An Employer's Guide to
Cancer & Treatment Prevention

Tool 4: Summary Plan Description (SPD) Guidance

Background

A Summary Plan Description (SPD) explains to beneficiaries what their medical and pharmacy plans provide and how they work. This report offers guidance to help employers translate the recommended benefit or practice in the *Plan Design & Assessment* tool, found at http://www.businessgrouphealth.org/pub/f3128ebd-2354-d714-5131-878172bcc648, into SPD language for eligible employees and dependents. Only those recommendations considered to be part of the plan design have been included in this document. Other benefits listed in the *Plan Design & Assessment* tool that are not included here are considered administrative practices or guidance.

This document is not intended to be used verbatim. Rather, it should be used as a resource to assist in incorporating benefit information into the SPD. The highlighted dollar amounts should be completed using the employer's coverage as guidance.

For each benefit, the following categories are included:

- Definition
- Covered Providers
- Benefit Coverage Limits
- Exceptions
- Inclusions
- Exclusions
- Cost Sharing
- Copayment/Coinsurance Level
- Out-of-Pocket Maximum

National Business Group on Health

NCCN National Comprehensive Cancer Network®

Medical Benefit 1.1

Definition	Plan includes access, within the available provider network, to a wide range of cancer care providers.
Covered Providers	Covered cancer care providers include: • Medical oncologists; • Hematologists; • Pediatric hematologist-oncologists; • Radiation oncologists; • Surgeons who specialize in cancer;

Covered Providers *(continued)*	• Palliative care specialists; • Pathologists; • Providers in the community setting; and • Providers in academic cancer centers, such as National Cancer Institute (NCI)-designated Comprehensive Cancer Centers and Cancer Centers.
Benefit Coverage Limits	Plan provisions apply.
Cost Sharing	Same for network providers in the community and those in academic medical center settings.
Copayment/ Coinsurance Level	Same for network providers in the community and those in academic medical center settings.
Out-of-Pocket Maximum	Plan provisions apply.

Medical Benefit 1.2

Definition	Benefit plan includes access to a Centers of Excellence (COE) program for transplants, including bone marrow/stem cell transplants (SCT).
Covered Providers	Includes all applicable physicians and other health care professionals at transplant COE network hospitals and medical centers, and physicians and health care professionals who provide care during the contracted transplant period. Includes behavioral health providers' services at the transplant center.
Benefit Coverage Limits	Plan provisions apply.
Inclusions	• Includes behavioral health providers at the transplant center. • Provides access to the COE program's clinical staff to help transplant candidates make an informed decision about choosing a transplant center.

Exclusions	Transplant programs that have not met criteria to be included in the COE network. Optional, depending on plan design. Beneficiary will be responsible for _____% coinsurance/have no coverage if the transplant is obtained at a non-COE.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.
Out-of-Pocket Maximum	Plan provisions apply.

Medical Benefit 1.3

Definition	Benefit plan includes access to a cancer COE program. The program is available to all beneficiaries, and is of particular benefit for individuals with complex, aggressive and rare cancers that are difficult to diagnose, and those that require complex treatment.
Covered Providers	Cancer COE program includes hospitals, all applicable physicians and other health care professionals providing services along the continuum of care in medical centers that have met specific criteria to be considered Centers of Excellence.
Benefit Coverage Limits	Plan provisions apply.
Inclusions	• Includes behavioral health providers at the cancer center. • Provides access to the COE program's clinical staff to help individuals with a diagnosis or suspected diagnosis of cancer understand their diagnosis and make an informed decision about where to receive care.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.
Out-of-Pocket Maximum	Plan provisions apply.

Medical Benefit 1.4

Definition	Benefit plan provides coverage for qualified travel and lodging costs for beneficiaries receiving treatment in a plan-designated transplant and/or cancer COE.
Benefit Coverage Limits	Travel reimbursed at actual cost for modes of travel described in "Inclusions" section; the maximum amount is $_____. A per diem helps cover lodging and other living expenses at the lesser of actual costs or $_____ per day. Beneficiary must submit original receipts to receive reimbursement. Information and forms will be made available by nurses or other staff who assist beneficiaries with information about plan-designated transplant and/or cancer COEs.
Inclusions	• Applies only when the beneficiary is being evaluated for or receiving a transplant at a designated transplant COE that has met the criteria for the patient's specific transplant, or when the beneficiary is being evaluated for or receiving cancer treatment at a designated cancer COE that has met the criteria for the patient's type of cancer. • Available when the transplant or cancer COE is 50 miles or farther from the patient's home. • Provides coverage for travel costs (coach seat for travel by air or rail, or mileage at IRS level for travel by car) for patient plus one companion if the patient is an adult (18 years or older), or up to two companions if the patient is a child (under age 18). • Provides coverage for a per diem of $_____, which is intended to defray a portion of lodging and living expenses near the transplant or cancer center.
Exclusions	This type of assistance may have tax implications, including being considered taxable income.
Cost Sharing	Beneficiary is responsible for travel and lodging costs not covered by the employer.

Medical Benefit 1.5

Definition	Benefit plan provides coverage for components of a second opinion for individuals with a diagnosis or suspected diagnosis of cancer. The second opinion may include a review of the diagnosis, review of the treatment plan or both. [Prior authorization is required to ensure that the second opinion is being obtained from an appropriately qualified provider.]
Covered Providers	• Network providers. • Non-network providers when necessary based on the specific circumstances, with prior approval.
Benefit Coverage Limits	The second opinion must be obtained from a cancer center or physician with appropriate expertise in the specific diagnosis or treatment.
Inclusions	A second opinion may consist of: • In-person appointment with a subspecialist, which may include a physical examination; review of medical records, including pathology slides; and a discussion of treatment options. **OR** • Review of pathology slides at a medical center that specializes in a particular type of cancer.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.6

Definition	Benefit plan provides coverage for routine costs of care when the patient is enrolled in an approved cancer clinical trial.
Covered Providers	• Network providers. • Non-network providers when necessary based on the specific circumstances, with prior approval.

Benefit Coverage Limits	An approved clinical trial is one that is funded, conducted or supported by centers or cooperative groups that are funded by any of the following: • National Institutes of Health (NIH), including the National Cancer Institute (NCI) • Department of Defense (DOD) • Department of Veterans Affairs (VA) • Agency for Healthcare Research and Quality (AHRQ) • Centers for Medicare & Medicaid Services (CMS) • Centers for Disease Control and Prevention (CDC) • Trials conducted under an investigational new drug (IND) application reviewed by the FDA. • Department of Energy, provided they have been reviewed/approved through a peer review system. • Qualified non-governmental research entities identified in the guidelines issued by the NIH for center support grants.
Exceptions	Investigational and experimental services that are not provided as part of an approved clinical trial.
Inclusions	"Routine" patient care costs for clinical trials include: • Covered health services for which benefits are provided when not in a clinical trial. • Covered health services required solely for the provision of the investigational item or service (for example, the drug or other treatment being studied in the clinical trial); the clinically appropriate monitoring of the effects of the item or service; or the prevention of complications. • Covered health services needed for reasonable and necessary care arising from the provision of an investigational item or service.
Exclusions	Routine costs for clinical trials do not include: • The experimental or investigational service or item. • Items and services provided solely to satisfy data collection and analysis needs, and are not used in the direct clinical management of the patient. • Items and services provided by the research sponsors free of charge for any person enrolled in the trial.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.7

Definition	• Benefit plan includes hospice coverage for individuals with an estimated life expectancy of 12 months or less, as attested by the physician treating the illness. • Beneficiaries have coverage for participation in approved clinical trials while obtaining hospice services. • With prior authorization, residential services are a covered benefit when: a) the beneficiary is eligible for and enrolled in a hospice program; b) 24/7 care is needed but hospitalization is not required; and c) family and/or volunteer caregivers are not available/able to provide necessary care. Residential services may be provided in a residential hospice, skilled nursing facility or assisted living facility. Services may also be provided by home health aides or other qualified staff in the beneficiary's home during hours when hospice staff, family or volunteer caregivers are not available. • Beneficiaries have access to condition management nurses with training in palliative care and end-of-life issues to assist individuals who may be eligible for hospice as well as their families. Condition management nurses will assist in determining the most supportive setting in which care can be provided.
Benefit Coverage Limits	Covered.
Cost Sharing	No cost sharing for hospice per diem; cost sharing for residential care is the same as for inpatient care.
Copayment/ Coinsurance Level	No copayment or coinsurance for hospice per diem. Copayment or coinsurance for residential care is the same as for inpatient care.

Medical Benefit 1.8

Definition	Benefit plan provides coverage for physician consultation with patients and family members about all evidence-based options for care, both during active treatment and when cure is no longer likely.
Covered Providers	Network providers.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.9

Definition	Benefit plan provides coverage for nutrition counseling and medical nutritional therapy (MNT) for individuals with cancer. [SPD may also list other conditions for which nutrition counseling and MNT are covered.]
Covered Providers	Network providers.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.10

Definition	Benefit plan provides coverage for dental prevention services and treatments under the medical plan when such services are required prior to, during or after cancer treatment or stem cell transplantation, and when not otherwise covered by the dental benefit. [In addition to cancer treatment and stem cell transplantation, SPD may list other transplants, or simply say transplants; dental treatment may be required before other types of transplant as well.]

Covered Providers	Network providers, including dentists, oral surgeons, maxillofacial surgeons (surgeons that specialize in the treatment and repair of injuries and defects in the head, neck, face and jaw) and maxillofacial prosthodontists on faculty at academic medical centers and cancer centers.
Inclusions	Preventive, restorative and reconstructive dental and oral health services when related to cancer, cancer treatment or stem cell transplantation and when not otherwise covered by the dental benefit. [In addition to cancer treatment and stem cell transplantation, SPD may list other transplants, or simply say transplants; dental treatment may be required before other types of transplant as well.] Dental procedures provided at cancer centers are covered under the medical benefit. This includes oral hygiene services, orthopedic (bone) and soft tissue implants, restorations, crowns, bridges and dentures for both the upper and lower jaws.
Exclusions	Normal preventive, restorative and reconstructive dental services not related to or required for cancer treatment or transplant services or when covered under dental benefits and not exceeding annual dental benefit coverage limits.
Cost Sharing	No specific limit; coverage to be considered part of medical benefit limits.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.11

Definition	Benefit plan provides coverage for molecular or biomarker testing based on recommendations in NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®); NCCN Guidelines® can be viewed at http://www.nccn.org.
Covered Providers	Clinical Laboratory Improvement Amendments (CLIA)-accredited laboratories.
Inclusions	Companion tests (used to determine if a drug is likely to be effective in treating an individual) and other biomarker and molecular tests as defined in NCCN Guidelines®.

Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.12

Definition	Benefit plan provides coverage for genetic testing and counseling about genetic cancer risk as recommended by the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Counseling may be conducted in person or telephonically.
Covered Providers	• CLIA-accredited laboratories. • Certified genetic counselors (Board-certified or Board-eligible genetic counselors or physicians who are medical geneticists).
Inclusions	Genetic testing is available to individuals considered to be at high risk for developing a specific type of cancer based on family history or personal cancer history, consistent with recommendations in NCCN Guidelines®.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.13

Definition	Benefit plan provides coverage for standard fertility preservation treatments when a medically necessary cancer treatment (surgery, chemotherapy, radiation therapy) may directly or indirectly cause infertility.
Covered Providers	Physicians with Board certification in reproductive endocrinology (by American Board of Obstetrics and Gynecology).
Benefit Coverage Limits	Must occur prior to cancer treatment when treating physician deems the anticipated cancer treatment is likely to cause infertility.

Exceptions	As deemed not medically necessary as a result of utilization review.
Inclusions	Standard fertility preservation treatments are those that are identified by the American Society for Reproductive Medicine (ASRM) or the American Society for Clinical Oncology (ASCO).
Exclusions	In vitro fertilization (IVF) for other causes of infertility, other reproductive services or other parenting options such as surrogacy and adoption.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.14

Definition	Benefit plan covers up to _____ approved home health visits.
Covered Providers	Certified home health care agencies included in the plan network.
Inclusions	Under the following conditions: • When the beneficiary must be confined to the home or when leaving the home for required services would involve considerable effort or expose the patient to undesirable risk; • When the services are clinically appropriate for the home setting; • When the services are prescribed by the attending physician as part of a written plan of care; and • When authorized by the health plan as clinically appropriate.
Cost Sharing	None.
Copayment/ Coinsurance Level	No cost to the beneficiary.

Medical Benefit 1.16

Definition	Benefit plan provides coverage for initial and subsequent screening for depression for all cancer patients and other beneficiaries.
Covered Providers	Network providers, including oncologists and other cancer specialists.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Medical Benefit 1.18

Definition	Benefit plan provides coverage for collaborative care for patients with cancer who are diagnosed with a behavioral health condition.
Covered Providers	Network providers, including oncologists and other cancer specialists.
Inclusions	*Collaborative care* incorporates several key components, which are covered benefits: • Screening to identify the symptoms associated with a behavioral health diagnosis. • Assessment to confirm a behavioral health diagnosis. • Patient education to help the patient select treatment options. • Treatment (e.g., treatment with drugs and/or psychotherapy). • Care management, in person or by phone, by a qualified professional who works with and is supervised by the oncologist or primary care provider (PCP). • A qualified behavioral health specialist should provide clinical consultation to the PCP and/or care manager.
Cost Sharing	Plan provisions apply.
Copayment/ Coinsurance Level	Plan provisions apply.

Pharmacy Benefit 2.1

Definition	The benefit plan has one individual and one family out-of-pocket maximum that apply to combined medical and pharmacy expenditures.
Covered Providers	Pharmacy benefit management (PBM) plan, specialty pharmacy (SP) plan and retail pharmacies as specified by plan.
Inclusions	The SP plan offers a program to counsel individuals who are prescribed oral oncology drugs or self-injectables to help them understand their medications. The SP plan will provide access to information on programs that may be able to assist beneficiaries with the costs of prescription drugs.
Cost Sharing	Consistent with the pharmacy benefit cost-sharing structure. $_____ per prescription fill; monthly out-of-pocket maximum of $_____. [The beneficiary of a high-deductible health plan (HDHP) with an accompanying health savings account must pay the full deductible before any type of cost sharing for non-preventive treatments is offered.]
Out-of-Pocket Maximum	Plan provisions apply.

Pharmacy Benefit 2.2

Definition	The benefit plan provides coverage for drugs and biologics used in the treatment of individuals with cancer, whether paid under the medical or pharmacy benefit, when included as a recommended treatment in the NCCN Guidelines® and the NCCN Drugs & Biologics Compendium (NCCN Compendium®) with Category 1 and 2A level of evidence, and/or as in ASCO Guidelines, if applicable.
Cost Sharing	As defined by the medical and pharmacy benefit plans.
Out-of-Pocket Maximum	As defined by the medical and pharmacy benefit plans.

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A *National Business Group on Health*[SM] Toolkit

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About the National Advisory Committee on Employer Services for the Cancer Continuum of Care

The National Advisory Committee on Employer Services for the Cancer Continuum of Care serves as the expert advisory body for the *Employer's Guide*, ensuring that all information and recommendations are relevant to employers and their partners.

The Committee helps develop recommendations for the design, quality assurance, structure, and integration of resources, programs and services around the full spectrum of employer benefits and programs. This includes the health plan, health and productivity programs and health improvement programs. The Committee consists of benefit managers, clinical cancer experts, medical directors, health plan representatives, pharmaceutical representatives, health care consultants, disability managers, EAP professionals and health improvement program professionals.

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