment, services or supplies for a loss sustained, incurred due to, or contracted as a consequence of an insured being intoxicated et al. is deleted in its entirety.

The exclusion pertaining to treatment, service or supplies for temporomandibular joint dysfunction is deleted in its entirety and replaced with: "expenses incurred in the treatment by any method for jaw joint problems, including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to the joint; except as specifically covered."

The exclusion pertaining to contraceptive devices et al. is deleted in its entirety.

The exclusion pertaining to routine hearing exams is amended by adding at the end: "except as provided under the newborn hearing screening benefit."

The exclusion pertaining to attempted suicide is amended by adding at the end: "unless otherwise required to be covered by Federal Law."

The exclusion pertaining to treatment, services or supplies received from a physician, nurse or other provider if such person et al. is amended by deleting "is an employee of the same employer as the insured"

The exclusion pertaining to telephone consultations et al. is amended by deleting the words "fees related to obtaining hospital pre-certification."

Oklahoma Residents

Additional Provisions - Eligibility Requirements

Employee – the minimum of 30 hours per week is changed to 24.

Dependents – the eligibility requirements are deleted and replaced with the following: "A lawful spouse, if not legally separated and who resides in the same household as the insured and unmarried children or step children, including newborns, less than 19 and an unmarried child of any age who is medically certified as disabled and dependent upon the

parent. It also includes unmarried children 19 but less than 23 and a full time student actively attending an accredited college, vocational or high school."

Renewability of Coverage

The second bullet pertaining to fraud is deleted in its entirety and replaced with fraud or misrepresentation of or by the employer.

Plan Benefits

The following benefits are added:

1. Anesthesia and associated facility services associated with any hospital or ambulatory surgical center dental procedure where such service is performed on behalf of an insured who is a minor eight years of age or younger or severely disabled and has a medical or emotional condition which requires hospitalization or general anesthesia for dental care.
2. Childhood immunizations for an insured from birth to age 18. This benefit is not subject to the deductible or coinsurance.

Major Medical Exclusions

The exclusion pertaining to hospital and physician charges for weekend admissions is deleted and replaced with: "hospital and physician charges for weekend hospital admissions for non-emergency procedures, unless medically necessary or unless surgery is scheduled for the next day."

The exclusion pertaining to the treatment, services or supplies related to the teeth et al. is amended by adding at the end the words: "except as specified in Plan Benefits."

The exclusion pertaining to an injury or sickness incurred while on active duty with the military of any country or international organization is deleted.

The exclusion pertaining to an injury or sickness resulting from war or any act of war (declared or undeclared) participating in a riot or insurrection is deleted and replaced with: "an injury or sickness resulting from war or any act of war, declared or undeclared, or the participation in a riot or insurrection, when serving in the military or an auxiliary unit thereto."

The exclusion pertaining to cosmetic surgery is amended by adding at the end the words: "this exclusion does not apply to reconstructive breast surgery of the diseased breast due to breast cancer."

The exclusion pertaining to pregnancy is amended by adding after pregnancy the words: "except for complications of pregnancy."

The exclusion pertaining to treatment, services or supplies for complications of conditions is amended by adding at the end the words; "or complications of pregnancy."

Pennsylvania Residents

Limited Major Medical Benefits

Outpatient mental and nervous or chemical dependency benefits are amended by deleting the words “chemical dependency” and replacing them with “alcohol and drug abuse services.”

Tennessee Residents

Additional Provisions - Eligibility Requirements

Dependents – the eligibility requirements are deleted and replaced with the following: “lawful spouse or Unmarried Child who is primarily dependent upon the Insured Employee for support and maintenance and is less than 24 years of age.”

Plan Benefits

These benefits are amended to add the following:

1. Hospital dental procedure benefits for anesthesia and hospital services associated with any inpatient/outpatient hospital dental procedure where such procedure is covered and performed on a minor eight years of age or less and cannot be safely performed in a dental office setting.
2. Temporomandibular for diagnostic and/or surgical treatment of conditions affecting the temporomandibular (jaw or craniomandibular) joint.

Major Medical Exclusions

The exclusions pertaining to treatment, services or supplies related to the teeth et al and for temporomandibular joint dysfunction (TMJ) are amended by adding at the end the words: “except as provided in Plan benefits.”

The exclusion pertaining to treatment, services or supplies that are experimental or investigational is amended by adding at the end the words: “denial will not be based solely on the fact that the insured person was a participant in a clinical trial.”

Texas Residents

Pre-existing Condition Limitations

Pre-Existing Conditions will not be covered until the Late Enrollee is continuously covered under the Policy for a period of 12 months following the Late Enrollee’s Effective Date.

Centers of Excellence not available.

Premium Rates

We reserve the right to change premiums under the Policy on any premium due date by giving the Employer at least 60 days prior written notice.

Limited Major Medical Benefits

The combined inpatient and outpatient lifetime maximum of \$10,000 for mental and nervous conditions and chemical dependency does not apply to chemical dependency.

Pre-Certification Requirements

The term Pre-Certification is deleted and replaced with Pre-Authorization.

Additional Provisions - Eligibility requirements

The eligibility requirements for employees and dependents are deleted and replaced with the following: “Employees who work at least 30 hours per week at the employers usual place of business, not be a seasonal or temporary employee, be an independent contractor, partner or proprietor or be a new employee who can be added as they become eligible.

Dependents include a lawful spouse and unmarried dependent children less than 25 years of age. Children include newborns, a child for whom the insured is a party to a lawsuit and seeking adoption, a grandchild who is dependent on the insured for federal income tax purposes or for whom the insured has been ordered to provide medical support and a child of any age who is medically certified as disabled and dependent on the insured.”

Renewability of Coverage

The second bullet addressing fraud is amended by adding the word “intentional” in front of misrepresentation.

The third bullet addressing employee or dependent participation is amended by deleting the word “dependent.”

Outpatient Prescription Medication Benefit Exclusions

These exclusions are amended by adding after contraceptive devices the words: “unless the optional Outpatient Prescription Drug Medication Rider has been selected, its premiums paid and then only up to the benefit limits provided in the Rider.”

These exclusions are further amended by changing pre-certified to pre-authorized.

Plan Benefits

Plan benefits include the care of a newborn from birth for a minimum of 48 hours following a vaginal birth, minimum of 96 hours following a Cesarean section birth or the mother’s discharge, whichever comes first. This benefit includes physical examinations and circumcision performed while hospitalized.

Major Medical Exclusions

The exclusion pertaining to treatment, service or supply which is not medically necessary is amended by adding after necessary the words: “except as provided in the Plan Benefits.”

The exclusion pertaining to cosmetic surgery is amended by adding at the end the words: “or to breast reconstruction incidental to mastectomy.”

The exclusion pertaining to routine hearing aids and the purchase, fittings or adjustments of hearing aids is amended by adding at the end the words: “unless optional rider is in effect.”

The exclusion pertaining to contraceptive devices et al. is amended by adding at the end: “or if the optional Outpatient Prescription Drug Medication Rider has been selected and the additional premium paid and then only up to the benefit limits provided in the Rider.”

Texas (cont.)

The exclusion pertaining to impregnation techniques is amended by adding at the end the words: *"unless the optional In Vitro Fertilization Rider is in effect."*

The exclusion pertaining to telephone consultations et al. is amended by changing pre-certification to pre-authorization.

Utah Residents

Additional Provisions - Eligibility Requirements

Dependents – the eligibility requirements are deleted and replaced with the following: *"Unmarried Child who is primarily dependent upon the Insured Employee for support and maintenance and is less than 26 years of age. However, the requirement that a child must be primarily dependent upon the Insured Employee for support and maintenance does not apply to dependent coverage required by a court or administrative order."*

Major Medical Exclusions

The exclusion pertaining to hospital and physician charges for weekend hospital admissions is deleted in its entirety.

The exclusion pertaining to an injury or sickness while on active duty with the military of any country or international organization resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection is deleted and replaced with: *"expenses resulting from a declared or undeclared war, active participation or from voluntary participation in a riot or insurrection."*

Virginia Residents

Pre-existing Condition Limitations

Pre-Existing Conditions will not be covered until the Late Enrollee is continuously covered under the Policy for a period of 12 months following the Late Enrollee's Effective Date.

Wisconsin Residents

Limited Major Medical Benefits

The \$1,000 limit per insured per calendar year for non-surgical back treatment does not apply.

Mental and Nervous Conditions and Chemical Dependency are deleted and replaced with: Alcoholism, Nervous Disorders and Drug Abuse services subject to the following:

1. Inpatient calendar year benefits will not exceed the lesser of the first 30 days or \$7,000 minus a copayment of 10% of the covered charges.
2. Outpatient calendar year benefits will not exceed \$2,000 minus a copayment of 10%.
3. Transitional treatment calendar year benefits will not exceed \$3,000 minus a copayment of 10%.

Additional provisions - Eligibility Requirements

Dependents include a child of a covered dependent child, until the child of the covered employee reaches age 19.

Plan Benefits

These benefits are amended to add the following:

1. Diagnostic procedures and medically necessary surgical or non-surgical treatment for the correction of temporomandibular (TMJ) disorders.
2. Hospital or ambulatory surgical center charges incurred and anesthetics provided in conjunction with dental care for an insured child under the age of five, an insured who has a chronic disability or an insured who has a medical condition that requires hospitalization or general anesthesia for dental care.

Major Medical Exclusions

The exclusion pertaining to treatment, services or supplies for TMJ dysfunction is deleted.

The exclusion pertaining to treatment, services or supplies related to teeth et al. is amended by adding at the end: *"except as provided in Plan Benefits."*

Premium Changes

If premiums increase more than 25% or more, the employer will be notified 60 days before the effective date.