Comparison of Benefits by 2017 Oregon EHB Benchmark Option
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Revised for May 6, 2015 Meeting

WAKELY CONSULTING GROUP

					Small Group Plans			State Employee Plans			Federal Employee Plans		
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1. Ambulatory patient services													
a. Primary Care Visit to Treat an Injury or Illness	Yes		Quantitative limits apply	√	√	√	√	√	√	√	√	√	√
b. Specialist Visit	Yes		Quantitative limits apply	√	√	√	√	√	√	√	√	√	√
c. Other Practitioner, Office Visit (Nurse, Physician Assistant)	Yes			√	√	√	√	√	√	√	√	√	√
d. Outpatient Facility	Yes			√	√	√	√	√	√	√	√	√	√
e. Outpatient Surgery Physician/Surgical Services	Yes			√	√	√	√	√	√	√	√	√	√
f. Chemotherapy	Yes			√	√	√	√	√	√	√	√	√	√
g. Radiation	Yes			√	√	√	√	√	√	√	√	√	√
h. Home Health Care Services	Yes			√	√	√	√	√ 180 days / yr	√ 180 days / yr	√	√ 50 visits / year 2 hours / day	√ 25 visits / year 2 hours / day	√ 50 visits / yr, 2 hours / day
i. Dialysis	Yes			√	√	√	√	√	√	√	√	√	√
j. Routine Foot Care	Yes			√	√ diabetes only	√ diabetes only	√ diabetes only	√ diabetes only	√ diabetes only	√ with authorization	√ only under active treatment for a metabolic or peripheral vascular disease	√ only under active treatment for a metabolic or peripheral vascular disease	√ only under active treatment for a metabolic or peripheral vascular disease
k. Allergy Testing	Yes			√	√	√	√	√	√	√	√	√	√
l. Non-Emergency Care When Traveling Outside US	No			NC	NC	NC	NC	√	√	NC	√	√	√

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m. Acupuncture	No			√ chemical dependency, HIV, migraine, post-stroke depression, limited medical conditions during pregnancy	NC; optional rider	NC	√	√ 60 visits combined acupuncture and spinal manipulation	√ 60 visits combined acupuncture and spinal manipulation	√; $1,000 per year for alternative care	√ 24 visits / yr	√ 10 visits / year	√ limit 20 procedures / yr
n. Chiropractic Care (e.g., spinal manipulation; category does not include EHBs provided by a chiropractor within the scope of license)	No			√ certain conditions only (including back pain with neurologic component, not muscular)	NC; optional rider	NC	√				√ 12 visits/yr	√ 20 visits/yr	√ limit 12 visits / yr
o. Abortion for Which Public Funding is Prohibited	No			√ (covered by state funds)	√	√	√*	√	√	√	NC	NC	NC
p Infertility Treatment	No			NC	NC; except for Fertility Preservation with cancer treatment	NC; except for Fertility Preservation with cancer treatment	NC	√ Limited	√ Limited	√ Limited	√ Limited	√ Limited	√ Limited
q. Naturopath (includes only services provided specifically by naturopath; EHBs provided by naturopath are covered as EHBs)				√	NC (optional rider)	NC	√	√	√	√; $1,000 per year for alternative care	NC*	NC*	NC*
r. Sterilization				√	√	√	√	√	√	√	√	√	√
2. Emergency services													
a. Emergency Room Services	Yes	Yes		√	√	√	√	√	√	√	√	√	√
b. Emergency Transportation / Ambulance	Yes			√	√	√	√	√	√	√	√	√	√
c. Urgent Care Centers or Facilities	Yes			√	√	√	√	√	√	√	√	√	√
3. Hospitalization													
a. Inpatient Hospital Services (e.g., Hospital stay)	Yes			√	√	√	√	√	√	√	√	√	√
b. Inpatient Physician and Surgical Services	Yes			√	√	√	√	√	√	√	√	√	√

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c. Transplant	Yes			√ limit to organs specified	√ limited to organs specified $5000 limit for travel expenses	√	√	√ exclude non-human and artificial organs; $5,000 limit for travel	√ exclude non-human and artificial organs; $5,000 limit for travel	√ exclude non-human and artificial organs and their implantation	√ excludes artificial organs	√ excludes artificial organs	√ limit $10,000 per covered transplant for transportation
d. Cosmetic Surgery	Yes		1 attempt at cosmetic or reconstructive surgery within 18 months after the injury, surgery, scar, or defect first occurred	NC	√; 1 attempt at cosmetic or reconstructive surgery within 18 months after the injury, surgery, scar, or defect first occurred	NC	√ if tied to reconstruction	NC	NC	NC	NC	NC	NC
e. Reconstructive Surgery	Yes			√ certain conditions	√; 1 attempt at cosmetic or reconstructive surgery within 18 months after the injury, surgery, scar, or defect first occurred	√	√	√	√	√	√	√	√
f. Clinical Trials	Yes	Yes		NC	√	√	√	√	√	√	√	√	√
g. Inherited Metabolic Disorder - PKU	Yes	Yes		√	√	√	√	√	√	√	√	√	√ only specialty drug, Kuvan
h. Mastectomy Related Coverage	Yes	Yes		√	√	√	√	√	√	√	√	√	√
i. Hospice Services	Yes			√	√	√	√	√	√	√	√	√	√ $15,000 limit
j. Bariatric Surgery	No			√ limited to Type 2 diabetics	NC	NC	NC	√	√	√	√	√	√
k. Treatment for Temporomandibular Joint Disorders (TMJ)	No			NC	NC	√ Subject to lifetime max	√	√	√	√	√ surgery	√ surgery	√ surgery only
l. Accidental Dental	No			NC	√	√ Within 12 months of injury/accident, $1,000 maximum	√	√ within 12 months of injury/accident	√ within 12 months of injury/accident	NC	√	√	√
m. Hospitalization for Dental Procedures	(1)			NC	√	√	NC	√	√	√	√	√	√
n. Private-Duty Nursing	No			√	NC	√ inpatient only	NC	NC	NC	NC	NC	NC	NC

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4. Maternity and newborn care													
a. Prenatal and Postnatal Care	Yes	Yes		√	√	√	√	√	√	√	√	√	√
b. Delivery and All Inpatient Services for Maternity Care	Yes	Yes		√	√	√	√	√	√	√	√	√	√
c. Well Baby Visits and Care	Yes			√	√	√	√	√	√	√	√	√	√
d. Nonprescription Elemental Enteral Formula		Yes		*	√	√	√	√	√	√	√*	√*	NC
5. Mental health and substance use disorder services, including behavioral health treatment													
a. Mental / Behavioral Health Inpatient Services	Yes			√	√ limit 45 days / yr for residential treatment	√	√	√	√	√	√	√	√
b. Mental / Behavioral Health Outpatient Services	Yes			√	√	√	√	√	√	√	√	√	√
c. Substance Abuse Disorder Inpatient Services	Yes			√	√	√	√	√	√	√	√	√	√
d. Substance Abuse Disorder Outpatient Services	Yes			√	√	√	√	√	√	√	√	√	√
e. Detoxification				√	√	√	√	√	√	√	√ *	√ *	√
6. Prescription drugs													
7. Rehabilitative and habilitative services and devices													
a. Outpatient Rehabilitative Services	Yes		Quantitative limit units apply	√ 30 visits / year combined PT, OT, ST, cardiac and vascular rehab), up to 30 additional visits may be authorized in exceptional circumstances; other limits apply for cognitive rehab	√ combined limit 30 days / yr additional 30 days for head/spinal cord injury	√	√ limit 20 visits PT, 20 visits OT, 20 visits ST, 20 visits of pulmonary rehabilitation, 36 visits of cardiac rehabilitation, 30 visits of post-cochlear implant aural therapy, 20 visits of cognitive rehabilitation therapy limit 30 visits for severe neurologic conditions	√ limit 60 visits / yr for PT, OT, ST combined	√ limit 60 visits / yr for PT, OT, ST combined	√ limit 20 visits / yr for each of PT, OT and ST	√ limit 75 visits / yr for PT, OT, ST combined	√ limit 50 visits / yr for PT, OT, ST combined	√ limit 60 visits / yr for PT, OT, ST combined

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b. Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Yes		See outpatient rehab	√ combined limit 30 days / yr additional 30 days for head/spinal cord injury	√	√ limit 20 visits of PT and 20 visits of OT limit 30 visits for severe neurologic conditions	√ limit 60 visits / yr for PT, OT, ST combined	√ limit 60 visits / yr for PT, OT, ST combined	√ limit 20 visits / yr for each of PT and OT	√ limit 75 visits / yr for PT, OT, ST combined	√ limit 50 visits / yr for PT, OT, ST combined	√ limit 60 visits / yr for PT, OT, ST combined
c. Rehabilitative Speech Therapy	Yes	Yes	Limited to children under the age of 18 with pervasive developmental disorders	See outpatient rehab	√ combined limit 30 days / yr additional 30 days for head/spinal cord injury	√	√ limit 20 visits / yr for ST			√ limit 20 visits / yr for ST			
d. Brain Injury	Yes	Yes		√	√	√	√	√	√	√	√*	√*	√*
e. Durable Medical Equipment	Yes	Yes	Quantitative limit units apply	√ Per Administrative Rules	√ Limit $5,000 maximum per CY (except for EHB)	√	√ A single purchase of a type of DME(including repair and replacement) every 3 yrs (except for wound vacuums)	√	√	√	√ limit $1,250 / yr for Speech-generating devices	√ limit $1,250 / yr for Speech-generating devices	√ limit one breast pump per every 2 yrs and two additional supply sets are allowed in a 12 month period
f. Prosthetic Devices	Yes	Yes		√	√	√	√	√	√	√	√ $350 for one wig per lifetime	√ $350 for one wig per lifetime	√
g. Infusion Therapy	Yes			√	√	√	√	√	√	√	√	√	√
h. Skilled Nursing Facility	Yes			√	√ limit 60 days / yr	√	√ limit 60 days / yr	√ limit 180 days / yr	√ limit 180 days / yr	√ limit 100 days / yr	√	√	√ only for the first 14 days, benefits limited to $700 / day
i. Habilitative Services	Yes		30 visits per year	√ home based	NC *	NC	√	NC	NC	NC	NC	NC	√

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j. Applied Behavioral Therapy (ABA)		Yes		√	√	NC	√ Covered to the extent not experimental or investigational; depends on the type of therapy modality	NC	NC	NC	NC	NC	NC
k. Biofeedback	(1)			√ some conditions	√; 10 visit lifetime maximum	NC	√ limit 10 visits annual maximum	√	√	NC	NC	NC	NC
l. Cardiac rehabilitative therapy visits	(1)			√ subject to limits	√	√	√ limit 36 visits / yr	√	√	√	√	√	√
m. Cochlear Implants	(1)			√	√	NC	√	√	√	√	√	√	√
n. Inpatient rehabilitation				√ No limits when in skilled nursing, IP hospital or IP rehab	√ limit 30 days / yr additional 30 days for head/spinal cord injury	√	√ limit 30 days / yr additional 30 days for head/spinal cord injury	√ limit 30 days / yr additional 30 days for head/spinal cord injury or stroke	√ limit 30 days / yr additional 30 days for head/spinal cord injury or stroke	√ 60 days per condition per calendar year	√	√	√
o. Orthotic Devices				√	√	√	√	√	√	√	√	√	√
p Massage therapy				√ as part of PT	NC (optional rider)	NC	NC	NC	NC	NC	NC	NC	NC
q. Vision hardware - Adults				NC for nonpregnant adults 21 and over Covered for ages 19 and 20	NC; except for severe medical or surgical problem	NC; Except following surgery	NC	NC; except as a result of injury, illness or surgery	NC; except as a result of injury, illness or surgery	√ limit $200 / 2 yrs for prescription eyeglasses and contact lenses	NC; except in limited instances	NC; except in limited instances	NC; except after intraocular or accidental injury
r. Hearing Aids - Adults				√ 1 hearing aid every 5 years	NC; except for dependent students, see pediatric	NC; except for dependent students through age 25, see pediatric	√ limit $2,500 / yr and a single purchase(including repair/replacement) per hearing impaired ear every 3 yrs; see pediatric for dependent student coverage	√ 1 per ear / 4 yrs	√ 1 per ear / 4 yrs	√ $4000 / 4 yrs	√ $2,500 / 3 yrs for adults age 22 and over, $5,000 / yr for Bone anchored hearing aids when medically necessary	√ $2,500 / 3 yrs for adults age 22 and over, $5,000 / yr for Bone anchored hearing aids when medically necessary	√ Benefit is payable per person every 5 yrs for External hearing aids

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8. Laboratory services													
a. Laboratory Outpatient and Professional Services	Yes			√	√	√	√	√	√	√	√	√	√
b. X-rays and Diagnostic Imaging	Yes			√	√	√	√	√	√	√	√	√	√
c. Imaging (CT / PET Scans, MRIs)	Yes			√	√	√	√	√	√	√	√	√	√
d. Genetic testing	(1)			√ medically necessary	NC	√	√	√	√	√	√	√	√
9. Preventive and wellness services and chronic disease management													
a. Preventive Care / Screening / Immunization	Yes	Yes	Quantitative limit units apply	√ (Per USPSTF Grade A&B recommendations and HRSA Women's Preventive Services for Preventive Care, Per ACIP recommendations for Immunization)	√	√	√	√	√	√	√	√	√
b. Nutritional Counseling	Yes			√	√; for limited conditions	√	√ as part of diabetic care and treatment	√ limit 4 visits / yr, exception after bariatric surgery or with eating disorder	√ limit 4 visits / yr, exception after bariatric surgery or with eating disorder	√	√	√	√
c. Diabetes Education	Yes			√	√	√	√	√	√	√	√	√	√
d. Weight Loss Programs	No			NC	NC	√ $150 / yr	NC	√	√	√	NC*	NC*	NC*
e. Colorectal cancer screening		Yes		√	√	√	√	√	√	√	√	√	√

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f. Screening mammography		Yes		√ Per HRSA Required Health Plan Coverage	√	√	√	√ limit 1x/year for women 40 years of age and older, or as recommended by the Qualified Practitioner	√ limit 1x/year for women 40 years of age and older, or as recommended by the Qualified Practitioner	√	√	√	√
g. Tobacco cessation program		Yes		√	√	√	√	√	√	√	√	√	√
h. Screening Pap tests		Yes		√	√	√	√	√ limit 1 / year or more frequently for women designated high risk	√ limit 1 / year or more frequently for women designated high risk	√	√	√	√
i. Routine hearing exams				√	NC	NC	√	√	√	√	NC	NC	NC
j. Diabetes - medically necessary equip. & supplies				√	√	√	√	√	√	√	√	√	√
k. Prostate cancer screening				√	√	√	√	√ limit every two years for men age 50 or older or as recommended by the Qualified Practitioner	√ limit every two years for men age 50 or older or as recommended by the Qualified Practitioner	√	√	√	√

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10. Pediatric services, including oral and vision care													
a Dental Check-Up for Children	Yes		Periodic: 2x/year; Comprehensive: 1x/year with the same provider; 2x/year with different providers	√	NC	NC	NC	NC	NC	NC	√ Benefit schedule	√ Benefit schedule and limit 1 / 3 yrs for Intraoral, 4 / yr for Bitewing, 2 / yr for Prophylaxis and Topical application of fluoride or fluoride varnish	NC
b. Basic Dental Care - Child	No			√	NC	NC	NC	NC	NC	NC	√ Benefit schedule	NC	NC
c. Major Dental Care - Child	Yes			√	NC	NC	NC	NC	NC	NC	√ Benefit schedule	NC	NC
d. Orthodontia - Child	No			√ subject to limitations	NC	NC	NC	NC	NC	NC	√ only for orthodontia associated with surgery to correct accidental injuries	√ only for orthodontia associated with surgery to correct accidental injuries	NC
e. Routine Eye Exam for Children	Yes		1 Visit per Year	√ up to age 20	NC	NC	√	NC	NC	√	NC*	NC*	√ limit 1 / yr
f. Eye Glasses for Children	Yes		One pair per year, Collection frames up to $250 covered in full, non-collection lenses covered up to $150 then 20% off. Standard lenses covered in full	√ up to age 20	NC (optional rider)	NC	NC	NC	NC	√ limit 1 pair / 2 yrs for pediatric standard eyeglasses	NC*	NC*	NC

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g. Hearing aids	Yes	Yes	Quantitative limit units apply	√	√ $4,000 / 4 years, under age 18 and dependent students	√ $4,000 / 36 mths, under age 18 and dependent students through age 25	√ $5,000 / 4 years and a single purchase(including repair/replacement) per hearing impaired ear every 3 yrs for Dependent Children under age 18 or dependent students 18 or older	√	√	√ limit to 1 hearing aid per ear every 4 years for members 18 years of age or younger	√ $2,500 / yr to age 22	√ $2,500 / yr to age 22	√
h. Routine hearing exams for Children				√	√	NC	√	√	√	√	√	√	√
11. Other services													
a Metabolic formula & low protein food for inborn errors of metabolism		Yes		√	√	√	√	√	√	√	√	√	*
b. Growth hormone therapy	(1)			√	√	NC	NC	√	√	√	*	*	√
c. Sleep Study	(1)			√	√	√	√	√	√	√	√	√	*

√	Covered benefit; limits noted
√*	Assumed covered, but not clear in contract
*	Unclear
NC*	Assumed not covered, but not clear in contract
NC	Not a covered benefit
	Updates from plans from 04.22.2015
	Revisions from 04.22.2015 version
(1)	Not on PBT but covered in standard plan or believed to be EHB