The State of Delaware

FY25 Planning Considerations

SEBC Meeting

March 25, 2024

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Summary of FY25 medical plan design changes

Includes changes that have been adopted by the SEBC or are under review for consideration

		Estimated FY25 Cost / (Cost Avoided)		
Rationale for Change	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Comments**
MHPAEA	**Adopted (2/20 vote)** – HMO and CDH Gold plan changes; PPO air ambulance changes	$178,000*	($178,000)*	
	For Review and Consideration – other PPO plan changes	$1,200,000*	($1,200,000)*	
MHPAEA and Delaware state legislation	**For Review and Consideration**	$9,000	($9,000)	
Discontinued COVID-19 Benefit Enhancements	**For Review and Consideration** – All changes except mental health telemedicine visits	($597,000)	$532,000	GHIP cost avoided includes $65,000 for discontinuing access to EAP for State employees and non-Medicare pensioners who are not enrolled in a GHIP medical plan
	For Review and Consideration – Mental health telemedicine visits only	($343,000)	$343,000	
Selected Opportunities from Diversity, Equity and Inclusion (DEI) Benefits Review	**For Review and Consideration**	$60,000 – $110,000	($60,000) – ($110,000)	Range depends on utilization
Total	Adopted (2/20 vote)	$178,000	($178,000)	Totals for plan participants exclude the cost for access to EAP services ($65,000), which is an administrative fee paid by the GHIP only
	For Review and Consideration	$329,000 – $379,000	($394,000) – ($444,000)	
	Grand Total if All Changes Adopted	***$507,000 – $557,000***	***($572,000) – ($622,000)***	
	Grand Total w/ All Changes except Mental Health telemedicine visits	***$850,000 – $900,000***	***($915,000) – ($965,000)***	

*Estimated annual cost increases for the Mental Health Parity and Addiction Equity Act (MHPAEA) changes noted in the chart above were provided by Highmark and Aetna. Remaining estimates developed by WTW.

MHPAEA plan design changes

Aetna HMO

Plan Provision	FY24 Plan Design (Current)	FY25 Plan Design	SEBC Decision Status	Estimated FY25 Cost / (Cost Avoided)	
				To the GHIP	To Plan Participants
Physical Therapy / Occupational Therapy ***For mental health / substance use disorder diagnoses only***	20% coinsurance Up to 45 visits per incident of illness or injury beginning with the first day of treatment	$50 copay or less per visit No visit maximum ***(removes 45-visit limit for mental health / substance use disorder diagnoses)***	Adopted (2/20 vote)	$133,000** (combined with Speech Therapy change, below)	($133,000) (combined with Speech Therapy change, below)
Speech Therapy ***For mental health / substance use disorder diagnoses only***	20% coinsurance A separate 45 days per incident of illness or injury beginning with the first day of treatment based on medical necessity. Review of medical necessity is completed at 25 visits.	$50 copay or less per visit No visit maximum ***(removes medical necessity review at 25 visits and 45-visit limit for mental health / substance use disorder diagnoses)***	Adopted (2/20 vote)		
Physical Therapy / Occupational Therapy / Speech Therapy ***For mental health / substance use disorder diagnoses only***	20% coinsurance	***Per SBO, Delaware state law indicates that any copay or coinsurance amount for these benefits must be equal to or less than 25% of the fee paid to the provider.*** ***Proposed option for SEBC review, which aligns with current chiropractic care benefit:*** Lesser of $15 copay* or 20% coinsurance per visit	For Review and Consideration	Following estimate is based on current utilization and does not account for any potential increase in utilization as a result of removing the visit limits: $9,000	 ($9,000)

*Maximum copay as suggested by Highmark (based on its need to administer compliant plans in Delaware more frequently than Aetna); based on Highmark's book-of-business in Delaware.
**Estimated annual cost increase to the GHIP noted in the chart above were provided by Aetna. Remaining estimates developed by WTW.
Aetna HMO covers services provided by participating (in-network) providers only, unless otherwise specified.

MHPAEA plan design changes

Aetna CDH Gold

				Estimated FY25 Cost / (Cost Avoided)	
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**
Physical Therapy / Occupational Therapy / Speech Therapy ***For mental health / substance use disorder diagnoses only***	Subject to medical necessity review at 25 visits (INN and OON combined)	No visit maximum (INN and OON combined) ***(removes medical necessity review at 25 visits for mental health / substance use disorder diagnoses)***	Adopted (2/20 vote)	$47,000	($47,000)

Estimated annual cost increases noted in the chart above were provided by Aetna.

INN = in-network | OON = out-of-network

MHPAEA plan design changes

Highmark PPO

Plan Provision	FY24 Plan Design (Current)	FY25 Plan Design	SEBC Decision Status	Estimated FY25 Cost / (Cost Avoided)	
				To the GHIP	To Plan Participants
Air ambulance – in-network	$0 copay (no member OOP cost)	$50 copay	Adopted (2/20 vote)	(<$2,000) (INN and OON combined)	<$2,000 (INN and OON combined)
Air ambulance – out-of-network	$0 copay (no member OOP cost)	$50 copay	Adopted (2/20 vote)		
Outpatient "all other" services (excludes office visits) – in-network ***For mental health / substance use disorder diagnoses only***	Varies by type of outpatient service (excluding office visits)	0% coinsurance, waived deductible (no member OOP cost)	Adopted (2/20 vote)	$600,000	($600,000)

- Further details surrounding the services included in Outpatient "all other" is provided on the following slide
- This includes additional outpatient services that were not included in the SEBC's original review that are also included on the following slide

Estimated annual cost increases noted in the chart above were provided by Highmark.

OOP = out-of-pocket | INN = in-network | OON = out-of-network

MHPAEA plan design changes

Highmark PPO

Plan Provision	FY24 Plan Design (Current)	FY25 Plan Design (Proposed)	SEBC Decision Status	Estimated FY25 Cost / (Cost Avoided) To the GHIP	Estimated FY25 Cost / (Cost Avoided) To Plan Participants
The following changes would be applicable to services with mental health / substance use disorder diagnoses only					
Physical / Occupational / Speech Therapy, outpatient only – in-network	15% coinsurance, waived deductible	0% coinsurance, waived deductible (no member OOP cost)	For Review and Consideration	$600,000	($600,000)
Chiropractic care, outpatient only – in-network	15% coinsurance, waived deductible	0% coinsurance, waived deductible (no member OOP cost)	For Review and Consideration	$600,000 (combined for chiropractic care, basic and high tech imaging, lab tests and nutritional counseling)	($600,000) (combined for chiropractic care, basic and high tech imaging, lab tests and nutritional counseling)
Basic imaging – in-network	Non-hospital affiliated freestanding facility: $0 copay/visit Hospital affiliated facility: $50 copay/visit	Any facility: $0 copay/visit (no member OOP cost)			
High tech imaging – in-network	Non-hospital affiliated freestanding facility: $0 copay/visit Hospital affiliated facility: $100 copay/visit	Any facility: $0 copay/visit (no member OOP cost)			
Lab tests (blood work) – in-network	Non-hospital affiliated preferred labs (LabCorp and Quest): $10 copay/visit Hospital/Other lab facility: $50 copay/visit	Any lab facility: $0 copay/visit (no member OOP cost)			
Nutritional counseling – in-network	$30 copay	$0 copay/visit (no member OOP cost)			
Total impact of all proposed changes to PPO				**$1,200,000**	**($1,200,000)**

Estimated annual cost increases noted in the chart above were provided by Highmark.

OOP = out-of-pocket | INN = in-network | OON = out-of-network

Other medical plan design changes for SEBC review and consideration

- Remainder of this document contains detailed information by medical plan option on the other potential changes for FY25 that have been previously discussed with the SEBC in February 2024, including:
  - COVID-19 benefit enhancements, which were reviewed during the prior discussion on the cost and utilization of approved or extended programs and services
  - Selected opportunities stemming from the Diversity Equity and Inclusion (DEI) benefits review
- If the SEBC is interested in adopting any of these potential changes, the Committee must vote on those by March 25, 2024, in order to ensure sufficient time for implementation and inclusion of these changes in the communication materials for FY25 Open Enrollment (May 1 through May 17, 2024)
- Also included are responses to questions from the SEBC on the utilization of selected benefits, including telemedicine and various women's health benefits

Telemedicine utilization

Visits by Type of Provider & Type of Service, FY2021 - FY2024 (through October 2023, incurred)

Third Party Telemedicine Providers (Teladoc, AmWell, etc.)
Average of 2% of all telemedicine visits per year

Type of Visit	FY2021	FY2022	FY2023	FY2024 (Jul-Oct)
Mental Health	329	577	531	206
All Other Visits	2,082	2,461	2,334	518
Grand Total	**2,411**	**3,038**	**2,865**	**724**
Mental Health visits as % of total	*14%*	*19%*	*19%*	*28%*

Virtual Visits with a Provider
Average of 98% of all telemedicine visits per year

Type of Visit	FY2021	FY2022	FY2023	FY2024 (Jul-Oct)
Mental Health	133,189	113,183	117,533	38,789
All Other Visits	76,595	43,858	36,342	10,544
Grand Total	**209,784**	**157,041**	**153,875**	**49,333**
Mental Health visits as % of total	*63%*	*72%*	*76%*	*79%*

Mental health visits are, on average, about 72% of all visits across all types of telemedicine providers

Selected women's health benefits

- At last month's meeting, an SEBC member requested information on the utilization of selected women's health benefits
- That SEBC member also expressed the perspective that enhancing these benefits may further support faster return to work among plan participants who have been diagnosed with cancer and other conditions that are supported by these benefits
  - In North America and Europe, return-to-work rates[1] vary among breast cancer survivors, from 24% to 66% and from 53% to 82% at 6 and 36 months after diagnosis, respectively
  - While these studies[1] have not explored any linkages to the enhanced benefits noted below, it is possible that these benefits could help survivors feel more supported by having access to the services/products that would allow them to return more comfortably

	FY23 Utilization	
Plan Provision	**Aetna HMO and CDH Gold Plans**	**Highmark PPO and First State Basic Plans**
Wig/hair piece allowance	3 members used the benefit, with an average amount of $542 spent ($1,000 allowance)	5 members used the benefit, with an average amount of $295 spent ($500 allowance)
Cooling cap (scalp hypothermia) allowance	Not covered	Not covered
Mastectomy bra	10 members used the benefit	73 members used the benefit, with 108 services (bras) provided

1 See Appendix for source citations.

FY25 medical plan design changes – Aetna HMO

COVID-19 benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed; matches pre-COVID plan design)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Primary Care Office Visit	$0*	$15 copay per visit	For Review and Consideration	($71,000)	$71,000	Discontinued COVID-19 Benefit Enhancements
Urgent Care Visit	$0*	$15 copay per visit				
Emergency Room	$0*	$200 copay per visit (waived if admitted), INN and OON				
Inpatient Hospital	$0*	$100 copay per day with max of $200 per admission				
Telemedicine (Teladoc)	$0	$0 copay for acute issues (i.e., urgent care) or behavioral health visits $25 copay for dermatology visits	For Review and Consideration	($61,000) For mental health telemedicine visits	$61,000 For mental health telemedicine visits	Discontinued COVID-19 Benefit Enhancements
Telemedicine (virtual visit with a provider)	PCP: $0 Mental Health provider: $0 Specialist: $0	PCP or Mental Health provider: $15 copay per visit Specialist: $25 copay per visit		($24,000) For all other telemedicine visits	$24,000 For all other telemedicine visits	

*For services related to diagnosis or treatment of COVID-19 or associated complications.
Aetna HMO covers services provided by participating (in-network) providers only, unless otherwise specified.
Estimated annual cost increases noted in the chart above were developed by WTW.

INN = in-network | OON = out-of-network

FY25 medical plan design changes – Aetna HMO (continued)

Women's health benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Wig/hair piece allowance and frequency	Covered for ***treatment of disease*** at 1 piece per 365 days, with maximum of $1,000	Covered for ***treatment of any illness or injury resulting in hair loss*** at 1 piece per 365 days, with maximum of $1,000	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review
Cooling caps (scalp hypothermia) allowance and frequency	Not covered	Covered for members undergoing chemotherapy treatment $1,000 maximum benefit per calendar year	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review

Aetna HMO covers services provided by participating (in-network) providers only, unless otherwise specified.
Estimated annual cost increases noted in the chart above were developed by WTW, with input from Aetna.

FY25 medical plan design changes – Aetna CDH Gold

COVID-19 benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed; matches pre-COVID plan design)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Primary Care Office Visit	$0 INN / $0 OON*	10% coinsurance after deductible INN / 30% coinsurance after deductible OON	For Review and Consideration	($31,000)	$31,000	Discontinued COVID-19 Benefit Enhancements
Urgent Care Visit	$0 INN / $0 OON*	10% coinsurance after deductible INN / 30% coinsurance after deductible OON				
Emergency Room	$0 INN / $0 OON*	10% coinsurance after deductible INN / 30% coinsurance after deductible OON				
Inpatient Hospital	$0 INN*	10% coinsurance after deductible INN				
Telemedicine (Teladoc)	$0 INN only	10% coinsurance after deductible for all visits, INN only	For Review and Consideration	($27,000) For mental health telemedicine visits ($10,000) For all other telemedicine visits	$27,000 For mental health telemedicine visits $10,000 For all other telemedicine visits	Discontinued COVID-19 Benefit Enhancements
Telemedicine (virtual visit with a provider)	PCP: $0 Mental Health provider: $0 Specialist: $0	PCP, Mental Health provider or Specialist: 10% coinsurance after deductible INN / 30% coinsurance after deductible OON				

*For services related to diagnosis or treatment of COVID-19 or associated complications.
Estimated annual cost increases noted in the chart above were developed by WTW.

INN = in-network | OON = out-of-network

FY25 medical plan design changes – Aetna CDH Gold (continued)

Women's health benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Wig/hair piece allowance and frequency	Covered for ***treatment of disease*** at 1 piece per 365 days, with maximum of $1,000	Covered for ***treatment of any illness or injury resulting in hair loss*** at 1 piece per 365 days, with maximum of $1,000	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review
Cooling caps (scalp hypothermia) allowance and frequency	Not covered	Covered for members undergoing chemotherapy treatment $1,000 maximum benefit per calendar year	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review

Estimated annual cost increases noted in the chart above were developed by WTW, with input from Aetna.

FY25 medical plan design changes – Highmark PPO

COVID-19 benefit enhancements

Plan Provision	FY24 Plan Design (Current)	FY25 Plan Design (Proposed; matches pre-COVID plan design)	SEBC Decision Status	Estimated FY25 Cost / (Cost Avoided)		Rationale for Change
				To the GHIP	To Plan Participants	
Primary Care Office Visit	$0 INN / $0 OON*	$20 copay per visit INN / 20% coinsurance after deductible OON	For Review and Consideration	($261,000)	$261,000	Discontinued COVID-19 Benefit Enhancements
Urgent Care Visit	$0 INN / $0 OON*	$20 copay per visit INN / 20% coinsurance after deductible OON				
Emergency Room	$0 INN / $0 OON*	$200 copay per visit (waived if admitted), INN and OON				
Inpatient Hospital	$0 INN*	$100 copay per day with max of $200 per admission INN				
Telemedicine (Amwell)	$0 INN only	$0 copay for acute issues (i.e., urgent care) or behavioral health visits, INN only	For Review and Consideration	N/A (no change)	N/A (no change)	Discontinued COVID-19 Benefit Enhancements
Telemedicine (virtual visit with a provider)	PCP: $0 Mental Health provider: $0 Specialist: $0	PCP or Mental Health provider: same plan provisions as “Primary Care Office Visit” above Specialist: $30 copay per visit INN / 20% coinsurance after deductible OON	For Review and Consideration	($224,000) For mental health telemedicine visits ($87,000) For all other telemedicine visits	$224,000 For mental health telemedicine visits $87,000 For all other telemedicine visits	Discontinued COVID-19 Benefit Enhancements

*For services related to diagnosis or treatment of COVID-19 or associated complications.
Estimated annual cost increases noted in the chart above were developed by WTW.

INN = in-network | OON = out-of-network

FY25 medical plan design changes – Highmark PPO (continued)

Women's health benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Wig/hair piece allowance and frequency	Covered for diagnosis of alopecia $500 maximum benefits per calendar year	Covered for any illness or injury resulting in hair loss $1,000 maximum benefit per calendar year	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review
Cooling caps (scalp hypothermia) allowance and frequency	Not covered	Covered for members undergoing chemotherapy treatment $1,000 maximum benefit per calendar year	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review
Mastectomy bra	Covers up to 4 bras in first 12 months following mastectomy, then up to 2 bras every 12 months afterwards	Covers up to 6 bras in first 12 months following mastectomy, then up to 4 bras every 12 months afterwards (aligned with current Aetna coverage)	For Review and Consideration	<$10,000, depending on utilization, for PPO and First State Basic combined	(<$10,000), depending on utilization, for PPO and First State Basic combined	DEI Benefits Review

Estimated annual cost increases noted in the chart above were developed by WTW.

FY25 medical plan design changes – Highmark First State Basic

COVID-19 benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed; matches pre-COVID plan design)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Primary Care Office Visit	$0 INN / $0 OON*	10% coinsurance after deductible INN / 30% coinsurance after deductible OON	For Review and Consideration	($37,000)	$37,000	Discontinued COVID-19 Benefit Enhancements
Urgent Care Visit	$0 INN / $0 OON*	100% covered after $25 copay per visit, INN and OON				
Emergency Room	$0 INN / $0 OON*	10% coinsurance after deductible INN / 30% coinsurance after deductible OON				
Inpatient Hospital	$0 INN*	10% coinsurance after deductible INN				
Telemedicine (Amwell)	$0 INN only	10% coinsurance after deductible for all visits, INN only	For Review and Consideration	($31,000) For mental health telemedicine visits ($12,000) For all other telemedicine visits	$31,000 For mental health telemedicine visits $12,000 For all other telemedicine visits	Discontinued COVID-19 Benefit Enhancements
Telemedicine (virtual visit with a provider)	PCP: $0 Mental Health provider: $0 Specialist: $0	PCP, Mental Health provider or Specialist: 10% coinsurance after deductible INN / 30% coinsurance after deductible OON				

*For services related to diagnosis or treatment of COVID-19 or associated complications.
Estimated annual cost increases noted in the chart above were developed by WTW.

INN = in-network | OON = out-of-network

FY25 medical plan design changes – Highmark First State Basic

Women's health benefit enhancements

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
Wig/hair piece allowance and frequency	Covered for diagnosis of alopecia $500 maximum benefits per calendar year	Covered for any illness or injury resulting in hair loss $1,000 maximum benefit per calendar year	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review
Cooling caps (scalp hypothermia) allowance and frequency	Not covered	Covered for members undergoing chemotherapy treatment $1,000 maximum benefit per calendar year	For Review and Consideration	$25,000 – $50,000, depending on utilization, for all non-Medicare medical plans combined	($25,000) – ($50,000), depending on utilization, for all non-Medicare medical plans combined	DEI Benefits Review
Mastectomy bra	Covers up to 4 bras in first 12 months following mastectomy, then up to 2 bras every 12 months afterwards	Covers up to 6 bras in first 12 months following mastectomy, then up to 4 bras every 12 months afterwards (aligned with current Aetna coverage)	For Review and Consideration	<$10,000, depending on utilization, for PPO and First State Basic combined	(<$10,000), depending on utilization, for PPO and First State Basic combined	DEI Benefits Review

Estimated annual cost increases noted in the chart above were developed by WTW.

FY25 medical plan design changes

State employees and non-Medicare pensioners who are not enrolled in a GHIP medical plan option

				Estimated FY25 Cost / (Cost Avoided)		
Plan Provision	**FY24 Plan Design (Current)**	**FY25 Plan Design (Proposed)**	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Rationale for Change**
EAP	Program ***is available*** to State employees and non-Medicare pensioners who are not enrolled in a GHIP medical plan option	Program ***is not available*** to State employees and non-Medicare pensioners who are not enrolled in a GHIP medical plan option	For Review and Consideration	($65,000)	Cost will vary based on rate of utilization of services that would have otherwise been available at no cost through the EAP, such as 5 covered counseling sessions per issue per member of the household	Discontinued COVID-19 Benefit Enhancements

Estimated annual cost increases noted in the chart above were developed by WTW.

Recap: Summary of FY25 medical plan design changes

Includes changes that have been adopted by the SEBC or are under review for consideration

		Estimated FY25 Cost / (Cost Avoided)		
Rationale for Change	**SEBC Decision Status**	**To the GHIP**	**To Plan Participants**	**Comments**
MHPAEA	**Adopted (2/20 vote)** – HMO and CDH Gold plan changes; PPO air ambulance changes	$178,000*	($178,000)*	
	For Review and Consideration – other PPO plan changes	$1,200,000*	($1,200,000)*	
MHPAEA and Delaware state legislation	**For Review and Consideration**	$9,000	($9,000)	
Discontinued COVID-19 Benefit Enhancements	**For Review and Consideration** – All changes except mental health telemedicine visits	($597,000)	$532,000	GHIP cost avoided includes $65,000 for discontinuing access to EAP for State employees and non-Medicare pensioners who are not enrolled in a GHIP medical plan
	For Review and Consideration – Mental health telemedicine visits only	($343,000)	$343,000	
Selected Opportunities from Diversity, Equity and Inclusion (DEI) Benefits Review	**For Review and Consideration**	$60,000 – $110,000	($60,000) – ($110,000)	Range depends on utilization
Total	Adopted (2/20 vote)	$178,000	($178,000)	Totals for plan participants exclude the cost for access to EAP services ($65,000), which is an administrative fee paid by the GHIP only
	For Review and Consideration	$329,000 – $379,000	($394,000) – ($444,000)	
	Grand Total if All Changes Adopted	***$507,000 – $557,000***	***($572,000) – ($622,000)***	
	Grand Total w/ All Changes except Mental Health telemedicine visits	***$850,000 – $900,000***	***($915,000) – ($965,000)***	

*Estimated annual cost increases for the Mental Health Parity and Addiction Equity Act (MHPAEA) changes noted in the chart above were provided by Highmark and Aetna. Remaining estimates developed by WTW.

Appendix

Selected women's health benefits

Source citations for return-to-work studies referenced earlier in this document

- Campagna et al. Return to Work of Breast Cancer Survivors: Perspectives and Challenges for Occupational Physicians. Cancers (Basel). 2020 Feb; 12(2): 355. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7072532/
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