

December 5, 2013

Tracy Rader
Staff Representative
FOP/OLC
222 E. Town St.
Columbus, OH 43215

Dear Representative Rader:

SUBJECT: Affordable Care Act

As you are aware, The Affordable Care Act – the health insurance reform legislation passed by Congress and signed into law by President Obama on March 23, 2010 – helps make preventive care accessible and affordable for all Americans by requiring health plans to cover preventive services and eliminating cost sharing for those services. Effective January 1, 2014 preventive services that provide strong scientific evidence of health benefits will be covered and plans can no longer charge a patient a copayment, coinsurance or deductible for these services when they are delivered by a network provider.

As stipulated under The Affordable Care Act, insured members are eligible to receive certain preventive care services, based upon age, gender and other factors, without cost-sharing (copayments, coinsurance and deductibles). These preventive services must be provided by doctors and health care professionals within the plan's network. The preventive health services that must be covered without cost-sharing requirements are those based on the requirements stated below:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF), including certain preventive care for women, such as mammograms, cervical cancer screenings and prenatal care;
- Immunizations for routine use in children, adolescents and adults that are currently recommended by the Centers for Disease Control and Prevention (CDC) and included on the CDC's immunization schedules;
- Strong scientific evidence-informed preventive care and screenings for infants, children and adolescents, as provided for in the Health Resources and Services Administration (HRSA) guidelines; and
- As noted above, a set of additional evidence-based preventive services for women recommended by the Institute of Medicine and supported by the Health Resources and Services Administration (HRSA).

Under The Affordable Care Act, the health plan may impose cost-sharing for services delivered by out-of-network doctors, facilities and health care professionals. In addition, the list of covered preventive



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services will be updated on an ongoing basis. The Human Resources Department staff will continuously monitor these updates to ensure compliance with The Affordable Care Act requirements.

Also, effective January 1, 2014, The Affordable Care Act requires two additional changes which will affect the eligibility of employees and family members for health insurance coverage in the health plan:

- All waiting periods for enrollment in the City's comprehensive health insurance plan must not exceed a period of ninety (90) days. Therefore, the one year waiting period for dental and vision coverage will be reduced to a ninety (90) day period. Medical and prescription coverage will continue to begin on the first of the month following the date of hire; and
- New enrollees in the City's health insurance plan cannot have any type of insurance coverage denied based on pre-existing medical conditions. This provision will extend to all individuals, regardless of age.

The City of Columbus continues to believe its health plan is a "grandfathered health plan" under The Affordable Care Act. As permitted by The Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted such as any negotiated insurance benefits.

An ordinance will be prepared and submitted to City Council for its approval of these enhancements. The insurance provisions in the collective bargaining agreement will be updated with the editing of a successor collective bargaining agreement. The Benefit Booklet will be updated to reflect these changes. Additionally, a Frequently Asked Questions document will be developed to assist employees in better understanding these benefit enhancements. Additional questions may be directed to Midge Slemmer, Employee Benefits/Risk Manager, at 645-8978.

Please sign in the space below to indicate your agreement with these changes.

Thank you for your cooperation in helping our employees and your members stay healthy.

Sincerely,



Chester C. Christie
Director of Human Resources

AGREED AND ACCEPTED:



Tracy Rader

12-10-13

Date