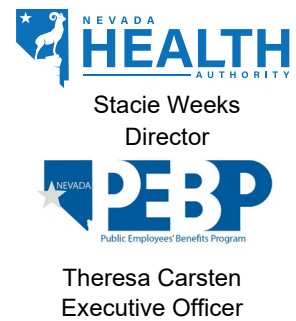




Joe Lombardo
Governor

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AGENDA ITEM

<input checked="checked" type="checkbox"/>	Action Item
<input type="checkbox"/>	Information Only

Date: December 12, 2025

Item Number: 7

Title: Plan Year 2026, 2027, and 2028 Changes for Approval

Plan Design Changes: Implementation of clarification and legislative changes; language for approval.

I. The following clarification will be effective July 1, 2025 (Current Plan Year)

#	Change Type	Proposed Change	Justification	Document/s
1	Outpatient Observation & Outpatient Care	Clarification of when an outpatient observation & care becomes and inpatient state	UMR Staff Request and Clarification	Master Plan Documents for the EPO, CDHP, and the LDPPO
There is conflicting language for outpatient observation. Outpatient observation lasting more than 23 hours will be considered and paid as an inpatient confinement under this Plan. (This language will be used) If a hospital intends to keep someone in observation status from more than 48 hours, observation status will become an inpatient admission. (This language will be deleted)				

II. The following enhancement will be effective July 1, 2026 (Next Plan Year)

Enhancement: Genetic Counseling & Fertility /Family Planning

#	Change Type	Proposed Change	Justification	Document/s
1	Genetic Counseling & <i>Screening</i>	<i>Noninvasive</i> prenatal screening	SB 344 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO

#	Change Type	Proposed Change	Justification	Document/s
		<p>Genetics is the study of how genes and how traits are passed down from one generation to the next.</p> <p>Covered services include medically necessary genetic disease testing. Genetic disease testing is the analysis of human DNA, chromosomes, proteins, or other gene products to determine the presence of disease-related genotypes, phenotypes, karyotypes, or mutations for clinical purposes. Such purposes include those tests meeting criteria for the medically accepted standard of care for the prediction of disease risk, identification of carriers, monitoring, diagnosis, or prognosis within the confines of the statements in this definition. Coverage is not available for tests solely for research.</p> <p>Covered services also include the explanation by a genetic counselor of medical and scientific information about an inherited condition, birth defect, or other genome-related effects to an individual or family. Genetic counselors are trained to review family histories and medical records, discuss genetic conditions and how they are inherited, explain inheritance patterns, assess risk, and review testing options, where available.</p> <p>Additional genetic testing/counseling will be covered in accordance with federal or state mandates.</p> <p>Genetic Counseling except as related to covered genetic testing as listed in the Genetic Testing and Counseling and the Preventive Covered services include genetic testing of heritable disorders as medically necessary when the following conditions are met:</p> <ul style="list-style-type: none"> • The results will directly impact clinical decision-making and/or clinical outcome for the individual. • The testing method is considered scientifically valid for identification of a genetically linked heritable disease; and • One of the following conditions is met: <ul style="list-style-type: none"> ○ The participant demonstrates signs/symptoms of a genetically linked heritable disease, or ○ The participant or fetus has a direct risk factor (e.g., based on family history or pedigree analysis) for the development of a genetically linked heritable disease. <p><i>The Plan covers noninvasive prenatal screening, that is, drawing blood from a pregnant person to perform laboratory analysis on the DNA circulating in the maternal blood stream for the purpose of detecting chromosomal abnormalities in the fetus, at any time during pregnancy. Prior authorization is not required for such noninvasive prenatal screening.</i></p> <p>The Plan provides benefits for medically necessary biomarker testing for the diagnosis, treatment, case management and ongoing monitoring of cancer when such biomarker testing is supported by medical and scientific evidence.</p>		

#	Change Type	Proposed Change	Justification	Document/s
		<p>Routine panel screening for preconception genetic diseases, routine chorionic villous sampling, or amniocentesis panel screening testing, and pre-implantation embryonic testing will not be covered unless the testing is endorsed by the American College of Obstetrics and Gynecology or mandated by federal or state law.</p> <p>Benefits include amniocentesis, non-invasive pre-natal testing for fetal aneuploidy, chorionic villus sampling (CVS), alpha-fetoprotein (AFP), BRCA1 and BRCA2, apo E.</p> <p>This list is not all-inclusive for what genetic tests may be covered.</p> <p>Contact the UM company for coverage details and prior authorization requirements for covered genetic testing.</p>		

III. The following enhancement will be effective July 1, 2027. (Due to fiscal note)

Enhancement: Genetic Counseling & Fertility /Family Planning

#	Change Type	Proposed Change	Justification	Document/s
1	Fertility/Family Planning	Family Planning, Fertility, Infertility, Sexual Dysfunction Services and Male Contraception	AB 428 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPPO
<p><i>The Plan covers procedures and services for the preservation of fertility that are medically necessary to preserve fertility because the insured has been diagnosed with breast or ovarian cancer and (a) the cancer may, in a health care provider's judgment, directly or indirectly cause infertility; or (2) the insured is expected to receive medical treatment for the cancer and such treatment may directly or indirectly cause infertility. A medical treatment may directly or indirectly cause infertility if the treatment has a potential side effect of impaired fertility, as established by the American Society of Clinical Oncology (ASCO) or the American Society for Reproductive Medicine (ASRM), or their successor organizations. The procedures and services covered under this provision are those that are consistent with established medical practice or any guidelines published by the ASCO or the ASRM, or their successor organizations.</i></p> <p><i>Other than procedures for the preservation of fertility for insureds diagnosed with breast or ovarian cancer as set forth above, only Only diagnostic procedures for fertility and infertility are payable for the employee and spouse/domestic partner. Diagnostic procedures for fertility and infertility are subject to the Plan Year Deductible.</i></p> <p><i>Other than the procedures and services for the preservation of fertility for insureds diagnosed with breast or ovarian cancer as set forth above, the The Plan does not cover the treatment of fertility or infertility.</i></p>				

#	Change Type	Proposed Change	Justification	Document/s
Please see the Benefit Limitations and Exclusions section, and in particular, the subsections for drugs, medicines, and nutrition; fertility and infertility; <i>and</i> maternity services; and sexual dysfunction services , for more details.				

Clarification with enhancement: Genetic Counseling & Fertility /Family Planning

#	Change Type	Proposed Clarification	Justification	Document/s
1	Maternity/Family Planning:	Benefit Limitations and Exclusions section	AB 428 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
<p>Maternity/Family Planning: <i>Except as otherwise specified in the Schedule of Benefits section, the</i> The following are not covered under the Plan.</p> <ul style="list-style-type: none"> • Expenses related to delivery associated with a pregnant dependent child, except for expenses related to complications of pregnancy. • Expenses related to cryo-storage of umbilical cord blood or other tissue or organs. • For nondurable supplies. <p>Reversal of prior sterilization procedures, including, but not limited to tubal ligation and vasectomy reversals.</p>				

Recommendation from PEBP Staff:

- Approve PEBP Staff's proposed changes, as presented.
- Allow for technical adjustment as necessary.