

Attachment C

**RESOLUTION OF THE STATE HEALTH BENEFITS PLAN DESIGN COMMITTEE
REGARDING CREATION OF A TIERED NETWORK PLAN OPTION FOR ACTIVE
EMPLOYEES TO REPLACE HMO 1525, 2030 AND 2035**

Whereas, the SHBP PDC seeks to provide a health benefits plan option to active employees with substantially lower premium costs to the active employees;

THEREFORE, BE IT NOW RESOLVED that the SHBP PDC shall establish a new Tiered Network Plan product effective for Plan Year 2016 with no out of network coverage. The prescription drug benefit will be the one currently provided under the HMO1525 product.

The Tiered Network Plan product will replace HMO1525, 2030 & 2035 products and will only be offered to active employees.

Current enrollees in the replaced HMOs will be notified of the change and provided an opportunity during Open Enrollment to choose another plan. Active members who do not make a change will automatically be transferred to the new Tiered Network Plan..

Copays, coinsurance, deductibles and other member cost sharing will be as outlined on the attached chart except that no copays shall apply to hospice, delivery and inpatient mental health/substance abuse in Tier 1 facilities. The copayment for hospital and skilled nursing home shall be \$150 per admission in Tier 1 facilities.

A Tiered Network Plan's member shall not be required to pay more than his or her Tier 1 or Tier 2 in-network liability when receiving unintended out of network care at a Tier 1 or Tier 2 facility.

The Plan Design Committee will review the available quality metrics and patient satisfaction with the new plan after 9 months and thereafter as it deems necessary.