

State Health Benefit Plan
Bariatric Surgery Benefit Change
FAQ sheet

As Administrator of the State Health Benefit Plan, CIGNA is writing to inform you that effective 1.1.2012, your plan will no longer include coverage for bariatric surgery.

1. Why is the Benefit Changing?

The State Health Benefit Plan (SHBP) is a self-funded plan and depends upon the contributions paid by the employers and employees to cover the costs of benefits. With the rising cost of healthcare expenses, the Plan has the fiduciary responsibility to ensure these contributions will cover the cost. SHBP is faced with a potential deficit of \$280 million for the next fiscal year that had to be addressed by a combination of benefit changes as well as employee premium increases and employer contribution increases. The elimination of the bariatric surgery is one of the benefit changes recently approved by the Board of Community Health for the plan year 2012.

2. Will CIGNA make any exceptions for those members that complete the pre-surgery requirements but cannot get surgery scheduled before 12.31.11?

No exceptions will be made after 12.31.11. The member will need to have met all criteria to be approved for surgery as well as have the surgical procedure completed by 12.31.11.

3. What about those members who are currently working on their pre-surgery requirements? Will there be an allowance for those members?

Again, all pre-surgery criteria must be met and surgery will need to be completed by 12.31.11 or the surgery will not be covered under the SHBP plan.

4. Will changing my plan to UHC provide me the bariatric benefit? No. SHBP is eliminating bariatric surgery coverage under all of their existing coverage options so this will not be covered whether the member chooses CIGNA or UHC starting 1.1.2012.

5. Has my provider been notified of this change? When will my provider be notified of this change? CIGNA will be notifying the providers at our established Centers of Excellence by letter.

6. What if I have had previous bariatric surgery and experience a complication or need for an adjustment? If the member has had a bariatric procedure and develops complications requiring intervention or needs an adjustment, those services will be evaluated under CIGNA's existing coverage guidelines.

7. What if the member undergoes a bariatric procedure on 12.31.11 and is still inpatient on 1.1.2012? Will there still be coverage? If a member has a bariatric procedure on or before 12.31.11 and is still in an acute care setting on 1.1.2012, the stay will be covered. It is important to note that the bariatric procedure must have taken place on or before 12.31.11 to have any portion of the stay covered after 12.31.11.

8. Will there be any exceptions to the criteria in order for a member to qualify for a bariatric surgery? There will be no exceptions made to the approval criteria for any reason. All pre-surgery requirements must be met and bariatric surgery must be completed by 12.31.11.