

Commissioners approve FY2020 insurance cost share rates

Levy Court has decided to retain the current 7%/20% cost share for employee health insurance in the upcoming 2019-20 plan year. After discussing a one or two percent increase and charging retirees on Medicare a small premium, Commissioners opted to keep the plan design and cost share percentage intact for another year with the addition of an infertility rider and integrated HRA format.

The overall premium quoted by Delaware Valley Health Trust/Aetna for the second year of a two-year agreement increased 7% and that has impacted the monthly cost share paid by employees and eligible retirees. The cost share for eligible retirees age 65 or more remains at \$0.

Levy Court also approved two changes to the health plan design including an integrated HRA – meaning that the \$5,000 single/\$10,000 family deductible fully paid by the County will cover both in-network and out-of-network expenses, and the addition of infertility coverage to incorporate provisions of a new State law (coverage details below).

Employees and retirees will see overall health insurance premium increases beginning June 1.

| FY2020 (July 1, 2019 – June 30, 2020) | Employee/Retiree | Employee & Spouse | Employee & Child(ren) | Employee & Family |
|---|--|--|--|--|
| <i>PPO 100%/Modified HRA – High DVHT – Aetna 7% employee & 20% dependents</i> | Employee pays \$79.98/month +5.26/mo. | Employee pays \$377.04/month +\$24.80/mo. | Employee pays \$217.08/month +\$14.28/mo. | Employee pays \$491.30/month +\$32.32/mo. |
| <i>PPO 90%/Modified HRA – Low DVHT - Aetna 7% employee & 20% dependents</i> | Employee pays \$77.08/month +5.06/mo. | Employee pays \$363.34/month +\$23.76/mo. | Employee pays \$209.20/month +\$13.68/mo. | Employee pays \$473.46/month +\$30.98/mo. |
| <i>PPO \$0 Medicare–(retirees 65+) DVHT – Aetna \$0 retiree & 20% dependent</i> | \$0.00/month | Retiree pays \$145.83/month +\$8.87/mo. | | |
| DENTAL INSURANCE – (July 1, 2019 – June 30, 2020) | <i>Employee/ Retiree only</i> | <i>Family coverage – employee & spouse &/or children</i> | | |
| Delta Dental of Delaware | \$3.10/month | Employee pays \$45.10/month | | |

Commissioners made no changes to the current dental program, which begins the second year of a 3-year term with Delta Dental of Delaware.

Open enrollment is scheduled for April 29 – May 16, 2019, which is the only time employees can make changes to their health plan, dental plan, optional life insurance, long term disability, and section 125 plans including the flexible spending accounts with the exception of qualifying event occurring mid-plan year.

Since this is the second year of participation in the DVHT health insurance program, no employee/retiree information meetings have been scheduled. Employees wishing to add dependents or coverages including Section 125 eligible plans can do so in the Personnel office.

If you have questions or concerns, please contact the Personnel Office for more information.
(Posted 04/03/19)

Treatment of infertility

Basic infertility

Eligible health services include seeing a [network] provider:

- To diagnose and evaluate the underlying medical cause of **infertility**.
- To do **surgery** to treat the underlying medical cause of **infertility**. Examples are endometriosis **surgery** or, for men, varicocele **surgery**.

Comprehensive infertility services


Eligible health services include comprehensive **infertility** care. The first step to using your comprehensive **infertility** health care services is enrolling with our National Infertility Unit (NIU). To enroll you can reach our dedicated NIU at [1-800-575-5999].


Infertility services

You are eligible for **infertility** services if:

- You are covered under this plan as [an employee] [or as a covered dependent who is the employee’s legal spouse, civil union partner or domestic partner, referred to as “your partner”].
- There exists a condition that:
- Is demonstrated to cause the disease of **infertility**.
- Has been recognized by your **physician** or **infertility specialist** and documented in your or your partner’s medical records.
- You or your partner has not had a voluntary sterilization, with or without surgical reversal, regardless of post reversal results. This includes tubal ligation, hysterectomy and vasectomy only if obtained as a form of voluntary sterilization.
- You or your partner does not have **infertility** that is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause).
- A successful pregnancy cannot be attained through less costly treatment for which coverage is available under this plan.
- You have met the requirement for the number of months trying to conceive through egg and sperm contact.

Your unmedicated day 3 Follicle Stimulating Hormone (FSH) level meets the following criteria:

| You are | Number of months of unprotected timed sexual intercourse: | Number of donor artificial insemination cycles: Self paid/not paid for by plan | You need to have an unmedicated day 3 FSH test done within the past: | The results of your unmedicated day 3 FSH test: |
|---|---|--|--|--|
| A female under 35 years of age with a male partner | A. 12 months or more  or | B. At least 12 cycles of donor insemination | 12 months | Must be less than 19 mIU/mL in your most recent lab test |
| A female under 35 years of age without a male partner | Does not apply | At least 12 cycles of donor insemination | 12 months | Must be less than 19 mIU/mL in your most recent lab test |
| A female 35 years | A. 6 months or | B. At least 6 cycles of | 6 months | If you are less than |

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| of age or older with a male partner | more or  | donor insemination | | age 40 , must be less than 19 mIU/mL in your most recent lab test If you are age 40 and older , must be less than 19 mIU/mL in all prior tests performed after age 40. |
| A female 35 years of age or older without a male partner | Does not apply | At least 6 cycles of donor insemination | 6 months | If you are less than age 40 , must be less than 19 mIU/mL in your most recent lab test If you are age 40 and older , must be less than 19 mIU/mL in all prior tests performed after age 40. |
| A male of any age with a female partner under 35 years of age | 12 months or more | Does not apply | Does not apply | Does not apply |
| A male of any age with a female partner 35 years of age or older | 6 months or more | Does not apply | Does not apply | Does not apply |

Our NIU is here to help you. It is staffed by a dedicated team of registered nurses and **infertility** coordinators with expertise in all areas of **infertility** who can help:

- Enroll in the **infertility** program.
- Assist you with precertification of eligible health services.
- Coordinate **precertification** for comprehensive **infertility** when these services are **eligible health services**.
- Evaluate your medical records to determine whether comprehensive **infertility** services are reasonably likely to result in success.
- Determine whether comprehensive **infertility** services are **eligible health services**.

Your **provider** will request approval from us in advance for your **infertility** services. We will cover charges made by a [network] **infertility specialist** for the following **infertility** services:

- Ovulation induction cycle(s) with menotropins.
- Intrauterine insemination.

A “cycle” is an attempt at ovulation induction or intrauterine insemination. The cycle begins with the initiation of therapy and ends when the treatment is followed by confirmation of non-pregnancy (either a

negative pregnancy test or a menstrual period). In the case of the achievement of pregnancy, a cycle is considered completed at 6 weeks following a positive pregnancy test. Each treatment type is counted as a separate cycle.]

Advanced reproductive technology

Eligible health services include Assisted Reproductive Technology (ART) services. ART services are more advanced medical procedures or treatments performed to help a woman achieve pregnancy.

ART services

ART services include:

- In vitro fertilization (IVF)
- Zygote intrafallopian transfer (ZIFT)
- Gamete intrafallopian transfer (GIFT)
- Cryopreserved embryo transfers (Frozen Embryo Transfers (FET))
- Intracytoplasmic sperm injection (ICSI) or ovum microsurgery


You are eligible for ART services if:


- You are covered under this plan as [an employee] [or as a covered dependent who is the employee’s legal spouse, civil union partner or domestic partner, referred to as “your partner”].
- Dependent children are covered under this plan for ART services only in the case of fertility preservation due to planned treatment for medical conditions that will result in **infertility**.

There exists a condition that:

- Is demonstrated to cause the disease of **infertility**.
- Has been recognized by your **physician** or **infertility specialist** and documented in your or your partner’s medical records.
- You or your partner has not had a voluntary sterilization, with or without surgical reversal, regardless of post reversal results. This includes tubal ligation, hysterectomy and vasectomy only if obtained as a form of voluntary sterilization.
- You or your partner does not have **infertility** that is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause).
- A successful pregnancy cannot be attained through less costly treatment for which coverage is available under this plan.
- You have exhausted the comprehensive **infertility** services benefits or have a clinical need to move on to ART procedures. You have met the requirement for the number of months trying to conceive through egg and sperm contact.

Your unmedicated day 3 Follicle Stimulating Hormone (FSH) level meets the following criteria:

| You are | Number of months of unprotected timed sexual intercourse: | Number of donor artificial insemination cycles: Self paid/not paid for by plan | You need to have an unmedicated day 3 FSH test done within the past: | The results of your unmedicated day 3 FSH test: |
|--|---|--|--|---|
| A female under 35 years of age with a male partner | A. 12 months or more or  | B. At least 12 cycles of donor insemination | 12 months | Must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, |

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| | | | | you can use donor eggs or embryos but not your own eggs. |
| A female under 35 years of age without a male partner | Does not apply | At least 12 cycles of donor insemination | 12 months | Must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs. |
| A female 35 years of age or older with a male partner | A. 6 months or more or  | B. At least 6 cycles of donor insemination | 6 months | If you are less than age 40 , must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs. If you are age 40 and older , must be less than 19 mIU/mL in all prior tests performed after age 40 to use your own eggs, embryos or donor eggs or embryos. |
| A female 35 years of age or older without a male partner | Does not apply | At least 6 cycles of donor insemination | 6 months | If you are less than age 40 , must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs. If you are age 40 |

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| | | | | and older , must be less than 19 mIU/mL in all prior tests performed after age 40 to use your own eggs, embryos or donor eggs or embryos. |
| A male of any age with a female partner under 35 years of age | 12 months or more | Does not apply | Does not apply | Does not apply |
| A male of any age with a female partner 35 years of age or older | 6 months or more | Does not apply | Does not apply | Does not apply |

If you have been diagnosed with premature ovarian insufficiency (POI), as described in our clinical policy bulletin, you are eligible for ART services, so long as egg retrievals are completed before you reach age 45 and transfers are completed before you reach age 50, regardless of FSH level.

Fertility preservation

Fertility preservation involves the retrieval of mature eggs and/or sperm or the creation of embryos that are frozen for future use. You are eligible for fertility preservation only when you:

- Are believed to be fertile
- Have planned services that will result in **infertility** such as:
 - Chemotherapy
 - Pelvic radiotherapy
 - Other gonadotoxic therapies
 - Ovarian or testicular removal

Along with the eligibility requirements above, you are eligible for fertility preservation benefits if, for example:

- You, your partner or dependent child are planning treatment that is demonstrated to result in **infertility**. Planned treatments include:
 - Bilateral orchiectomy (removal of both testicles)
 - Bilateral oophorectomy (removal of both ovaries)
 - Hysterectomy (removal of the uterus)
 - Chemotherapy or radiation therapy that is established in medical literature to result in **infertility**

The eggs that will be retrieved for use are reasonably likely to result in a successful pregnancy by meeting the criteria below:

| You are | You need to have an unmedicated day 3 FSH test done within the past: | The results of your unmedicated day 3 FSH test: |
|--------------------------------|--|--|
| A female under 35 years of age | 12 months | Must be less than 19 mIU/mL in your most recent lab test to use your own eggs. |

| | | |
|-----------------------------------|----------|---|
| A female 35 years of age or older | 6 months | <p>If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test</p> <p>If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40.</p> |
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Eligible health services for fertility preservation will be paid on the same basis as other ART services benefits for individuals who are **infertile**.

Our National Infertility Unit (NIU) is here to help you. It is staffed by a dedicated team of registered nurses and **infertility** coordinators with expertise in all areas of **infertility** who can help:

- Enroll in the **infertility** program.
- Assist you with precertification of eligible health services.
- Coordinate **precertification** for ART services and fertility preservation services when these services are **eligible health services**. Your **provider** should obtain **precertification** for fertility preservation services through the NIU either directly or through a reproductive endocrinologist.
- Evaluate your medical records to determine whether ART services and fertility preservation services are reasonably likely to result in success.
- Determine whether ART services and fertility preservation services are **eligible health services**.
- Case manage for the provision of ART services and fertility preservation services for an eligible covered person.

Your **provider** will request approval from us in advance for your ART services and fertility preservation services. We will cover charges made by a [network] ART **specialist** for the following ART services:

- Any combination of the following ART services:
 - In vitro fertilization (IVF)
 - Zygote intrafallopian transfer (ZIFT)
 - Gamete intrafallopian transfer (GIFT)
 - Cryopreserved embryo transfers (Frozen Embryo Transfer (FET))
- Intracytoplasmic sperm injection (ICSI) or ovum microsurgery.
- Charges associated with your care when using a gestational carrier including egg retrieval and culture and fertilization of your eggs that will be transferred into a gestational carrier. The embryo transfer itself is not covered. (See the [*What your plan doesn't cover – some eligible health service exceptions*] section.)
- Charges associated with your care when you will receive a donor egg or embryo in a donor IVF cycle. These services include culture and fertilization of the egg from the donor and transfer of the embryo into you.
- Charges associated with obtaining sperm from your partner when they are covered under this plan for ART services.
- The procedures are done while not confined in a **hospital** or any other facility as an inpatient.

A “cycle” is an attempt at a particular type of **infertility** treatment (e.g., GIFT, ZIFT, cryopreserved embryo transfers). The cycle begins with the initiation of therapy and ends when the treatment is followed by confirmation of non-pregnancy (either a negative pregnancy test or a menstrual period). In the case of the achievement of pregnancy, a cycle is considered completed at 6 weeks following a positive pregnancy test. Each treatment type is counted as a separate cycle.]]