TO: COMMITTEE ON WAYS AND MEANS
The Honorable David Y. Ige, Chair
The Honorable Michelle N. Kidani, Vice Chair

SUBJECT: **SCR 35 SD1 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY PROCEDURE COVERAGE.**

Hearing: Tuesday, April 01, 2014
Time: 9:00 a.m.
Place: Conference Room 211

FROM: Pi`ilani Smith

This testimony is **in strong support of SCR 35 SD1**.

The audit of infertility procedure coverage is necessary and timely, specifically because **the present Hawaii In Vitro Fertilization (IVF) is a Hawaii Essential Health Benefit (EHB) that is being discriminatory applied, and not in compliance** with the:

1. Affordable Care Act (ACA);
    a. 45 C.F.R. §156.125. Prohibition on discrimination
    b. 45 C.F.R. §156.200 (e). Non-discrimination
2. Public Health Service Act;
    a. 42 U.S.C. §300gg. No lifetime or annual limits
3. Americans with Disabilities Act; and
    a. 42 U.S.C. § 12102(2)(A): a physical or mental impairment that substantially limits one or more major life activities.
    b. 29 C.F.R. §1630.2 (h)(1). Physical or mental impairment
4. American Indian Religious Freedom Act.
    a. 42 U.S.C. §1996

With approximately 7.3 million women and their partners (husbands, wives and non-married partners), I am in good company with this class of people being discriminated against. I was diagnosed with infertility by my fertility specialist and advised to undergo IVF treatment. My devastation of being diagnosed with infertility was met with a pre-authorization denial from HMSA for IVF health benefit coverage due to marital status.

- I was not aware of the discriminatory IVF law that created two classes of health plan members paying a premium based on marital status.
- I was not aware that marriage was a requirement for having a family.
- I was not aware that marriage was a requirement for treating a medically diagnosed condition.
- I was not aware that because I was unmarried paying an employers health plan premium, I would have to pay twice (by paying out of pocket) in order

to get treatment, when other women with my same diagnosis would be eligible to have their treatment covered by the same health plan.
- I was not aware that my condition of infertility was not recognized for coverage, when other women's infertility conditions were recognized.
- I was not aware that I was a second-class citizen by way of being a second-class health employer health plan member in Hawaii.

Because the discrimination that I experienced regarding IVF health benefit coverage, I have worked diligently this session to bring equality to all women regarding IVF health insurance coverage by:
- Authoring HB 2355 – Relating to In Vitro Fertilization Health Insurance Coverage
- Authoring SB 2909 – Relating to In Vitro Fertilization Health Insurance Coverage
- Authoring SCR 35 – Requesting the auditor to assess the social and financial effects of requiring health insurers to provide infertility procedure coverage.

The impetus of SCR 35 is to address the outstanding issue before the legislature that the **present Hawaii IVF law is discriminatory and not in compliance with state and federal law**. Within the context of compliance is the concern of cost considerations, and whether the state must incur the costs on changes to the Essential Health Benefits (EHBs) and the states mandated benefits. The answer for the State of Hawaii is simply no.[1] The State of Hawaii doesn't have to defray the costs where:
- Hawaii IVF mandated benefit is part of the state benchmark plan and therefore is automatically included in the state's EHBs.
- Because the Hawaii IVF mandated benefit is included in the state's EHBs, the Hawaii IVF mandated benefits do not go beyond the EHB and therefore are not subject to payment by the state.
- In Hawaii, IVF is a mandated benefit included in the benchmark plan, and thus is no cost to the state.

I ask this committee to take particular notice to the following amendments listed below that appear in SCR 35 SD1 proposed by Kaiser Permanente all of which have been clearly addressed by the State of Hawaii Department of Commerce and Consumer Affairs, Insurance Division – Analysis of Hawaii's Essential Health Benefit Benchmark Plan Options published in September 19, 2012:
- Amendment – "Whether an expansion of infertility in vitro fertilization procedures would constitute benefits that are in excess of the essential health benefits required for health insurance coverage under the federal Patient Protection and Affordable Care Act of 2010, thus requiring the State to defray such costs;"

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[1] Center for Consumer Information and Insurance Oversight, *Essential Health Benefits Bulletin*, December 16, 2011.

- Because IVF is a mandated benefit and included in the Hawaii benchmark plan, the ACA requires non-discriminatory compliance. [2] SCR35 SD 1 made reference to S.B. 2909 SD1 (2014) a measure that aims to bring the present discriminatory Hawaii IVF law into compliance. There is no excess of the EHBs, as the Hawaii EHBs specifically IVF is being discriminatorily applied.[3] EHBs are no cost to the State.

- Amendment - "Research on what is being used as the standard medical definition of "reproductive age" that is best suited for in vitro fertilization procedures and the success rates for different age groups to determine coverage benefit limitations for this covered benefit, including whether different standards of infertility treatments are applied to different age groups in need of infertility treatment;"
  - Lifetime and annual limits for the EHB categories were restricted starting in plan years beginning on or after September 23, 2010 and are prohibited starting January 1, 2014.[4]

I have included in my testimony the State of Hawaii Department of Commerce and Consumer Affairs (DCCA), Insurance Division – Analysis of Hawaii's Essential Health Benefit Benchmark Plan Options published in September 19, 2012, which is the analysis of DCCA on Hawaii's EHB Benchmark Plan in which IVF is an Essential Health Benefit Benchmark.

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[2] State of Hawaii Department of Commerce and Consumer Affairs, *Insurance Division – Analysis of Hawaii's Essential Health Benefit Benchmark Plan Options*, September 19, 2012

[3] 45 C.F.R. §156.125, 45 C.F.R. §156.200 (e), 42 U.S.C. §300gg, 42 U.S.C. § 12102(2)(A), 29 C.F.R. §1630.2 (h)(1), 42 U.S.C. §1996

[4] ACA section 1001 (amendment to Public Health Service Act 2711, 42 U.S.C. §300gg-11)

OLIVER WYMAN

SEPTEMBER 19, 2012

ANALYSIS OF HAWAI'I'S ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

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Executive Summary

The Affordable Care Act (ACA) requires all non-grandfathered health insurance plans offered in the small group and individual markets to cover all Essential Health Benefits (EHBs) beginning on January 1, 2014.[1, 2] The ACA defines EHBs to include the following ten broad categories of health benefits:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.

EHBs define a standard set of services that must be covered by applicable plans without regard to cost sharing. Currently, health plans commonly have annual or lifetime limits on certain benefits. For instance, it is common to have an annual maximum for coverage of eyeglasses. EHBs may not be subject to annual or lifetime dollar limits and must not be discriminatory; they may include limits on the duration and scope of covered services. EHBs are the full package of covered benefits to which insurers will apply cost sharing requirements, resulting in levels of coverage (bronze/ silver/ gold/ platinum) and their accordant actuarial values (60/70/80/90) outlined in the ACA.

The ACA charges the Secretary of the U.S. Department of Health and Human Services (HHS) with further defining the EHBs, and instructs the Secretary to ensure that they are equal to the scope of benefits provided under a typical employer plan. In guidance provided by HHS, the approach outlined for 2014 and 2015 allows each state the flexibility to designate a benchmark

[1] ACA Section 2707(a); ACA Section 1302(a)

[2] Applies both inside and outside the Exchange. Self-insured employer plans, grandfathered plans and large group health plans are not required to offer EHBs. However, if they do provide any benefits that are EHBs, the ACA prohibits them from applying any annual or a lifetime dollar limit to those benefits. Additionally, these plans must phase out annual dollar limits for any EHB by 2014, with the exception of grandfathered individual health policies.

plan to serve as the state's EHBs. States have a choice from among the following ten possible benchmark plans:

- The largest plan in any of the three largest small group products in the state by enrollment;
- The three largest state employee health plans by enrollment;
- The three largest FEHBP[3] options by enrollment; or
- The largest HMO plan offered in the state's commercial market by enrollment.

Due to the same plan of benefits meeting more than one of these ten options, the State of Hawai'i has only seven unique options from which to select. The specific benchmark options for Hawai'i are:

- HMSA State Employees Health Plan Option
- FEHBP Blue Cross Blue Shield Standard Option
- FEHBP Blue Cross Blue Shield Basic Option
- FEHBP Government Employees Health Association Basic Plan Standard Option
- HMSA Small Group PPO Plan
- UHA 3000 Plan
- Kaiser HMO Plan

In designating a benchmark, the State is choosing an entire plan's benefit package from those listed above. To be clear, the State is choosing a market basket of services that will collectively be included in the EHB. The market basket of services will be based on the benefits that are offered in 2012 by one of the plans listed above. The State may not pick and choose the benefits to include, in essence customizing the package. If a benchmark plan does not contain all ten categories of benefits identified in the ACA, the state must supplement the benchmark by selecting the missing benefits from one or more of the other benchmark options for that state. Certain categories, such as habilitative care, may not currently be provided in any benchmark option. In those instances, HHS has outlined special rules for supplementing the benefits. Insurers may be able to substitute the benefits within the ten EHB categories, to the extent such substitutions are actuarially equivalent and consistent with state and federal law. It will be important to ensure that such substitutions are in compliance with the Hawai'i Prepaid Healthcare Act.

States may still mandate that specific benefits be covered in the individual and small group markets. However, states must pay for any mandates not defined as part of the EHB for Qualified Health Plans (QHPs). It is unclear whether this includes QHP enrollees outside of the Exchange, and HHS has not yet provided final guidance on this issue. Thus, by choosing a plan

[3] Federal Employee Health Benefit Program which offers benefits to federal employees.

that covers all current mandates, the State would not have to make the choice between covering benefits with State funds and repealing mandates in the individual and small group markets.

Key Findings

The purpose of this report is to inform the State's selection of a benchmark plan for the EHB package by providing a comparison of each benchmark plan option. The analysis included a comprehensive review of the benchmark plan options in terms of benefits offered and cost differential between these plans, given the benefits provided. Since all QHPs (including plans in the individual market) will be required to offer the EHB starting in 2014, it will be important that the State consider the balance of benefits provided and affordability.

There are several criteria that the State could consider when selecting a benchmark plan for the EHB. They include, but are not limited to:

1. State Mandated Benefits
    - What, if any, State mandated benefits are not covered by each of the benchmark plan options?
    - What are the cost implications to the State if the selected EHB does not include all of the State mandated benefits?
2. Benefits Covered
    - Examine the individual benefits that are covered in one of the benchmark plan options but not another. We refer to these as "outlier benefits." It then becomes a policy decision as to which benefits might be more important to cover.
3. Market Disruption (Benefits)
    - What proportion of the market that would see some change in the benefits that would be covered?
4. Market Disruption (Cost)
    - Selecting a benchmark plan with a more expensive market basket of services would mean mandating a premium increase to those that currently have plans with a leaner market basket.
5. Consumer and Stakeholder Input
    - What is consumer and carrier preference for one benchmark option over another?
6. Ease of Administration by Carriers
    - Is the cost of administering the benefits for one benchmark option more costly than administering the benefits of another, which could impact premiums?

With these criteria in mind, the analysis performed resulted in the following findings for consideration:

- Each of the benchmark plan options cover all State mandated benefits with the exception of in-vitro fertilization (IVF). The FEHBP options do not provide coverage for IVF. If one of these plans were selected as the benchmark plan, the cost of IVF coverage would be required to be defrayed by the State for all individuals enrolled in a QHP. We estimate that

this could cost the State between $4.00 and $4.50 per month for each individual enrolled in a QHP.

- All of the benchmark plan options will need to be supplemented to provide coverage for habilitative services, pediatric vision and oral services. This will increase premiums in the individual and small group markets regardless of the plan selected as the benchmark plan.

- The state employee health plan does not provide coverage for prescription drugs within the base policy and would need to be supplemented to provide this coverage. There will be a significant increase in premium for those individuals and groups that do not elect to purchase prescription drug coverage today.

- Based on the relative value analysis performed, the Kaiser HMO benchmark plan option provides the leanest benefit package. This is driven by the fact that durable medical equipment is offered as an optional rider that is not currently selected by a majority of small groups. In addition, external prosthetic devices are not covered by Kaiser. If the Kaiser HMO plan was selected as the benchmark plan, these benefits would not be required to be covered in the individual and small group markets. These benefits are currently provided by all of the other benchmark plan options.

- Within the Hawai'i market, base policies are offered with optional riders for a number of services. Based on federal regulations pertaining to data collection to support standards related to essential health benefits published on July 20, 2012, the market basket of services within the benchmark options that are considered for the EHB may include "optional benefits available for an additional premium (often referred to as "riders")…, if those benefits are part of the most commonly purchased set of benefits within the product by enrollment."[4] For all benchmark plan options, except the FEHBP options and state employee plan option, prescription drug coverage is offered as an optional rider. Prescription drug coverage is included in the FEHBP plans as part of the base policy and is not offered under the state employee plan option. Since the most commonly purchased set of benefits in Hawai'i include drug coverage, prescription drug coverage that is most often selected will be included in the benchmark option.

[4] http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/pdf/2012-17831.pdf

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Introduction

The Hawai'i Department of Commerce & Consumer Affairs (DCCA) engaged Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman) to assist the State of Hawai'i (the State) by estimating the relative value of the ten plans that could be selected as the benchmark plan for determining the Essential Health Benefits (EHBs) for Hawai'i. Consistent with Paragraph 24 of the General Conditions of the Contract for Professional Services, this report was prepared for the sole use by the State. All decisions in connection with the implementation or use of advice or recommendations contained in this report are the sole responsibility of the State. This report is not intended for general circulation or publication, nor is it to be used or distributed to others for any purpose other than those that may be set forth herein or in the definitive documentation pursuant to which this report has been issued. These estimates were based on regulations issued by the United States Department of Health and Human Services, several of which are still in draft form. Our work may not be used or relied upon by any other party or for any purpose other than for which they were issued by Oliver Wyman. Oliver Wyman is not responsible for the consequences of any unauthorized use.

All projections are based on the information and data available at a point in time, and the projections are not a guarantee of results which might be achieved. The projections are subject to unforeseen and random events and so must be interpreted as having a potentially wide range of variability. We have relied on a wide range of data for our analysis including, but not limited to, information received from commercial carriers offering coverage in the State and various State agencies. We have not independently audited this data, however we have reviewed it for reasonableness and asked clarifying questions where warranted.

Further, the estimates set forth in this report have been prepared before all regulations needed to implement the ACA have been issued, including clarifications and technical corrections, and without guidance on complex financial calculations that may be required. The State is responsible for all financial and design decisions regarding the ACA. Such decisions should be made only after the State's careful consideration of alternative future financial conditions and legislative scenarios, and not solely on the basis of the estimates illustrated within this report.

Finally, the State understands that Oliver Wyman is not engaged in the practice of law and this report, which may include commentary on legal issues and regulations, does not constitute, nor is it a substitute for legal advice. Accordingly, Oliver Wyman recommends that the State secures the advice of competent legal counsel with respect to any legal matters related to this report or otherwise.

This report is intended to be read and used as a whole and not in parts. Separation or alteration of any section or page from the main body of this report is expressly forbidden and invalidates this report.

There are no third party beneficiaries with respect to this report, and Oliver Wyman does not accept any liability to any third party. In particular, Oliver Wyman shall not have any liability to any third party in respect to the contents of this report or any actions taken or decisions made as a consequence of the results, advice, or recommendations set forth herein.

The information contained in this document and in any of the attachments is not intended by Oliver Wyman to be used, nor can it be used, for the purpose of avoiding penalties under the Internal Revenue Code or imposed by any legislative body on the taxpayer or plan sponsor.

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Background

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act (ACA), requires significant changes in how health insurance is purchased, sold and regulated in the states. Among other things, the ACA creates new standards for health benefit plans offered to individuals and small groups, including requirements that all such plans offer a comprehensive package of EHBs.

Beginning on January 1, 2014, the ACA requires all non-grandfathered plans offered in the small group and individual markets to cover all EHBs.[5,6]

The ACA defines EHBs to include ten broad categories of health benefits. These are:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

The ACA charges the Secretary of the U.S. Department of Health and Human Services (HHS) with further defining the EHBs, and instructs the Secretary to ensure that they are equal to the scope of benefits provided under a typical employer plan.[7]

[5] ACA Section 2707(a); ACA Section 1302(a)

[6] This applies both in and out of the Exchange. Self-insured employer plans, grandfathered plans and large group health plans are not required to offer EHBs. However, if they do provide any benefits that are EHBs, the ACA prohibits them from applying any annual or a lifetime dollar limit to those benefits. Additionally, these plans must phase out annual dollar limits for any EHB by 2014, with the exception of grandfathered individual health policies.

[7] ACA Section 1302(b)(1) and (2)

EHBs define a standard set of services that must be covered by applicable plans without regard to cost sharing provisions. While EHBs may include limits on the duration and scope of covered services, they may not include annual or lifetime dollar limits and must not be discriminatory.[8] The ACA separately regulates cost sharing requirements, including limits on cost sharing and mandates regarding levels of coverage. EHBs are the full package of covered benefits to which insurers will apply cost sharing requirements, resulting in levels of coverage (bronze/ silver/ gold/ platinum) and their corresponding actuarial values (60/70/80/90), as outlined in the ACA.

States may still mandate that specific benefits be covered in the individual and small group markets. However, the cost of any mandates not defined as part of the EHB must be covered by the State, for Qualified Health Plans (QHPs). It is unclear whether this includes individuals enrolled in QHPs outside of the Exchange, and HHS has not provided final guidance on this issue.

On December 16, 2011, HHS issued an EHB Bulletin, outlining an approach for defining EHB packages in plan years 2014 and 2015, and taking into account the need to "balance comprehensiveness, affordability, and state flexibility and to reflect public input received to date."[9] The Bulletin notes that HHS "intends to assess the benchmark process for the year 2016 and beyond based on evaluation and feedback." Therefore, it is unknown at this time what the EHB package might look like in 2016 and beyond.

In the approach outlined for 2014 and 2015, HHS allows each state the flexibility to designate a benchmark plan to serve as the state's EHB. States have a choice from among the following ten possible benchmark plans:

- The largest plan in any of the three largest small group products in the state by enrollment;
- The three largest state employee health plans by enrollment;
- The three largest FEHBP options by enrollment; or
- The largest HMO plan offered in the state's commercial market by enrollment.

If the benchmark plan does not contain all ten categories of benefits identified in the ACA, the state must supplement the benchmark by selecting the missing benefits from one or more of the other benchmark options for that state. Certain categories, such as habilitative care, may not be provided in any benchmark plan option. In those instances, HHS has outlined special rules for supplementing the benefits. In the Hawai'i market, prescription drug coverage is provided as an optional rider. While a majority of small groups purchase prescription drug coverage, individual

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[8] Lifetime and annual limits for the EHB categories were restricted starting in plan years beginning on or after September 23, 2010 and are prohibited starting January 1, 2014; ACA Section 1001 (amendment to Public Health Service Act
2711)

[9] http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf

and groups that currently do not select prescription drug coverage will realize a significant increase in premium in 2014.

The benchmark health plan option selected will define the market basket of services that will collectively be included in the EHB. States must select a benchmark health plan "in the third quarter of 2012" to establish EHBs for benefit years beginning in 2014 or 2015. If a state does not select a benchmark plan, HHS will designate the small group plan with the largest enrollment as the benchmark, referred to in this report as the "default benchmark plan." In Hawai'i, this would be the HMSA Preferred Provider Plan 2010. Supplemental benefits for the default benchmark plan will be determined by a process dictated by federal guidance that looks first to the second-largest small group market benchmark plan, then to the third and then, if none of the small group plans offer benefits in a missing category, to the FEHBP benchmark plan with the highest enrollment.

HHS has also provided guidance that a state may allow insurers to further modify the benefits offered by the chosen (or default) benchmark plan, as supplemented, to the extent such substitution is otherwise consistent with state and federal law. Health insurers must cover "benefits that are 'substantially equal' to the benefits of the benchmark plan selected by a state and modified as necessary to reflect the ten coverage categories,"[10] however, insurers have "some flexibility to adjust benefits, including both the specific services covered and any quantitative limits provided they continue to offer coverage for all ten statutory EHB categories." Substituted services within each of the ten statutory categories must be actuarially equivalent. If the State allows insurer to make such substitutions, it will be important to verify that such changes are in compliance with the Hawai'i Prepaid Healthcare Act. Plans would also be permitted to impose non-dollar limits (e.g. day or visit limits), consistent with other guidance, that are at least actuarially equivalent to the annual dollar limits. It is important to note, however, that if carriers are permitted to make actuarially-equivalent substitutions within each of the ten EHB categories, the choice of a benchmark plan option will not necessarily determine which specific benefits will be covered by a specific plan, but rather the value of the total package of benefits covered.

> If the State allows carriers the flexibility to make actuarially equivalent benefit substitutions, it will be important to verify that such changes comply with the Hawai'i Prepaid Healthcare Act.

Therefore, the three-step process outlined by HHS can be summarized as follows:

1. Select a benchmark plan from one of the plans eligible in the State or default to the largest small group plan.
2. Supplement the benchmark plan selected to ensure it includes all of the required essential health benefits.
3. Adjust the services covered and benefit limits on an actuarially equivalent basis.

[10] http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf, Page 12

The first two items above are decisions to be made by the State. The third item reflects decisions made by insurers with State oversight, if the State decides to make this option available to them.

4

Methodology

Identification of Options and Initial Comparison of Current Benefits

Federal guidance provides Hawai'i the option to select one of ten plans as a benchmark plan for 2014 and 2015. The market basket of services within one of these plans will be collectively selected as the EHB. States may select from the three largest state employee health plans by enrollment. For Hawai'i, two of the options are HMSA plans (562 PPP and 620 PPP) and the benefits covered under both plans are the same. The other state employee plan option is the Kaiser HMO plan. The Kaiser state employee HMO plan is identical to one of the top three small group plans and the largest HMO plan in Hawai'i. Since only the covered benefits are used to determine the EHB package, Hawai'i has only seven total unique options rather than ten.

Hawai'i has only seven unique options from which to select a benchmark plan.

The following table summarizes the ten options Hawai'i has to select from.

Category of Eligible Plan	Hawai'i Plan Options

State Employee Health Plans	• HMSA Plan
	  ◦ State has two HMSA plans; differing only in cost sharing
	  ◦ Analyzed as one plan
	• Kaiser HMO Plan*

FEHBP Plans	• FEHBP Option 1: BCBS Standard Option • FEHBP Option 2: BCBS Basic Option • FEHPB Option 3: GEHABP Standard Option
Small Group Insurance Plans	• Small Group Option 1: HMSA PPO Option • Small Group Option 2: UHA 3000 Option • Small Group Option 3: Kaiser HMO Plan*
Largest Non-Medicaid HMO Plan	• Kaiser HMO Plan*

*These plan options are the same plan.

Benefit booklets for each of the benchmark plan options were provided to Oliver Wyman. The benefits were summarized and compared across all plans. The language used in the benefit booklets is not standardized across insurers and, in certain circumstances, is open to interpretation. Thus, the comparison occasionally required interpretation based on our experience of industry practices, particularly in instances where benefits were not specifically listed in the booklets as either a covered or excluded benefit.

Because the guidance provided by HHS indicates that the benchmark plan will reflect both the benefits that are covered as well as any limits on duration or scope of those benefits, the comparison analysis included any applicable limits. While annual or lifetime dollar limits are not permitted for EHBs under the ACA, the actuarial equivalent of such limitations would apply. Cost sharing, restrictions on provider networks, and formularies were not considered since these are not part of the EHB definition.

In an effort to increase accuracy, the full comparisons were provided to the insurers offering each of the plans eligible for benchmark status, with the exception of the FEHBP plans. These entities were asked to review the determinations and provide a revised copy of the summaries making any necessary corrections. A response to this request for verification was received from the three largest small group plans and the state employee plan, and their comments were incorporated within the analysis. A summary of the comparison of current benefits is included in Appendix A. It is important to note that the benefits shown in Appendix A reflect the benefit plan most commonly provided by each carrier. This includes prescription drug coverage, which is offered as an optional rider by all benchmark options, except for the FEHBP plans for which prescription drug coverage is part of the plan or the state employee plan for which prescription drug coverage is not provided.

Categorized and Supplemented Benefits

The benefits grid was then examined to determine whether all of the services described in the ten broad EHB categories were covered in the benchmark plan options. As anticipated, all of the plans contain most of the services required. However, as the HHS EHB Bulletin anticipates, most plans do not cover habilitative services or pediatric oral and vision services. Appendix B includes a summary of the essential health benefit categories that are currently covered by each benchmark plan option.

The ACA requires that certain prescribed benefits be included as part of the EHB package for all plans. Therefore, in developing a set of benefits that would represent the EHB package if each plan were selected as the benchmark, each plan was supplemented to ensure it contained the following:

- Women's wellness benefits;
- A and B recommendations from the U.S. Preventive Services Task Force (USPSTF);
- Benefits included in the Bright Futures/American Academy of Pediatrics guidelines;

- Habilitative services;
- Pediatric oral and vision services; and
- Parity requirements in MHPAEA[11]

Appendix C contains a detailed list of the required supplemental benefits for women's wellness benefits, A and B recommendations from the USPSTF, and benefits recommended by the Bright Future/American Academy of Pediatrics guidelines.

Detailed regulations have not yet been promulgated by HHS specifying final rules for supplementing benefits. Additionally, the EHB bulletin is not detailed enough to know with certainty how benefits must be supplemented. For this analysis, it was assumed that MHPAEA parity requirements will not permit limits to be applied to non-biologically based mental illnesses. Such limits are common in the benchmark plan options. HHS guidance provides various options to states when supplementing benchmark options for habilitative and pediatric oral and vision services.

Habilitative Services

The EHB Bulletin indicates that HHS is considering the following two options for supplementing habilitative services when not included in the selected benchmark or any other benchmark options:

1. A carrier would be required to offer the same services for habilitative needs as it offers for rehabilitative needs and offer them at parity.
2. A carrier would decide which habilitative services to cover and report the coverage to HHS; then HHS would evaluate and further define habilitative services in the future.

Under either approach, a plan would be required to offer at least some habilitative benefits. If HHS and future rules allow plans to determine their own habilitative benefit and then report to HHS, the State should consider establishing parameters regarding minimum services or further define "habilitative," thereby ensuring that all habilitative service packages being reported to HHS remain representative of the benefits as defined by the State.

For this analysis, it was assumed that habilitative services would be offered at parity with rehabilitative services, and that the definition of these services would be consistent with the definitions currently used in the commercial market. Specifically, these definitions focus on creating skills and functions, rather than "keeping" or "maintaining" function.

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[11] Mental Health Parity and Addiction Equity Act of 2008 requires certain plans to provide benefits, including cost sharing and treatment limits, for mental health and substance use disorder that are no more restrictive than the medical and surgical benefits of the plan.

Pediatric Dental Services

The general absence of pediatric[12] dental services beyond screening and medically related dental repair in most benchmark plan options means that the State will likely need to supplement the benchmark plan. For pediatric dental services, the EHB Bulletin requires the State to supplement benefits from either of the following options:

1. The Federal Employees Dental and Vision Insurance Program (FEDVIP) dental plan with the largest national enrollment.
2. The State's CHIP program

In supplementing benchmark plans for pediatric oral services, this analysis used the estimated costs that are equivalent to the State Child Health Insurance Program (CHIP) program, as published by the National Association of Dental Plans (NADP).[13] The CHIP plan includes preventive and basic dental services as well as advanced dental services. The analysis used the CHIP plan that does not include orthodontia.

Pediatric Vision Services

Plans that do not contain pediatric vision services must be supplemented with benefits covered by the FEDVIP vision plan with the largest enrollment. HHS guidance indicates that the FEDVIP vision plan with the highest enrollment in 2010 covers routine eye exams with refraction, corrective lenses, frames and contact lenses.[14] Further, the 2012 FEDVIP vision plans include both service and dollar limits in its coverage. As an example, the FEDVIP BlueVision plan covers one set of contact lenses per year, up to $130.[15] This combination of both a limit on the frequency with which vision hardware may be replaced, and a dollar limit on the cost of the hardware, could be considered to effectively create an overall annual dollar limit on the vision hardware benefit that is prohibited by the ACA. For this analysis, an assumption was made that a scheduled dollar allowance per set of vision hardware will be allowed to remain, however restrictions on the frequency with which the hardware may be replaced are lifted. The resulting benefit becomes a benefit with a scheduled allowance per service. It is important to note that a scheduled dollar allowance per service with no limitation on the number of services differs from the prohibition on annual dollar limits.

This benchmark option comparison analysis is not impacted by which habilitative services or pediatric oral and vision option is used for supplementing the benchmark package since any

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[12] At present, there is no guidance in the ACA, the Final Rule, the Bulletin or FAQs defining the term "pediatric."

[13] National Association of Dental Plans. "Offering Dental Benefits in Health Exchanges: A Roadmap for Federal and State Policymakers." September 2011

[14] http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf

[15] http://cvw1.davisvision.com/forms/StaticFiles/English/FEP2012BenefitSummary.pdf

plan selected as the benchmark would be required to cover these benefits, the additional cost added to each plan is the same.

Hawai'i Mandated Benefit Comparison

Hawai'i law requires certain benefits to be covered by each individual or small group plan offered in the State. Appendix D contains a comparison of the State mandated benefits currently covered by each of the benchmark plan options. The list of mandated benefits was provided by the Hawai'i DCCA Insurance Division and was limited to mandates on covered services, as opposed to requirements related to administration of the plan. All of the benchmark plan options were found to cover every State mandated service, with the exception that in-vitro fertilization (IVF) is not covered by the FEHBP plans. Therefore, if the State selected one of the FEHBP plans as its benchmark plan, IVF would not be included in the EHB and the State would be required to cover the cost of the IVF services for anyone enrolled in a QHP.

For the purposes of this analysis, each of the benchmark plan options was supplemented, resulting in a complete set of benefits that would be required to be covered in the EHB. Should one of the FEHBP benefit packages be selected as the State's EHB IVF would not be included in the EHB. However, IVF would continue to be required to be covered as a mandated benefit, unless repealed by the State, and the cost of IVF coverage would be required to be defrayed by the State for all individuals enrolled in a QHP. We estimate that this could cost the State between $4.00 and $4.50 per month for each individual enrolled in a QHP.. A comparison of these supplemented plans is provided in Appendix E.

Analysis for Benchmark Selection

Using the supplemented benefit packages described above and shown in Appendix E, outlier benefits were identified. Outlier benefits are defined as those where the benefits after supplementation differ among the benchmark plan options. Benefits could be considered outliers because they are covered by one plan but not covered by another. Benefits that are covered by all benchmark plan options could be considered outliers if differences in the level of coverage varies among plans (e.g., number of home health visits covered per year). Benefits that are not outliers – those that are common to all benchmark plans – were priced to estimate the claim cost that is assumed to be common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans, the outlier benefits drive the difference in cost among the benchmark plan options. For the outlier benefits, actuarial analysis of each variation of the benefit was performed separately to determine the estimated cost of the benefit for each benchmark plan option. A comparison of the outlier benefits is provided in Appendix F.

The sum of the common benefit claim cost and the outlier claim cost specific to each plan determined the estimated claim cost for each plan. A relative claim cost was then developed for each plan. The largest small group plan benefit package (HMSA PPO) was selected as a reference benefit package and the cost of each benchmark benefit package was compared to the cost of the reference plan benefit package to determine the relative value. The relative cost compared the total cost of the benefits covered in each benefit package, but did not consider

any cost sharing required under the current benchmark plan options, as cost sharing is not part of the EHB package.

Analysis was based largely on Oliver Wyman's internal pricing model.[16] For benefits that are not commonly covered in today's commercial market, therefore limiting the available data, analysis of publicly available studies was used to supplement the analysis. For plans that contain benefits which currently have annual dollar limits applied, it was assumed those limits apply in our analysis. However, should a plan with any of these limits be selected as the benchmark plan, the annual dollar limit will need to be removed and an actuarially equivalent benefit included. This substitution would have no impact on the overall relative cost between the plans.

[16] Oliver Wyman's commercial pricing model is a service based model used to determine utilization and cost per service estimates for a wide range of medical and prescription drug services typically covered in comprehensive major medical policies sold to groups and individuals under age 65. The model is based on over $150 billion in allowed claims from over 38 million members, and allows for the development of actuarial estimates of the value of various types of benefits including annual limits as well as cost sharing features including deductibles, coinsurance, copayments, and out-of-pocket maximums.

5

Findings and Pricing Analysis

Several analyses were undertaken to compare Hawai'i's benchmark plan options. These analyses include:

1. Coverage of State mandated benefits
2. Relative cost of benefits covered under the benchmark plan options
3. Benefit variations and outliers across benchmark options

The findings from each of these analyses show variations exist among the benchmark plan options. The detailed findings across each of these analyses are discussed below.

State Mandated Benefits

As previously discussed, under the ACA, states are responsible for the cost of state mandated benefits that are not included in the EHB package for those individuals enrolled in a QHP. Benefit mandates under Hawai'i law currently apply to all of the small group and HMO benchmark options. While mandates in insurance laws generally do not apply to the state employees plan, the state employees plan does contain all mandated benefits in Hawai'i. Thus, selecting a small group, HMO or state employees plan as the benchmark would include the State mandated services in the EHB package with no costs to the State.

In today's market, FEHBP plans are not required to provide coverage for state mandates. The only Hawai'i state mandated benefit that is not covered by the FEHBP plans is coverage for IVF. Hawai'i mandates that a one-time only benefit for all outpatient expenses arising from IVF procedures performed on the insured be provided.[17] Therefore, if one of the FEHBP options were selected as the benchmark plan, these benefits would be required to be covered in the individual and small group markets pursuant to Hawai'i law. However, they would not be part of the EHB package and as a result the cost would be borne by the State for all individuals enrolled in a QHP. However, it is unclear whether Hawai'i would have to pay the cost for only those QHP enrollees who purchase coverage in the Exchange, or for all QHP enrollees both inside and outside the Exchange. HHS has not provided final guidance related to this issue.

The State would be required to cover the cost of IVF services if one of the FEHBP plans were selected as the benchmark plan. Oliver Wyman estimates this could cost the State between $4.00 and $4.50 per member per month for each individual enrolled in a QHP.

[17] Sections 431 :10A-16.5, 432 :1-604 and 432D-23 of the Hawaii Revised Statutes

A complete analysis of the cost to the State of Hawai'i associated with covering this mandate is outside the scope of this report and would require additional data to be collected from carriers in the State, as well as the FEHBP program, to ensure all details of the benefit provisions have been interpreted correctly. Claims experience on the actual cost of providing this benefit in Hawai'i would also need to be gathered. However, based on our research and the level of benefit information we do have available to us, we estimate that the cost to the State of covering this benefit could be between $4.00 and $4.50 per member per month, or approximately 1.25% of claims, for each individual enrolled in a QHP.

Alternatively, the State could repeal the mandate, in which case selecting an FEHBP plan as the benchmark option would result in no additional cost to the State.

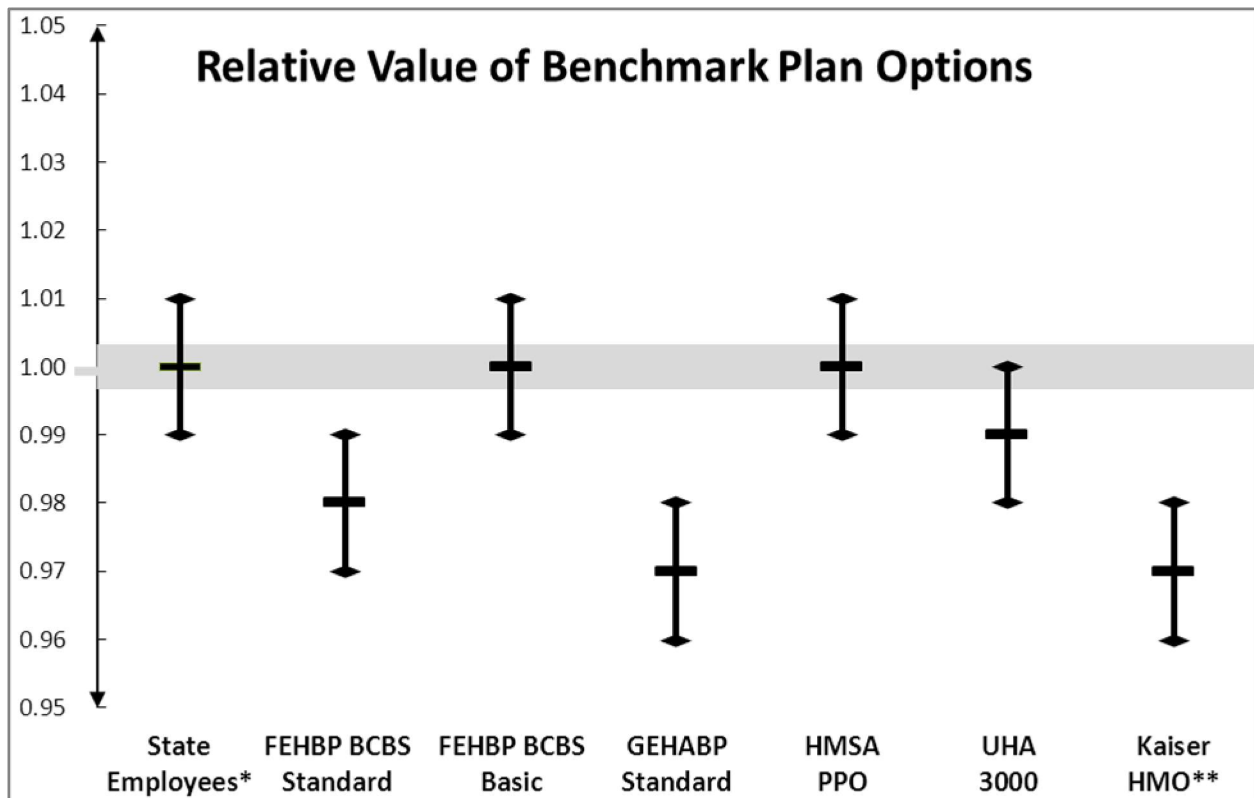
Relative Value of Benchmark Plan Options

A holistic pricing analysis was performed to compare the relative cost, and the rough impact on premiums, of selecting one benchmark benefit plan options over another. Small group option 1 (HMSA PPO) was selected as a reference benefit plan given it is the default option if the State does not proactively select a benchmark plan. Actuarial analysis was then performed to estimate the relative allowed cost of the covered benefits in each plan, once supplemented as previously described.

It is important to note that this analysis does not reflect the impact on current premiums, as such an analysis would require a complete review of all plans currently offered in the market, including an analysis of the underlying costs of each plan.

The results of this relative value analysis are shown graphically on the following page. The graph shows the point estimate of the relative value as well as a +/- 1% margin around the point estimate. This is intended to depict the uncertain nature of the estimates, given a complete review of provider costs and utilization levels in the Hawai'i market was not performed. In addition, different insurers may assign different values to the benefits than are included in our estimates. The value of the plans does not reflect any difference in costs by insurer. Rather, it only is intended to show the estimated difference in the value of benefits, assuming all else, such as network, provider contracts, and utilization management, is equal.

> The relative values shown for each plan do not reflect anticipated differences in premiums by insurer, but rather differences in the value of the benefit packages offered by each.



*EUTF benefit plans
**Represents the largest HMO plan, one of the largest State employee plans, and one of the largest small group plans

The graph shows that the seven benchmark plan options that are specific to Hawai'i are similar in their relative value in aggregate, however the differences are not insignificant. The relative value analysis incorporates the supplemental benefits that must be offered as a result of ACA. Consequently this supplementation eliminates any differences in relative value as a result of needing to add coverage for habilitative services, for example. It is not our intention to discount the potential cost impact of being required to add additional services to QHPs, but to aid the State in choosing the benchmark plan for the EHB. Any benchmark plan that is chosen will need to be supplemented and thus the supplementation will have no relative value impact across plans.

Benefits Causing the Difference in Plan Values

It is important to understand which benefits are causing differences in the relative values shown. First, as previously discussed, if a benchmark plan is chosen that does not include Hawai'i mandated benefits, then Hawai'i will have to pay the cost of these additional benefits for QHP enrollees, unless the mandated benefits are repealed prior to 2014. Second, if policymakers

prefer that certain benefits are included for medical efficacy or social reasons, then it is important to know which benefits cause the difference in values. If final rules allow insurers to substitute benefits, however, then this second consideration may become less important.

Below we highlight the differences for each plan relative to the HMSA small group PPO plan.

State Employee Benefit Package Options

As discussed earlier, two of the three largest State employee plans are administered by HMSA (EUTF plans). Both of these plans have the same covered benefits and only differ in member cost sharing. The third largest State employee plan is the Kaiser HMO plan, which will be discussed in more detail later in this section.

The HMSA State employee benefit package and the HMSA PPO benefit package are very similar in all of the benefits provided. The only difference is that the HMSA State employee plans provide coverage for routine vision exams, whereas the HMSA PPO does not provide coverage for this benefit. We estimate the relative value of offering routine vision exams to be less than one percentage point.

FEHBP Benefit Package Options

While the relative value in benefits between these plans and the HMSA small group PPO plan are relatively small, there are several differences in the benefits that are noteworthy. First, the FEHBP plans do not cover IVF which is a State mandated benefit. As previously discussed, if one of the FEHBP benefit packages are selected as the benchmark plan, IVF would not be included in the EHB. However, unless repealed, it would be required to be covered as it is a mandated benefit, and the cost would be borne by the State for individuals enrolled in a QHP. It is estimated that coverage for IVF accounts for roughly 1.25 points of the relative value between plans. Second, none of the FEHBP plans provide coverage for genetic screening, genetic testing, or vision hardware. In the event one of the FEHBP plans were selected as the benchmark plan, these benefits would not be included in the EHB and would not need to be offered by QHPs.

In contrast, the FEHBP plans provide coverage for chiropractic services, acupuncture, and routine adult dental care, whereas the HMSA PPO plan does not provide coverage for these services.

The relative value difference in benefits between the FEHBP Basic plan and the other two FEHBP plans is due to the presence of a comprehensive dental plan. While all three FEHBP plans cover some dental services, the Basic Option has fewer services subject to a scheduled allowance. Since cost sharing is not part of the analysis, the benefit is estimated to have a relatively high value.

UHA 3000 PPO

The relative value of benefits for the UHA 3000 PPO plan is slightly lower than the HMSA small group PPO plan as a result of not providing vision hardware benefits and considerably leaner benefits for physical and occupational therapy services. However, the UHA 3000 PPO plan does provide coverage for chiropractic and acupuncture services, whereas the HMSA small group PPO plan does not. The net impact of these differences in benefits is that the UHA 3000 PPO benefit package relative value is estimated to be one percent lower than that for the HMSA PPO benefit package.

Kaiser HMO

As mentioned previously, the Kaiser HMO plan represents one of the three largest small group plans, the largest HMO plan, and also one of the three largest State employee plans. As you will notice, the benefit package relative value point estimate for Kaiser is 0.97, or three points lower than the HMSA small group PPO benefit package. This difference is driven by the fact that durable medical equipment (DME), external prosthetics, vision hardware, and hearing aid benefits that are provided by the HMSA small group PPO plan and are not provided by the Kaiser HMO plan. We looked into these benefit differences in more detail as it is unusual for a comprehensive benefit plan not to provide coverage for DME and prosthetics. Through discussions with Kaiser, it is our understanding DME services are provided to individuals and small groups as an optional rider, but is not one of the most commonly chosen benefits by members and therefore would not be included in the benchmark plan.

In the event the Kaiser HMO plan is chosen as the EHB, neither DME nor prosthetic devices will be required to be offered by QHPs.

In the following table we provide a high level comparison of the benefit differences between each of the benchmark plans. A more detailed comparison is provided in Appendix F.

Benefit	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Allergy Testing	X*	X**	X**`	X**	X**	X**	X**
Private Duty Nursing			X**		X*	X*	X*
Durable Medical Equipment	X	X		X	X	X	X
Prosthetics	X	X		X	X	X	X
Inpatient Hospice	X**	X**	X**	X**	X*	X*	X*
Cardiac Rehab					X	X	X
Physical Therapy	90	12 one-hour sessions or 48 15-minutes sessions	Short-term	90	75	50	60
Occupational Therapy			Short-term				
Speech Therapy	Unlim	Requires prior authorization	Short-term	Unlim			30
Hyperbaric Oxygen Therapy	X	X	X	X			
Infertility Services	X**	X**	X**	X**	X*	X*	X*
Genetic Screening and Testing	X**	X*	X***	X**			
Genetic Counseling	X	X	X	X	X	X	
Smoking and Tobacco Cessation Prescription Drugs	X		X	x	X	X	X
Durable Medical Equipment and Devices	X	X		X	X	X	X
Prosthetic Devices	X	X		X	X	X	X
Home Health Visit	150	150	Unlim	150	25	25	50
Skilled Nursing Facility Care	X**	X**	X*	X**	X***	X***	X*
Respite Care					X	X	
Chiropractic Manipulation		$500			12	12	12
Acupuncture					X*	X**	X*
TMJ Joint Dysfunction (Diagnostic, therapeutic, and surgical coverage same as any other bone or joint)	X*	X*		X*	X**	X**	X**
Abortion	X**	X**	X*	X**	X*	X*	X*

Benefit	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Wigs (for hair loss due to chemotherapy treatment for cancer)					X	X	
Coverage for Certain Clinical Trials	X*			X*	X**	X**	X**
Medical Foods (Food supplements, formulas or special foods)	X**	X**	X**	X**	X*	X*	X**
Routine Vision Exams – Adults			X	X			
Eyeglasses and Contact Lenses - Adults	X**			X**			X*
Routine Dental					X*	X**	X*
Routine Hearing Exams	X		X	X			
Hearing Aids	X**	X**		X**	X*	X*	X*
Speech Generating Devices / Voice Synthesizers	X**	X*	X**	X**	X*	X*	

Key:
[*empty*]= Not Covered
X= Covered and coverage is the same across plans
X*= Covered with lesser coverage versus other plans
X**= Covered with average coverage versus other plans
X***= Covered with more coverage versus other plans

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Policy Considerations in Selecting a Benchmark Plan

Although HHS has not provided a specific list of criteria to be used in selecting the benchmark plan, there are several considerations that could influence the State's choice of a benchmark plan. Several of these items are discussed in more detail below.

State Mandated Benefits

Any state mandated benefits that are not covered by the plan selected as the benchmark must be added to the benchmark benefits and the State must cover the cost of the mandated benefits added for any individual enrolled in a QHP. This assumes the State would not repeal the mandated benefit. The only Hawai'i State mandated benefit that isn't covered by every benchmark plan is IVF, which isn't covered by the FEHBP plans.

Small Group Market Disruption

The State should also consider the market disruption that may be caused by each of the benchmark options. Market disruption can be defined by covered benefits or additional cost. States must consider what benefits will be foregone or added and how these benefits impact the current individual and small group markets. Each benchmark plan option represents a market basket of services that would be required to be covered if selected as the benchmark. If the market basket included in one benchmark is more expensive than another, selecting the plan with the more expensive market basket would mean mandating a premium increase to individuals that currently have plans with a leaner market basket.

Individual Market Disruption

Additionally, since the benchmark selected would also impact the individual market, some states have also performed a detailed analysis of the most common plans in the individual market to gauge the disruption that will occur. In Hawai'i, individual benefit plans are required to provide coverage for State mandated benefits, which will help limit market disruption in the individual market.

Specific Benefits Covered

Specific benefits that are covered in one benchmark plan option but not another can also be considered. We refer to these as "outlier benefits." It then becomes a policy decision as to which benefits might be more important to cover (e.g., private duty nursing vs. wigs for chemotherapy patients). By examining the outlier benefits the State can be sure that the plan selected as the benchmark ensures medical efficacy and coverage of treatments that adequately prevent, ameliorate or cure conditions and diseases as effectively as possible.

Affordability
Given the benchmark plan will serve as a basis for defining the EHB package for Hawai'i, it essentially places a floor on the services that must be covered. While selecting a benchmark option with more comprehensive services may provide broader coverage, it comes with a cost. While selecting the HMSA PPO plan may result in the least amount of disruption in the current small group market, it is also the most expensive of the three largest small group plans and would result in higher premiums as compared to selecting the UHA 3000 or Kaiser HMO plan.

Consumer and Stakeholder Input
The State may wish to seek the input of consumers and other stakeholders. Some states have held consumer focus groups and/or public meetings to gather input and feedback related to the benchmark options available. Other states have solicited comments and feedback via other means, such as mail or email.

Ease of Administration by Carriers
Administration of benefits can vary based on the type of benefit. Selecting a benefit package that requires more manual administration of benefits could lead to higher administrative expenses and in turn higher premiums.

Appendix A

Existing Benefit Comparison Across Benchmark Plans

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
WELLNESS BENEFITS INCLUDING PREVENTIVE SERVICES AND SCREENINGS									
Adult Routine Physical Exams	NO	YES	Not Covered	Covered	Covered	Covered	Covered	Covered	Covered
Well-Baby and Well-Child Care	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Immunizations	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Routine Mammography Screening	YES	YES	1 per Year at Age 40; Baseline at Age 35; More Frequent for at Risk Individuals	1 per Year	Covered	Covered - 1 per year starting at age 40 (baseline at age 35); more frequently or at an earlier age for at risk individuals	1 per Year; More Frequent for at Risk Individuals	1 per Year; More Frequent for at Risk Individuals	1 per Year at Age 35; More Frequent for at Risk Individuals
HPV/Cervical Cancer Screening	NO	YES	1 per Year	1 per Year	Covered	1 per year	Covered	Covered	Covered
Newborn Hearing Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Newborn Screening (Other than Hearing)	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pediatric Hearing Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prostate Cancer Screening	NO	NO	1 per year at age 50	1 per year at age 50	Covered	1 per Year at Age 50	Covered	Covered	1 per Year at Age 40
Colorectal Cancer Screening	YES	YES	Covered	Covered for males and females over 50 with one of the following options - 1 annual fecal occult blood testing, 1 fecal occult blood testing and flexible sigmoidoscopy every 5 years, or 1 colonoscopy every 5 years	Covered	Covered	Covered	Covered	Covered
Depression Screening (Adolescents and Adults)	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Not Covered
Diagnostic Bone Mass Measurement/Density Testing	NO	YES	Covered	1 per Year	Covered	Covered	Covered	Covered	Covered
Preventive Colonoscopy	YES	YES	Covered	1 every 5 Years at Age 50	Covered	Covered	Covered	Covered	Covered
Allergy Testing	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered - $500 PMPY

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Diabetes Screening	NO	YES	Covered	Covered	Covered	Covered	Covered*	Covered*	Covered*
Screening for Sexually Transmitted Infections – HIV	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered*
Screening for Sexually Transmitted Infections – Other	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered*
Anemia Screening for Pregnant Women	NO	YES	Covered	Covered	Covered	Covered	Covered*	Covered*	Covered*
Bacteriuria Urinary Tract Screening for Pregnant Women	NO	YES	Covered	Covered	Covered	Covered	Covered*	Covered*	Covered*
BRCA Screening and Counseling About Genetic Testing	NO	YES	Covered	Covered	Covered	Covered	Counseling Covered; Testing is Only Covered for Those with a Cancer Diagnosis	Counseling Covered; Testing is Only Covered for Those with a Cancer Diagnosis	Not Covered
Folic Acid Supplements for Women Who May Become Pregnant	NO	YES	Covered	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Hepatitis B Screening for Newly Pregnant Women	NO	YES	Covered	Covered	Covered	Covered	Covered*	Covered*	Covered*
Rh Incompatibility Screening for all Pregnant Women and Follow-up Testing for Women at Higher Risk	NO	YES	Covered	Covered	Covered	Covered	Covered*	Covered*	Covered*
Allergy Injections	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Weight Loss Program	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered – Discounts Only	Not Covered – Discounts Only	Not Covered
Smoking and Tobacco Cessation Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered – 2 Attempts per Year; 4 Counseling Sessions per Attempt
Diabetes Education	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diabetes Monitoring	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Fitness Membership	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered – Discounts Only	Not Covered – Discounts Only	Not Covered – Discounts Only
Breastfeeding/Lactation Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered*

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Nutritional Counseling	NO	YES	Covered	Covered Only when Assoc. with Self Mgnt. of a Disease	Covered	Covered	Covered – Individual Counseling Only	Covered – Individual Counseling Only	Covered
HPV Vaccine	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Flu Vaccine	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
INPATIENT HOSPITAL SERVICES									
Room and Board	NO	NO	Semi-private; Private if Medically Necessary	Semi-private; Private if Authorized	Semi-private; Private if Medically Necessary	Semi-private; Private if Medically Necessary	Semi-private; Private if Medically Necessary or Only Private Rooms	Semi-private; Private if Medically Necessary or Only Private Rooms	Semi-private; Private if Medically Necessary or Only Private Rooms
Nursing – General	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Private Duty Nursing	NO	NO	Not Covered	Not Covered	Special Duty Nursing	Not Covered	Covered (Hospice Care only)	Covered (Hospice Care only)	Covered (Hospice Care only)
Minimum Inpatient Stays Following Delivery of a Baby (48 Hours Normal; 96 Hours Cesarean)	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Treatment of Maternity as any Other Illness When Maternity is Provided	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Complications of Pregnancy	NO	NO	Covered	Covered	Covered	Covered	Covered*	Covered*	Covered*

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Lab	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pathology Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiology	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Anesthesia	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Medical Supplies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Durable Medical Equipment	NO	NO	Covered	Covered	Not Covered except during hospitalization	Covered	Covered	Covered	Covered
Prosthetics	NO	NO	Covered	Covered	Not Covered (internal prosthetics covered only)	Covered	Covered	Covered	Covered
Drugs	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Blood	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient Rehab Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Minimum Benefit for Mental Illness (30 days)	YES	NO	Covered	Covered	Covered	Covered	Covered Same as Other Illnesses and Conditions	Covered Same as Other Illnesses and Conditions	Covered Same as Other Illnesses and Conditions
Minimum Benefit Offering for Alcoholism/Drug Abuse Treatment	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Transplants	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Reconstructive Breast Surgery Following a Mastectomy	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Surgery to Correct Congenital Anomalies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Other Reconstructive Surgery	NO	NO	Illness or Injury	Illness or Injury	Accident or Injury	Illness or Injury	Functional Defect or to Restore a Mouth to a Pre-cancerous State	Functional Defect or to Restore a Mouth to a Pre-cancerous State	Surgery to Correct a Condition that Produced a Major Effect on the Member's Appearance
Bariatric Surgery	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
LASIK Surgery	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered – Discounts Only	Not Covered – Discounts Only	Not Covered – Discounts Only
Tubal Ligation	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Vasectomy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Reversal of Voluntary Sterilization	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Hospice	YES	NO	Covered	Covered	Covered	Covered	7 Days Separated by 21 Days Discharged	7 Days Separated by 21 Days Discharged	Covered – Combined Inpatient and Outpatient Maximum of $15,000
Vision Procedures	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Anesthesia and Hospital Charges for Dental Procedures for Children Under Age 9 and Persons With Serious Mental, Physical or Behavioral Problems	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Oral and Maxillofacial Surgery or Emergency Procedure	YES	NO	Covered – Services that could also be Performed by Physicians	Covered – Services that could also be Performed by Physicians	Covered – Services that could also be Performed by Physicians	Covered - services could also be performed by physicians	Covered – Accidental Injury, Congenital Deformity, and Disease due to Infection or Tumor, Plus Additional Conditions	Covered – Accidental Injury, Congenital Deformity, and Disease due to Infection or Tumor, Plus Additional Conditions	Covered – Accidental Injury, Congenital Deformity, and Disease due to Infection or Tumor, Plus Additional Conditions
OUTPATIENT HOSPITAL SERVICES									
Emergency Room Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Surgery: Operating Room, Recovery and Treatment Rooms	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Anesthesia	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Laboratory Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Pathology	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiology – X-rays, Ultrasound, EKG, EEG, CT, MRI, PET, Diagnostic Angiography	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Chemotherapy	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiation Therapy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diagnostic Colonoscopy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Cardiac Rehab	NO	NO	Not Covered	Covered	Not Covered	Not Covered	No Visit Limit	No Visit Limit	No Visit Limit
Pulmonary Rehab	NO	NO	Covered	Covered	Covered	Covered	No Visit Limit	No Visit Limit	No Visit Limit
Physical Therapy	NO	NO	90 Days per Year	12 one-hour sessions or 48 15-minutes sessions	Short term Only	90 Days per Year	75 Visits per Year	50 Visits per Year	60 Visits per Year
Occupational Therapy	NO	NO			Short term Only				
Speech Therapy	NO	NO	Covered	Covered	Short term Only	Covered			30 Visits per year
Habilitative Services and Devices	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
IV/Infusion Therapy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Hyperbaric Oxygen Therapy	NO	NO	Covered	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
Dialysis	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Blood and Plasma	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Medical and Surgical Supplies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Oxygen	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Nuclear Medicine	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Injectible Drugs	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Infertility Services	YES	NO	IVF; One-Time Only Benefit	IVF; One-Time Only Benefit	One-Time Only Benefit	IVF; One-Time Only Benefit	Covered ; ART Excluded	Covered ; ART Excluded	Covered - $3,000 per Year; ART and Prescription Drugs Excluded
Dental Implants	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Genetic Screening and Testing	NO	NO	Covered	Covered – Testing only	Covered	Covered	Covered (Some; Diagnostic Genetic Testing)	Covered (Some; Diagnostic Genetic Testing)	Not Covered
Genetic Counseling	NO	NO	Covered	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
PHYSICIAN SERVICES									
Inpatient Visits	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient Surgery	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Surgery	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Emergency Room Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Urgent Care Visits	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Physician Office Visits	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered - Preferred Provider Only	Covered
Laboratory Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diagnostic Imaging	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Treat Maternity as any Other Illness	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prenatal Care	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Minimum Benefit for Mental Illness (30 Office Visits)	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Minimum Benefit Offering for Alcoholism/Drug Abuse Treatment	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
PRESCRIPTION DRUG COVERAGE									
Retail and Mail Order Prescription Drugs	NO	NO	Covered	Covered	Covered	Not Covered	Covered	Covered	Covered
Prescription Contraceptives	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Smoking and Tobacco Cessation Prescription Drugs	NO	NO	Covered	Not Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
OTHER COVERED SERVICES									
Ambulance Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Durable Medical Equipment and Devices	NO	NO	Covered	Covered	Not Covered	Covered	Covered	Covered	Covered
Private Duty Nursing in the Home	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Home Dialysis Equipment and Supplies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Oxygen	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prosthetic Devices	NO	NO	Covered	Covered	Not Covered (internal prosthetics covered only)	Covered	Covered	Covered	Covered
Home Health Visit	NO	NO	150 Visits per Year	150 Visits per Year	No Limit	150 Visits per Year	25 Visits per Year	25 Visits per Year	50 Visits per Year
Skilled Nursing Facility Care	NO	NO	120 Days per Year	120 Days per Year	60 Days per Year	120 Days per Year	No Limit	No Limit	$700 per Day for 14 Days After an Inpatient Stay
Custodial/Convalescent Care	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Respite Care	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Inpatient Hospice for Respite; 7 Days, Separated by 21 Days Discharged	Inpatient Hospice for Respite; 7 days, Separated by 21 Days Discharged	Not Covered
Chiropractic Manipulation	NO	NO	Not Covered	$500 limit	Not Covered	Not Covered	12 Visits per Year	12 Visits per Year	12 Visits per Year

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Acupuncture	NO	NO	Not Covered		Not Covered	Not Covered	24 Visits per Year	Covered	20 Visits per Year (Medically Necessary)
Hypnotherapy	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
HIV/AIDS Treatment	NO	NO	Covered	Covered	Covered*	Covered	Covered	Covered	Covered
Certain Treatment of Diabetes	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
TMJ Joint Dysfunction (Diagnostic, Therapeutic, and Surgical Coverage Same as any Other Bone or Joint)	NO	NO	Diagnosis Covered; Treatment Not Covered	Diagnosis Covered; Treatment Not Covered	Not Covered	Diagnosis Covered; Treatment Not Covered	Covered (Surgery Only)	Covered (Surgery Only)	Covered (Surgery Only)
Abortion	NO	NO	Covered	Covered	Limit 2 Elective per Lifetime	Covered	Covered Only When the Mother's Life is in Danger or for Rape/Incest	Covered Only When the Mother's Life is in Danger of for Rape/Incest	Covered Only When the Mother's Life is in Danger or for Rape/Incest
Home Hospice Care	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered - Combined IP/OP Max of $15,000
Applied Behavioral Analysis (Beyond PT/OT/ST) – includes Autism Spectrum Disorder	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered*

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Nurse Midwife Services	NO	YES (For Prenatal Services)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Experimental Treatments, Services and Drugs	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Wigs for Hair Loss due to Chemotherapy Treatment for Cancer	NO	NO	Not Covered	Not Covered	Not Covered*	Not Covered	$350 Lifetime	$350 Lifetime	Not Covered
Coverage for Certain Clinical Trials	NO	NO	Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered
Medical Foods (Food Supplements, Formulas or Special Foods)	YES	NO	Covered – Only to Treat Inborn Errors of Metabolism	Covered – Only to Treat Inborn Errors of Metabolism	Covered – Only to Treat Inborn Errors of Metabolism	Covered – Only to Treat Inborn Errors of Metabolism	Covered US FDA Approved Foods Administered Orally that Provide 100% of Nutrition to Children up to Age 22 for 1 Year	Covered US FDA Approved Foods Administered Orally that Provide 100% of Nutrition to Children up to Age 22 for 1 Year	Covered – Prescription Required
ANCILLARY BENEFITS									
Routine Vision Exams - Adult	NO	NO	Not Covered	Not Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
Pediatric Vision Screening	NO	YES	Covered	Covered	Covered	Covered	1 per Year	1 per Year	1 per Year; Limited to Ampliopia (Lazy Eye) and Strabismus (Crossed Eye)

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Eyeglasses and Contact Lenses – Adults	NO	NO	Covered for Certain Medical Conditions and Subject to Certain Limits	Not Covered	Not Covered	Covered for Certain Medical Conditions and Subject to Certain Limits	Not Covered	Not Covered	Not Covered – Discounts Only
Eyeglasses and Contact Lenses – Pediatric	NO	NO	Covered for Certain Medical Conditions and Subject to Certain Limits	Not Covered	Not Covered	Covered for Certain Medical Conditions and Subject to Certain Limits	Not Covered	Not Covered	Not Covered – Discounts Only
Routine Dental	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Scheduled Allowances for Diagnostic and Preventive Services, Fillings, and Simple Extractions	Covers 2 Exams, 2 Cleanings, 2 Fluoride Treatments and $150 in X-rays per Year	Scheduled Allowances for Diagnostic and Preventive Services, Fillings, and Simple Extractions
Pediatric Dental	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Limited Coverage Subject to a Scheduled Benefit	Limited Coverage Subject to a Scheduled Benefit	Limited Coverage Subject to a Scheduled Benefit
Routine Hearing Exams	NO	NO	Covered	Not Covered	Covered	Covered	Not Covered	Not Covered	Not Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Hearing Aids	NO	NO	1 Hearing Aid per Ear Every 60 Months	1 Hearing Aid per Ear Every 60 Months	Not Covered	1 Hearing Aid per Ear Every 60 Months	External and Bone Anchored Hearing Aids; $1,250 per Ear per Year for Children to Age 22; $1,250 per Ear Every 36 months for Adults	External and Bone Anchored Hearing aids; $1,250 per Ear per Year for Children to Age 22; $1,250 per Ear Every 36 Months for Adults	External hearing Aids Covered up to $250 per Ear Every 5 Years; Bone Anchored Hearing aids and Cochlear Implants Covered – All Ages
Speech Generating Devices / Voice Synthesizers	NO	NO	Covered	Covered	Covered*	Covered	Covered up to $1,250 per Year	Covered up to $1,250 per Year	Not Covered

Appendix B

EHB Categories Across Benchmark Plans

EHB Category	Sub-Category	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Ambulatory Patient Services		YES	YES	YES	YES	YES	YES	YES
Emergency Services		YES	YES	YES	YES	YES	YES	YES
Hospitalization		YES	YES	YES	YES	YES	YES	YES
Maternity and Newborn Care		YES	YES	YES	YES	YES	YES	YES
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment	Federal Parity – Mental Health	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES
	Federal Parity – Substance Use	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES	IP – YES OP – YES
Prescription Drugs		YES	YES	YES	YES	YES	YES	YES
Rehabilitative and Habilitative Services and Devices	Rehabilitative	YES	YES	YES	YES	YES	YES	YES
	Habilitative	NO	NO	NO	NO	NO	NO	NO
Laboratory Services		YES	YES	YES	YES	YES	YES	YES
Preventive and Wellness Services and Chronic Disease Management		NO (Not all USPSTF, Bright Futures, and Women's Wellness Covered Today)	NO (Not all USPSTF and Bright Futures Covered Today)	NO (Not all USPSTF and Bright Futures Covered Today)	NO (Not all USPSTF and Bright Futures Covered Today)	NO (Not all USPSTF, Bright Futures, and Women's Wellness Covered Today)	NO (Not all USPSTF, Bright Futures, and Women's Wellness Covered Today)	NO (Not all USPSTF, Bright Futures, and Women's Wellness Covered Today)
Pediatric Services Including Oral and Vision Care	Well Baby and Well Child Visits	YES	YES	YES	YES	YES	YES	YES
	Immunizations	YES	YES	YES	YES	YES	YES	YES
	Routine Oral	NO	NO	NO	NO	YES - Limited Coverage (Pediatric Oral Evaluation, Prophylaxis, Fluoride Treatment, Sealants)	YES - Limited Coverage (Pediatric Oral Evaluation, Prophylaxis, Fluoride Treatment, Sealants)	YES - Limited Coverage (Pediatric Oral Evaluation, Prophylaxis, Fluoride Treatment, Sealants)
	Routine Vision	NO	YES	YES	YES	YES	YES	NO
	Vision Hardware	NO	NO	NO	NO	NO	NO	NO

Appendix C

List of Required Supplemented Benefits

USPSTF A and B Recommendations[18]

Benefit	Description
Abdominal Aortic Aneurysm Screening: Men	One-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.
Alcohol Misuse Counseling	Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.
Anemia Screening for Pregnant Women	Routine screening for iron deficiency anemia in asymptomatic pregnant women.
Aspirin to Prevent CVD: Men	Aspirin for men aged 45 to 79 when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
Aspirin to Prevent CVD: Women	Aspirin for women aged 55 to 79 when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.
Bacteriuria Screening: Pregnant Women	Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.
Blood Pressure Screening in Adults	Screening for high blood pressure in adults aged 18 and older.
BRCA Screening, Counseling	Genetic counseling and evaluation for BRCA testing for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Breast Cancer Preventive Medication	Clinician discussion of chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.
Breast Cancer Screening	Screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.
Breastfeeding Counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.
Cervical Cancer Screening	Screening for cervical cancer in women who have been sexually active and have a cervix.
Chlamydial Infection Screening: Non-pregnant Women	Screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.
Chlamydial Infection Screening: Pregnant Women	Screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.
Cholesterol Abnormalities Screening: Men 35 and Older	Screening men aged 35 and older for lipid disorders.
Cholesterol Abnormalities Screening: Men Younger than 35	Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.
Cholesterol Abnormalities Screening: Women 45 and Older	Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.
Cholesterol Abnormalities Screening: Women Younger than 45	Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.

[18] http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

Benefit	Description
Colorectal Cancer Screening	Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 and continuing until 75. The risks and benefits of these screening methods vary.
Dental Caries Chemoprevention: Preschool Children	Primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.
Depression Screening: Adolescents	Screening of adolescents (12-18 years of age) for major depressive disorders when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.
Depression Screening: Adults	Screening adults for depression when staff-assisted depression care supports are in place to ensure accurate diagnosis, effective treatment, and follow-up.
Diabetes Screening	Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
Folic Acid Supplementation	Daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy.
Gonorrhea Prophylactic medication: Newborns	Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.
Gonorrhea Screening: Women	Screening for all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).
Healthy Diet Counseling	Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
Hearing Loss Screening: Newborns	Screening for hearing loss in all newborn infants.
Hemoglobinopathies Screening: Newborns	Screening for sickle cell disease in newborns.
Hepatitis B Screening: Pregnant Women	Screening for Hepatitis B virus infection in pregnant women at their first prenatal visit.
HIV Screening	Screening for human immunodeficiency virus (HIV) in all adolescents and adults at increased risk for HIV infection.
Hypothyrodism Screening: Newborns	Screening for congenital hypothyroidism in newborns.
Iron Supplementation in Children	Routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.
Obesity Screening and Counseling: Adults	Screening of all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
Obesity Screening and Counseling: Children	Screening of children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Osteoporosis Screening: Women	Routine screening for women aged 65 and older for osteoporosis beginning at age 60 for women at increased risk for osteoporotic fractures.
PKU Screening: Newborns	Screening for phenylketonuria (PKU) in newborns.
Rh incompatibility Screening: First Pregnancy Visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Rh incompatibility Screening: 24-28 Weeks Gestation	Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.

Benefit	Description
STIs Counseling	High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
Tobacco Use Counseling and Interventions: Non-pregnant Adults	Clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.
Tobacco Use Counseling: Pregnant Women	Clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.
Syphilis Screening: Non-pregnant Persons	Screening of persons at increased risk for syphilis infection.
Syphilis Screening: Pregnant Women	Screening of all pregnant women for syphilis infection.
Visual Acuity Screening in Children	Screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than 5 years.

Women's Wellness Benefits[19]

Benefit	Description
Gestational Diabetes Screening	Screening for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes.
Contraception, Sterilization and Contraceptive Counseling	Access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling. These recommendations do not include abortifacient drugs.
Well Women Visits	Annual well-women preventive care visit for adult women to obtain the recommended preventive services, and additional visits if determined necessary by women and their providers.
HPV DNA Testing	Access to high-risk human papillomavirus (HPV) DNA testing once every 3 years, regardless of pap smear results, for women who are 30 or older.
Counseling for Sexually Transmitted Infections	Access to annual counseling for sexually transmitted infections (STIs) for sexually-active women.
HIV Testing and Counseling	Access to annual screening and counseling on HIV for sexually-active women.
Breastfeeding Support Supplies	Access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment for pregnant and postpartum women.
Domestic Violence Screening	Access to annual screening and counseling for interpersonal and domestic violence for all women.

[19] http://www.healthcare.gov/law/resources/regulations/womensprevention.html

Bright Futures Recommendations for Pediatric Preventive Health Care[20]

Benefit	Interval
Complete Medical History	Age 0 – 21
Length, Height and Weight Measurements	Age 0 – 21
Head Circumference Measurement	Age 0 – 24 months
Body Mass Index Measurement	Age 24 months – 21 years
Blood Pressure	Age 0 – 21
Vision Screening	Age 0 – 21
Hearing Screening	Age 0 – 21
Developmental Screening	Ages 9 Months, 18 Months and 30 Months
Autism Screening	Ages 18 Months and 24 Months
Developmental Surveillance	Ages 0 – 21
Psychosocial/Behavioral Assessment	Ages 0 – 21
Alcohol and Drug Use Assessment	Ages 11 – 21
Physical Exam	Ages 0 – 21
Newborn Metabolic Hemoglobin Screening	Age 3-5 days
Immunizations	Ages 0 – 21
Hematocrit or Hemoglobin	Ages 4 Months, 12 Months, 18 Months, 24 Months, Ages 3 - 21
Lead Screening	Ages 6 Months, 9 Months, 12 Months, 18 Months, 24 Months, Ages 3 - 6
Tuberculin Test	Ages 1 Month, 6 Months, 12 Months, 18 Months, 24 Months, Ages 3 - 21
Dyslipidemia Screening	Age 24 Months, Age 4, Age 6, Age 8, Ages 10 - 21
Sexually Transmitted Infections Screening	Ages 11 – 21
Cervical Dysplasia Screening	Ages 11 – 21
Oral Health	Ages 12 Months, 18 Months 24 Months, 30 Months, Age 3, Age 6
Anticipatory Guidance to Children, Adolescents and Parents	Ages 0 – 21

[20] http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf

Appendix D

State Mandated Benefits Across Benchmark Plans

Legal Reference	Mandate Description	Small Group Option 1	Small Group Option 3	Small Group Option 2	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
§431:10A-115 §431:10A-116 §432:1-602 §432:1-602.6 §432D-23	Coverage for Newborn and Foster Children	YES	YES	YES	YES	YES	YES	YES
§431:10A-115.5 §432:1-602.5 §432D-23	Well-Baby and Well-Child Care	YES	YES	YES	YES	YES	YES	YES
§431:10A-116 §432D-23	Routine Mammography Screening	YES	YES	YES	YES	YES	YES	YES
§431: 10A-122 §432:1-617 §432D-23	Colorectal Cancer Screening	YES	YES	YES	YES	YES	YES	YES
§431: 10A-122 §432:1-617 §432D-23	Preventive Colonoscopy	YES	YES	YES	YES	YES	YES	YES
§431:10A-121 §432:1-612 §432D-23	Diabetes Education	YES	YES	YES	YES	YES	YES	YES
§431:10A-121 §432:1-612 §432D-23	Diabetes Monitoring	YES	YES	YES	YES	YES	YES	YES
Newborns' and Mothers' Health Protection Act of 1996	Minimum inpatient Stay Following Delivery of a Baby	YES	YES	YES	YES	YES	YES	YES
Newborns' and Mothers' Health Protection Act of 1996	Treat Maternity as any Other Illness (when maternity is provided)	YES	YES	YES	YES	YES	YES	YES
§431M-4 §432D-23	Mental Health Services	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements

Legal Reference	Mandate Description	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
§431M-4 §432D-23	Alcohol/Substance Abuse	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements	YES - Covered Same as for other illness and conditions, in compliance with Federal parity requirements
Women's Health and Cancer Rights Act of 1998	Reconstructive Breast Surgery Following a Mastectomy	YES	YES	YES	YES	YES	YES	YES
§431:10A-119 §432:1-608 §432D-23	Inpatient Hospice	YES	YES	YES	YES	YES	YES	YES - Actuarial equivalent combined inpatient and outpatient maximum of $15,000
§431:10A-116 §432D-23	Oral and Maxilofacial Surgery or Emergency Procedure	YES	YES	YES	YES	YES	YES	YES
§431:10A-126 §432:1-616 §432D-23	Chemotherapy	YES	YES	YES	YES	YES	YES	YES
§431:10A-116.5 §432:1-604 §432D-23	Infertility Services	YES - IVF; one-time only benefit	YES - IVF; one-time only benefit	YES - IVF; one-time only benefit	YES - IVF; one-time only benefit	NO - ART and prescription drugs excluded	NO - ART and prescription drugs excluded	NO - $3,000 per year; ART and prescription drugs excluded
§431:10A-116.6 §431:10A-116.7 §432:1-604.5 §432D-23	Prescription Contraceptives if prescription drugs are a covered service	YES	YES	YES	YES	YES	YES	YES
§431:10A-121 §432:1-612 §432D-23	Certain Treatment of Diabetes (Training and educational services, and equipment, supplies, medications, and laboratory procedures used to treat diabetes)	YES	YES	YES	YES	YES	YES	YES
§431:10A-120 §432:1-609 §432D-23	Medical Foods (Food supplements, formulas, or special foods)	YES	YES	YES	YES	YES	YES	YES

Appendix E

Supplemented Benefits Across Benchmark Plans

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
WELLNESS BENEFITS INCLUDING PREVENTIVE SERVICES AND SCREENINGS									
Adult Routine Physical Exams	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Well-Baby and Well-Child Care	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Immunizations	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Routine Mammography Screening	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
HPV/Cervical Cancer Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Newborn Hearing Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Newborn Screening (Other than Hearing)	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pediatric Hearing Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prostate Cancer Screening	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Colorectal Cancer Screening	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Depression Screening (Adolescents and Adults)	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Diagnostic Bone Mass Measurement/Density Testing	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preventive Colonoscopy	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Allergy Testing	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diabetes Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Screening for Sexually Transmitted Infections – HIV	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Screening for Sexually Transmitted Infections – Other	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Anemia Screening for Pregnant Women	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Bacteriuria Urinary Tract Screening for Pregnant Women	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
BRCA Screening and Counseling About Genetic Testing	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Folic Acid Supplements for Women Who May Become Pregnant	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Hepatitis B Screening for Newly Pregnant Women	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Rh Incompatibility Screening for all Pregnant Women and Follow-up Testing for Women at Higher Risk	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Allergy Injections	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Weight Loss Program	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Smoking and Tobacco Cessation Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diabetes Education	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diabetes Monitoring	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Fitness Membership	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Breastfeeding/Lactation Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Nutritional Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
HPV Vaccine	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Flu Vaccine	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Gonorrhea Prophylactic Medication for Newborns	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Iron Supplementation for Children	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Blood Pressure Screening for Adults	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Cholesterol Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Counseling for Sexually Transmitted Infections	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Abdominal Aortic Screening (Men age 65-76 who have Smoked)	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Alcohol Misuse Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Aspirin to Prevent Cardiovascular Disease	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Obesity Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Dental Flouride Chemoprevention for Children	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Breast Cancer Prevention Medication Counseling	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
HPV DNA Testing Once Every 3 Years	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
INPATIENT HOSPITAL SERVICES									
Room and Board	NO	NO	Semi-private; Private if Medically Necessary	Semi-private; Private if Authorized	Semi-private; Private if Medically Necessary	Semi-private; Private if Medically Necessary	Semi-private; Private if Medically Necessary or Only Private Rooms	Semi-private; Private if Medically Necessary or Only Private Rooms	Semi-private; Private if Medically Necessary or Only Private Rooms
Nursing – General	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Private Duty Nursing	NO	NO	Not Covered	Not Covered	Covered	Not Covered	Covered (Hospice Care only)	Covered (Hospice Care only)	Covered (Hospice Care only)
Minimum Inpatient Stays Following Delivery of a Baby (48 Hours Normal; 96 Hours Cesarean)	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Treatment of Maternity as any Other Illness When Maternity is Provided	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Complications of Pregnancy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Lab	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pathology Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiology	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Anesthesia	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Medical Supplies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Durable Medical Equipment	NO	NO	Covered	Covered	Not Covered except during hospitalization	Covered	Covered	Covered	Covered
Prosthetics	NO	NO	Covered	Covered	Not Covered (internal prosthetics covered only)	Covered	Covered	Covered	Covered
Drugs	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Blood	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient Rehab Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Mental Health Services	YES	NO	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements
Alcohol/Substance Abuse	YES	NO	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements	Covered Same as Other Illnesses and Conditions, in compliance with Federal parity requirements
Transplants	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Reconstructive Breast Surgery Following a Mastectomy	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Surgery to Correct Congenital Anomalies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Other Reconstructive Surgery	NO	NO	Illness or Injury	Illness or Injury	Accident or Injury	Illness or Injury	Functional Defect or to Restore a Mouth to a Pre-cancerous State	Functional Defect or to Restore a Mouth to a Pre-cancerous State	Surgery to Correct a Condition that Produced a Major Effect on the Member's Appearance
Bariatric Surgery	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
LASIK Surgery	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Tubal Ligation	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Vasectomy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Reversal of Voluntary Sterilization	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Hospice	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered – Combined Inpatient and Outpatient Maximum of $15,000
Vision Procedures	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Anesthesia and Hospital Charges for Dental Procedures for Children Under Age 9 and Persons With Serious Mental, Physical or Behavioral Problems	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Oral and Maxillofacial Surgery or Emergency Procedure	YES	NO	Covered – Services that could also be Performed by Physicians	Covered – Services that could also be Performed by Physicians	Covered* – Services that could also be Performed by Physicians	Covered – Services that could also be Performed by Physicians	Covered – Accidental Injury, Congenital Deformity, and Disease due to Infection or Tumor, Plus Additional Conditions	Covered – Accidental Injury, Congenital Deformity, and Disease due to Infection or Tumor, Plus Additional Conditions	Covered – Accidental Injury, Congenital Deformity, and Disease due to Infection or Tumor, Plus Additional Conditions
OUTPATIENT HOSPITAL SERVICES									
Emergency Room Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Surgery: Operating Room, Recovery and Treatment Rooms	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Anesthesia	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Laboratory Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pathology	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiology – X-rays, Ultrasound, EKG, EEG, CT, MRI, PET, Diagnostic Angiography	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Chemotherapy	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiation Therapy	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

<table>
<tr><th>Benefit</th><th>State Mandate</th><th>Required Preventive or Women's Wellness</th><th>Small Group Option 1</th><th>Small Group Option 2</th><th>Small Group Option 3</th><th>State Employees Health Plan</th><th>FEHBP Option 1</th><th>FEHBP Option 2</th><th>FEHBP Option 3</th></tr>
<tr><td>Diagnostic Colonoscopy</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Cardiac Rehab</td><td>NO</td><td>NO</td><td>Not Covered</td><td>Not Covered</td><td>Not Covered</td><td>Not Covered</td><td>No Visit Limit</td><td>No Visit Limit</td><td>No Visit Limit</td></tr>
<tr><td>Pulmonary Rehab</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>No Visit Limit</td><td>No Visit Limit</td><td>No Visit Limit</td></tr>
<tr><td>Physical Therapy</td><td>NO</td><td>NO</td><td rowspan="2">90 Days per Year</td><td rowspan="2">12 one-hour sessions or 48 15-minutes sessions</td><td>Short Term Only</td><td rowspan="2">90 Days per Year</td><td rowspan="3">75 Visits per Year</td><td rowspan="3">50 Visits per Year</td><td rowspan="2">60 Visits per Year</td></tr>
<tr><td>Occupational Therapy</td><td>NO</td><td>NO</td><td>Short Term Only</td></tr>
<tr><td>Speech Therapy</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Short Term Only</td><td>Covered</td><td>30 Visits per year</td></tr>
<tr><td>Habilitative Services and Devices</td><td>NO</td><td>NO</td><td>Covered – As supplemented</td><td>Covered – As supplemented</td><td>Covered – As supplemented</td><td>Covered – As supplemented</td><td>Covered – As supplemented</td><td>Covered – As supplemented</td><td>Covered – As supplemented</td></tr>
<tr><td>IV/Infusion Therapy</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Hyperbaric Oxygen Therapy</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Not Covered</td><td>Not Covered</td><td>Not Covered</td></tr>
<tr><td>Dialysis</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Blood and Plasma</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Medical and Surgical Supplies</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Oxygen</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Nuclear Medicine</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Injectible Drugs</td><td>NO</td><td>NO</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td>Infertility Services</td><td>YES</td><td>NO</td><td>IVF; one-time only benefit</td><td>IVF; one-time only benefit</td><td>One-time only benefit</td><td>IVF; one time only benefit</td><td>Covered ; ART Excluded</td><td>Covered ; ART Excluded</td><td>Covered - $3,000 per Year; ART and Prescription Drugs Excluded</td></tr>
</table>

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Dental Implants	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Genetic Screening and Testing	NO	NO	Covered	Covered – Testing only	Covered	Covered	Covered (Some; Diagnostic Genetic Testing)	Covered (Some; Diagnostic Genetic Testing)	Not Covered
Genetic Counseling	NO	NO	Covered	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
PHYSICIAN SERVICES									
Inpatient Visits	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient Surgery	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Surgery	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Emergency Room Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Urgent Care Visits	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Physician Office Visits	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Laboratory Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diagnostic Imaging	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Treat Maternity as any Other Illness	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prenatal Care	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Mental Health Services	YES	NO	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements
Alcohol/Substance Abuse	YES	NO	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements	Covered Same as for other illness and conditions, in compliance with Federal parity requirements
PRESCRIPTION DRUG COVERAGE									
Retail and Mail Order Prescription Drugs	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prescription Contraceptives	YES	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Smoking and Tobacco Cessation Prescription Drugs	NO	NO	Covered	Not Covered	Covered	Covered	Covered	Covered	Covered
OTHER COVERED SERVICES									
Ambulance Services	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Durable Medical Equipment and Devices	NO	NO	Covered	Covered	Not Covered	Covered	Covered	Covered	Covered
Private Duty Nursing in the Home	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Home Dialysis Equipment and Supplies	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Oxygen	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prosthetic Devices	NO	NO	Covered	Covered	Not Covered (internal prosthetics covered only)	Covered	Covered	Covered	Covered
Home Health Visit	NO	NO	150 Visits per Year	150 Visits per Year	No Limit	150 Visits per Year	25 Visits per Year	25 Visits per Year	50 Visits per Year
Skilled Nursing Facility Care	NO	NO	120 Days per Year	120 Days per Year	60 Days per Year	120 Days per Year	No Limit	No Limit	$700 per Day for 14 Days After an Inpatient Stay
Custodial/Convalescent Care	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Respite Care	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Inpatient Hospice for Respite; 7 Days, Separated by 21 Days Discharged	Inpatient Hospice for Respite; 7 days, Separated by 21 Days Discharged	Not Covered
Chiropractic Manipulation	NO	NO	Not Covered	$500 limit	Not Covered	Not Covered	12 Visits per Year	12 Visits per Year	12 Visits per Year
Acupuncture	NO	NO	Not Covered		Not Covered	Not Covered	24 Visits per Year	Covered	20 Visits per Year (Medically Necessary)

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Hypnotherapy	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
HIV/AIDS Treatment	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Certain Treatment of Diabetes	YES	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
TMJ Joint Dysfunction (Diagnostic, Therapeutic, and Surgical Coverage Same as any Other Bone or Joint)	NO	NO	Diagnosis Covered; Treatment Not Covered	Diagnosis Covered; Treatment Not Covered	Not Covered	Diagnosis Covered; Treatment Not Covered	Covered (Surgery Only)	Covered (Surgery Only)	Covered (Surgery Only)
Abortion	NO	NO	Covered	Covered	Limit 2 Elective per Lifetime	Covered	Covered Only When the Mother's Life is in Danger or for Rape/Incest	Covered Only When the Mother's Life is in Danger of for Rape/Incest	Covered Only When the Mother's Life is in Danger or for Rape/Incest
Home Hospice Care	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered - Combined IP/OP Max of $15,000
Applied Behavioral Analysis (Beyond PT/OT/ST) – includes Autism Spectrum Disorder	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Nurse Midwife Services	NO	YES (For Prenatal Services)	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Experimental Treatments, Services and Drugs	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Wigs for Hair Loss due to Chemotherapy Treatment for Cancer	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	$350 lifetime	$350 lifetime	Not Covered
Coverage for Certain Clinical Trials	NO	NO	Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered
Medical Foods (Food Supplements, Formulas or Special Foods)	YES	NO	Covered – only to treat inborn errors of metabolism	Covered – only to treat inborn errors of metabolism	Covered – only to treat inborn errors of metabolism	Covered – only to treat inborn errors of metabolism	Covered US FDA Approved Foods Administered Orally that Provide 100% of Nutrition to Children up to Age 22 for 1 Year	Covered US FDA Approved Foods Administered Orally that Provide 100% of Nutrition to Children up to Age 22 for 1 Year	Covered – Prescription Required
ANCILLARY BENEFITS									
Routine Vision Exams - Adult	NO	NO	Not Covered	Not Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
Pediatric Vision Screening	NO	YES	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Eyeglasses and Contact Lenses – Adults	NO	NO	Covered for certain medical conditions and subject to certain limits	Not Covered	Not Covered	Covered for certain medical conditions and subject to certain limits	Not Covered	Not Covered	Not Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Eyeglasses and Contact Lenses – Pediatric	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Routine Dental	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Scheduled Allowances for Diagnostic and Preventive Services, Fillings, and Simple Extractions	Covers 2 Exams, 2 Cleanings, 2 Fluoride Treatments and $150 in X-rays per Year	Scheduled Allowances for Diagnostic and Preventive Services, Fillings, and Simple Extractions
Pediatric Dental	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Routine Hearing Exams	NO	NO	Covered	Not Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
Hearing Aids	NO	NO	1 Hearing Aid per Ear Every 60 Months	1 Hearing Aid per Ear Every 60 Months	Not Covered	1 Hearing Aid per Ear Every 60 Months	External and Bone Anchored Hearing Aids; $1,250 per Ear per Year for Children to Age 22; $1,250 per Ear Every 36 months for Adults	External and Bone Anchored Hearing aids; $1,250 per Ear per Year for Children to Age 22; $1,250 per Ear Every 36 Months for Adults	External hearing Aids Covered up to $250 per Ear Every 5 Years; Bone Anchored Hearing aids and Cochlear Implants Covered – All Ages
Speech Generating Devices / Voice Synthesizers	NO	NO	Covered	Covered	Covered	Covered	Covered up to $1,250 per Year	Covered up to $1,250 per Year	Not Covered

Appendix F

Outlier Analysis

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
WELLNESS BENEFITS INCLUDING PREVENTIVE SERVICES AND SCREENINGS									
Allergy Testing	NO	NO	Covered	Covered	Covered	Covered	Covered	Covered	Covered - $500 PMPY
INPATIENT HOSPITAL SERVICES									
Private Duty Nursing	NO	NO	Not Covered	Not Covered	Covered - special duty nursing	Not Covered	Covered (Hospice Care only)	Covered (Hospice Care only)	Covered (Hospice Care only)
Durable Medical Equipment	NO	NO	Covered	Covered	Not Covered except during hospitalization	Covered	Covered	Covered	Covered
Prosthetics	NO	NO	Covered	Covered	Not Covered (internal prosthetics covered only)	Covered	Covered	Covered	Covered
Inpatient Hospice	YES	NO	Covered	Covered	Covered	Covered	Covered – Benefit Limited	Covered – Benefit Limited	Covered - Actuarial equivalent combined inpatient and outpatient maximum of $15,000
OUTPATIENT HOSPITAL SERVICES									
Cardiac Rehab	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Covered - No visit limit	Covered - No visit limit	Covered - No visit limit
Physical Therapy	NO	NO	90 Day Limit	12 one-hour sessions or 48 15-minute sessions	Covered - short term only	90 Day Limit	75 Visit Limit	50 Visit Limit	60 Visit Limit
Occupational Therapy	NO	NO			Covered - short term only				
Speech Therapy	NO	NO	Covered	Covered - requires prior authorization	Covered - short term only	Covered			Covered - 30 Visits per year

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Hyperbaric Oxygen Therapy	NO	NO	Covered - requires prior authorization	Covered - requires prior authorization	Covered	Covered - requires prior authorization	Not Covered	Not Covered	Not Covered
Infertility Services	YES (431:10A-116.5, 432:1-604, 432D-23)	NO	Covered - IVF: one-time only benefit	Covered - IVF: one-time only benefit	Covered - one time only benefit	Covered - IVF: one-time only benefit	Covered ; ART and prescriptions drugs excluded	Covered ; ART and prescriptions drugs excluded	Covered - $3,000 per year; ART and prescriptions drugs excluded
Genetic Screening and Testing	NO	NO	Covered - requires preauthorization	Covered - requires preauthorization (Screening not covered)	Covered	Covered – requires preauthorization	Covered (Some; diagnostic genetic testing; testing of a baby's father is not covered)	Covered (Some; diagnostic genetic testing; testing of a baby's father is not covered)	Not Covered
Genetic Counseling	NO	NO	Covered only as identified on the U.S. Preventive Services Task Force list of Grade A and B Recommendations	Covered - requires preauthorization	Covered	Covered only as identified on the U.S. Preventive Services Task Force list of Grade A and B Recommendations	Not Covered	Not Covered	Not Covered
PRESCRIPTION DRUG COVERAGE									
Smoking and Tobacco Cessation Prescription Drugs	NO	YES	Covered	Not Covered	Covered	Covered	Covered	Covered	Covered
OTHER COVERED SERVICES									

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Durable Medical Equipment and Devices	NO	NO	Covered if medically necessary; repair/replacement covered if not due to abuse	Covered if medically necessary; repair/replacement covered if not due to abuse	Not Covered except during hospitalization	Covered only when prescribed by your treating provider	Covered if medically necessary; repair/replacement covered if not due to abuse (Various exclusions apply)	Covered if medically necessary; repair/replacement covered if not due to abuse (Various exclusions apply)	Covered if medically necessary; repair/replacement covered if not due to abuse (Various exclusions apply)
Prosthetic Devices	NO	NO	Covered	Covered	Not Covered (internal prosthetics covered only)	Covered	Covered	Covered	Covered
Home Health Visit	NO	NO	Covered - Limit of 150 visits per year; Only when ordered by a physician and when skilled nursing care is required	Covered - 150 Visits; Only ordered by a physician and authorized by UHA	Covered	Covered - Limit of 150 visits per year; Only when ordered by a physician and when skilled nursing care is required	Covered - 25 Visits; Only when ordered by a physician and when skilled nursing care is required.	Covered - 25 Visits; Only when ordered by a physician and when skilled nursing care is required.	Covered - 50 Visits; Only when ordered by a physician and when skilled nursing care is required.
Skilled Nursing Facility Care	NO	NO	Covered - 120 days per year	Covered - 120 day limit	Covered - 60 days per year	Covered - 120 days per year	Covered - No day limit stated	Covered - No day limit stated	Covered - Pays $700 per day for 14 days after an inpatient stay
Respite Care	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Covered - inpatient hospice for respite care; covers up to seven days, separated by 21 days discharged	Covered - inpatient hospice for respite care; covers up to seven days, separated by 21 days discharged	Not Covered
Chiropractic Manipulation	NO	NO	Not Covered	$500 Limit	Not Covered	Not Covered	Covered - 12 Visits per year	Covered - 12 Visits per year	Covered - 12 Visits per year

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Acupuncture	NO	NO	Not Covered		Not Covered	Not Covered	Covered when provided as anesthesia; by MD only; 24 visits PMPY	Covered when provided as anesthesia; by MD only	Covered - 20 visits per year (medically necessary)
TMJ Joint Dysfunction (Diagnostic, therapeutic, and surgical coverage same as any other bone or joint)	NO	NO	Diagnosis Covered; Treatment Not Covered	Diagnosis Covered; Treatment Not Covered	Not Covered	Diagnosis Covered; Treatment Not Covered	Covered (Surgery Only)	Covered (Surgery Only)	Covered (Surgery Only)
Abortion	NO	NO	Covered	Covered	Covered - limit of 2 elective abortions per lifetime	Covered	Covered only when the mother's life is in danger	Covered only when the mother's life is in danger	Covered only when the mother's life is in danger
Wigs for Hair Loss due to Chemotherapy Treatment for Cancer	NO	YES	Not Covered	Not Covered	Not Covered*	Not Covered	Covered - $350 lifetime	Covered - $350 lifetime	Not Covered
Coverage for Certain Clinical Trials	NO	NO	Covered - in accord with Medicare guidelines	Not Covered	Not Covered	Covered - in accord with Medicare guidelines	Covered	Covered	Covered

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Medical Foods (Food supplements, formulas or special foods)	YES	NO	Covered - only to treat inborn errors of metabolism	Covered - only to treat inborn errors of metabolism	Covered - only to treat inborn errors of metabolism	Covered - only to treat inborn errors of metabolism	Covered for children with inborn errors of amino acid metabolism and nutritional supplements administered by catheter or nasogastric tubes; Coverage of US FDA approved foods administered orally that provide 100% of nutrition to children up to age 22 for one year	Covered for children with inborn errors of amino acid metabolism and nutritional supplements administered by catheter or nasogastric tubes; Coverage of US FDA approved foods administered orally that provide 100% of nutrition to children up to age 22 for one year	Coverage for food supplements, including enteral formula, are not covered if they do not require a prescription
ANCILLARY BENEFITS									
Routine Vision Exams – Adults	NO	NO	Not Covered	Not Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
Eyeglasses and Contact Lenses - Adults	NO	NO	Covered for certain medical conditions and subject to special limits	Not Covered	Not Covered	Covered for certain medical conditions and subject to special limits – excludes frames	Not Covered	Not Covered	Available through Connection Vision for no additional premium. Must use qualified EyeMed provider. Discount only for eyeglasses.
Routine Dental	NO	NO	Not Covered	Not Covered	Not Covered	Not Covered	Scheduled allowances for diagnostic and preventive services,	Covered 2 Exams, 2 Cleanings, 2 Fluoride Treatments and $150 in X-rays	Scheduled allowances for diagnostic and preventive services,

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
							fillings, and simple extractions	per year	fillings, and simple extractions
Routine Hearing Exams	NO	NO	Covered	Not Covered	Covered	Covered	Not Covered	Not Covered	Not Covered
Hearing Aids	NO	NO	Covered - Covers one hearing aid per ear every 60 months	Covered - one hearing aid per ear every 5 years	Not Covered	Covered - 1 per ear every 60 months	Covered - All ages; External hearing aids and implanted bone anchored hearing aids (when traumatic injury or malformation of the external ear) for children and adults; $1,250 per year for children to age 22, $1,250 every 36 months for adults	Covered - All ages; External hearing aids and implanted bone anchored hearing aids (when traumatic injury or malformation of the external ear) for children and adults; $1,250 per year for children to age 22, $1,250 every 36 months for adults	Covered - All ages; External hearing aids covered every five years; implanted bone anchored hearing aids and cochlear implants covered; $250 limit
Speech Generating Devices / Voice Synthesizers	NO	NO	Covered	Covered - prior authorization required when cost greater than $500	Covered	Covered	Covered - $1250 per year	Covered - $1250 per year	Not Covered

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