

Pre-certification Requirements for TRS Coordinated Care Effective September 1, 2003

A benefit reduction of \$400 is applied for each failure to pre-certify any of following:

- Inpatient confinements
 - Surgical and non-surgical confinements
 - Skilled nursing facilities
 - Rehabilitation facilities
 - Inpatient mental health
 - Maternity confinements
- Home Health Care services (all)
 - Private Duty Nursing
 - Convalescent Care (per disability)
 - Inpatient Hospice

A benefit reduction of \$200 is applied for each failure to pre-certify any of following:

- Bunionectomy and hammertoe surgery
- Durable Medical Equipment – selected
 - Electric or Motorized wheelchairs and scooters
 - Clintron and electric beds
 - Limb and torso prosthetics
 - Customized braces
- Medical Injectibles including new FDA approved drugs exceeding a \$1000 cost
 - IVIG
 - Growth hormone
 - Rebif
 - Blood clotting factors
 - Remicade
 - Pegasys
- Reconstructive Procedures that may be considered cosmetic (e.g. Septorhinoplasty)
- Transplants
 - Including kidney, liver, lung, heart and pancreas
 - Bone marrow replacement or stem cell transfer after high-dose chemotherapy
 - Transplant work-ups
- Uvulopalatopharyngoplasty, including laser-assisted procedures
- Orthognathic surgery procedures, osteotomies and surgical management of the temporomandibular joint
- Outpatient mental health
- Non-emergency transportation by ambulance or medical van and all transfers via air ambulance
- Sevices that may be considered investigational or experimental

Pre-certification Phone Number: 800-367-3636

Any pre-certification penalty amount will not apply toward deductibles or payment limits. If the treatment is not determined to be medically necessary, no benefits are payable, whether or not a pre-certification call is made.

Please note that pre-certification requirements for TRS-Care participants with Medicare Part A and Part B are limited to only those services listed above that Medicare does not provide or in the event the patients exhausts his/her Medicare benefits. Please note that some TRS-Care participants age 65 and over do not qualify for Medicare Part A. All TRS-Care participants are encouraged to purchase Medicare Part B because TRS-Care assumes Part B for TRS-Care participants age 65 and over.

TRS-Care Plan Benefit Changes Effective September 1, 2003

Office Visit Copayment for TRS-Care 3 participants without Medicare: \$25

Prescription Drug Copayments for TRS-Care 3 participants:

Retail for 30 day supply

\$ 10 Generics

\$ 25 Preferred Brand

\$ 40 Non Preferred Brand

Mail Order Delivery for 90 day supply

\$ 20 Generics

\$ 50 Preferred Brand

\$ 80 Non Preferred Brand

Brand names purchased when a generic equivalent is available will continue to cost the patient the generic copay plus the cost difference. A brand/generic appeal process is available through Medco Health if the physician substantiates the need for the brand name medication rather than the therapeutic equivalent generic medication.

Preventive services:

The following preventive services have been added to the TRS-Care plan.

Colorectal Cancer Screening Age 50 & over

Fecal occult blood annually and flexible sigmoidoscopy every 5 years **OR** colonoscopy every 10 years.

Subject to Plan Benefits (Deductible and Payment Limit Apply)

For those age 65 and Over: Subject to Plan Benefits after Medicare Consideration. (Deductible & Payment Limit apply)