

Healthy KidsConnect Guideline General Provisions	
Lifetime Maximum	\$1,000,000
Pre-existing Condition Look Back/Waiting Period	6 Months/6 Months
Medical Cost Sharing ❶	
Annual Deductible	\$750 per individual
Member Coinsurance Level	20 percent
Stop Loss Level	\$20,000 per individual
Out-of-pocket Maximum (Includes Deductible)	\$4,750 per individual
Office Visit Co-payment	No standard
Required Services	
Prescription Medication Cost Sharing ❶	
Member Coinsurance Level ❷	50 percent
Out-of-pocket Maximum	No out-of-pocket maximum
Other Required Services ❸	
Doctor Visits	Covered benefit
Immunization ❹	Covered benefit
Routine Well Checks ❹	Covered benefit
Women's Health Care Services	Covered benefit
Maternity	Covered benefit
Diagnostic X-Ray/Lab	Covered benefit
Hospital	Covered benefit
Outpatient Surgery	Covered benefit
Emergency Room	Covered benefit
Ambulance	Covered benefit
Transplant	Covered benefit
Mental Health/Chemical Dependency Inpatient	Covered benefit
Mental Health/Chemical Dependency Outpatient	Covered benefit
Skilled Nursing Care	Covered benefit
Durable Medical Equipment	Covered benefit
Rehabilitation ❺	Covered benefit
Hospice	Covered benefit
Home Health	Covered benefit

# Healthy KidsConnect

## Federal Guideline for Employer-Sponsored Insurance

- ❶ The Healthy KidsConnect (HKC) guideline for employer-sponsored insurance is based on the actuarial value of the member's out-of-pocket expense for the core benefit design. The benefits in an employer's plan must meet or exceed the guideline to be subsidized by HKC. The core benefit design is described by the required benefits and the general member cost sharing. The actuarial value of the member's out-of-pocket expense for all plan types (indemnity, PPO, POS, and HMO) is compared to the actuarial value of the guideline plan's medical benefits cost-sharing and prescription medication benefits cost-sharing. If the actuarial value of the member's out-of-pocket expense for medical and prescription benefits cost-sharing meets, or is less than, the guideline plan's, the benefit plan meets the guideline and no further evaluation is necessary. If a benefit plan's member cost-sharing level for medical benefits exceeds the guideline plan's, the benefit plan can still meet the guideline if the **combined** actuarial value of the member's cost-sharing for medical and prescription benefits is less than or equal to the guideline plan's **combined** actuarial value of the member's cost-sharing for medical and prescription benefits. When both in-network benefits and out-of-network benefits are provided, the measurement of guideline compliance is made using the in-network benefit level. The guideline is **not** the listed deductible, coinsurance level, out-of-pocket maximum, and prescription drug copays. These are an **example** of a plan with the actuarial value of the HKC guideline for employer-sponsored insurance. Other benefit designs can have the same actuarial value.
- ❷ The prescription medication benefit has a specific member cost-sharing standard. This benefit is the only required service that has a specified member cost-sharing. This has been done because most plans administer prescription medication benefits with a separate member cost-sharing. If a benefit plan's member cost-sharing level for prescription medications exceeds the guideline, the benefit plan can still meet the guideline if the **combined** actuarial value of the member's cost-sharing for medical and prescription benefits is less than or equal to the guideline plan's **combined** actuarial value of the member's cost-sharing for medical and prescription benefits.
- ❸ Under the other required services, a "covered benefit" means that service is offered in this benefit category. If all service in this category is excluded, the plan fails the guideline.
- ❹ Since immunizations and routine well checks are separate benefit categories, both immunizations and well checks must be provided for the plan to meet the guideline. Since immunizations are a "required service" a separate benefit is required for them.
- ❺ Either inpatient or outpatient rehabilitation benefits will satisfy this requirement.