



Summary of Comparative Analysis of EHB Benchmark Plan for 2017

Services	Current Benchmark Plan	Small Group Products			Largest HMO	State Plans		Federal Employee Plans		
		Carrier A	Carrier B	Carrier C	Carrier D	Carrier E	Carrier F	Carrier G	Carrier H	Carrier I
<b>Ambulatory Patient Services</b>										
Primary Care Visit to Treat an Injury or Illness	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialist Visit	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other Practitioner Office Visit (Nurse, Physician Assistant)	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Outpatient Surgery Physician/Surgical Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Home Health Care Services	100 visits	100 visits	100 visits	100 visits	100 visits	200 visits	200 visits	50 visits	50 visits	50 visits
Skilled Nursing Facility	90 days*	90 days*	90 days*	90 days*	90 days	Unlimited	Unlimited	Not covered unless enrollee has Medicare Part A	Not covered unless enrollee has Medicare Part A	14 day limit benefits payable up to \$700 per day
<b>Emergency Services</b>										
Emergency Room Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Transportation/Ambulance	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urgent Care Centers or Facilities	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Hospitalization</b>										
Inpatient Hospital Services (e.g., Hospital Stay)	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inpatient Physician and Surgical Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Maternity and Newborn Care</b>										
Prenatal and Postnatal Care	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delivery and All Inpatient Services for Maternity Care	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Mental Health and Substance Use Disorder Service, Including Behavioral Health Treatment</b>										
Mental/Behavioral Health Inpatient Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental/Behavioral Health Outpatient Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Substance Abuse Disorder Inpatient Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Substance Abuse Disorder Outpatient Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Prescription Drugs</b>										
Prescription Drugs	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Rehabilitation and Habilitative Services and Devices</b>										
Inpatient Rehabilitation Facilities	90 days*	90 days*	90 days*	90 days*	60 days	Unlimited	Unlimited	Not Covered	Not Covered	✓
Outpatient Rehabilitation Services (PT/OT/ST)	40 visits**	40 visits**	40 visits**	40 visits	30 visits	Unlimited	Unlimited	75 visits	50 visits	60 visits**
Chiropractic Visits	20 visits	20 visits	20 visits	30 visits	20 visits	Unlimited	Unlimited	12 visits	20 visits	12 visits
Habilitation Services	40 visits**	40 visits**	40 visits**	✓	✓	Not Covered	Not Covered	Not Specified	Not Specified	60 visits**
Durable Medical Equipment	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Laboratory Services</b>										
Laboratory Outpatient Services	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diagnostic Test (X-Ray and Laboratory Tests)	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Imaging (CT and PET Scans, MRIs)	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Preventive and Wellness Services and Chronic Disease Management</b>										
Preventive Care/Screening/Immunization	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Pediatric Services, including Oral and Vision Care</b>										
Dental Check-Up for Children	yes	✓	✓	✓	✓	Not Covered	Not Covered	✓	✓	✓
Vision Screening for Children	yes	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eye Glasses for Children	yes	✓	✓	✓	✓	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

\*Benefit limit combined for Skilled Nursing and Inpatient Rehabilitation  
 \*\*Benefit limit combined for Outpatient Rehab and Habilitation Services