

**STATE EMPLOYEE HEALTH PLAN AMENDMENTS**

2015 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Norman K Thurston**

Senate Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill modifies the Public Employees' Benefit and Insurance Program Act by amending plan requirements for state employees.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ requires the Public Employees' Benefit and Insurance Program to allow one free office visit per plan year to a covered employee and a covered spouse; and
- ▶ provides for spreading of costs to other visits.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

This bill provides a special effective date.

**Utah Code Sections Affected:**

ENACTS:

**49-20-412**, Utah Code Annotated 1953

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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **49-20-412** is enacted to read:

**49-20-412. State employee yearly office visit.**



28 (1) As used in this section:

29 (a) "Billable encounter" means a physician provided service in which the physician is  
30 required to submit a claim to the program using the appropriate office visit billing code  
31 according to the contractual terms between the physician and the program.

32 (b) (i) "Office visit" means a separate, billable encounter for the evaluation and  
33 management of a patient by a health care provider contracted under the member's applicable  
34 health plan, which visit includes any combination of the following components:

35 (A) an expanded problem focused history;

36 (B) a focused examination; and

37 (C) medical decision making with some complexity.

38 (ii) "Office visit" is in addition to preventive services covered under the Patient  
39 Protection and Affordable Care Act, Pub. L. No. 111-148.

40 (iii) "Office visit" does not include services for which a facility code is billed to the  
41 program.

42 (2) The program, in a benefit plan offered to state employees under Subsection  
43 49-20-201(1) and Section 49-20-410, shall cover the first office visit of a plan year for either a  
44 covered individual or a covered individual's spouse as follows:

45 (a) under a traditional plan, which is not a high deductible health plan as defined by  
46 federal law, the program shall pay for the office visit without a copayment by the covered  
47 individual; and

48 (b) under a high deductible health plan as defined by federal law, the program shall pay  
49 \$75 to the covered individual through an additional health savings account payment, or as a  
50 cash payment as determined by the program.

51 (3) The program shall apply the relevant plan cost sharing payments to all other  
52 provider visits not described in Subsection (2).

53 (4) The program may adopt rules to implement this section, including any provisions  
54 needed to allow an office visit to qualify for favorable tax treatment under the Internal Revenue  
55 Code.

56 **Section 2. Effective date.**

57 This bill takes effect on July 1, 2015.

**Legislative Review Note**  
as of 2-4-15 10:12 AM

**Office of Legislative Research and General Counsel**