

	Small Group Plans			BCBS State Employee Plans			Federal Plans		GEHA
	BCBS EPO	BCBS HMO	Coventry C1500	BCBS PPO	BCBS HMO	BCBS CDH	BCBS Standard	BCBS Basic	
<b>Preventive Care</b>									
Lead Poisoning Screening	✓	✓	✓	✓	✓	✓	Not specified	Not specified	Not specified
Routine Vision Exams	✓	✓			✓				
Routine Hearing Exams	✓	✓		✓	✓	✓	Children only	Children only	Children only
<b>Hospital and Facility Care</b>									
Skill Nursing Facility Care	120 day limit, benefits renew after 180 days without care	120 day limit, benefits renew after 180 days without care	up to 100 days per benefit year	120 day limit, benefits renew after 180 days without care	120 day limit, benefits renew after 180 days without care	120 day limit, benefits renew after 180 days without care	Only as supplement to Medicare Part A		14 days following release from acute care hospital
<b>Maternity</b>									
Infertility Services		✓	✓	✓	✓	✓			
Post Partum Care and Depression Treatment	✓	✓		✓	✓	✓	✓	✓	
<b>Outpatient Therapies</b>									
Physical and Occupational Therapy	Limited to 30 visits per calendar year	30 visits per calendar year	60 days from date on onset	✓	Physical Therapy: 45 visits per condition	✓	75 visits per calendar Year	50 visits per calendar Year	60 visits per calendar Year
Speech Therapy	30 visits per calendar year	30 visits per calendar year	60 days from date of onset	✓	ST and OT: 60 days from onset	✓	75 visits per calendar year	50 visits per calendar year	30 visits per calendar year
Cognitive Therapy	30 consecutive days	30 consecutive days		30 consecutive days	30 consecutive days	30 consecutive days	75 visits per calendar year	50 visits per calendar year	
Cardiac Therapy	3 sessions per week for 3 months	3 sessions per week for 3 months	Rehabilitation: 60 days from date of onset	3 sessions per week for 3 months	3 sessions per week for 3 months	3 sessions per week for 3 months	Cardiac Rehabilitation	Cardiac Rehabilitation	Cardiac Rehabilitation
Respiratory Rehabilitation	✓	✓	60 days from date of onset	✓	✓	✓			

Podiatry Services	✓	✓	10 visits per benefit year	✓	✓	✓	✓	✓	✓
<b>Chiropractic Care</b>									
Chiropractic Services	30 visits per calendar year	30 visits per calendar year	20 visits per benefit year	30 visits per calendar year	60 consecutive days per acute condition	30 visits per plan year	12 visits per calendar year	20 visits per calendar year	12 visits per person per calendar year
<b>Home Health</b>									
Home Health Services	Up to 100 visits per calendar year	Up to 100 visits per calendar year	Authorized in lieu of acute care hospitalization	Up to 240 visits per plan year	Up to 240 visits per plan year	Up to 240 visits per plan year	2 hrs per day, 25 days per year	2 hrs per day, 25 days per year	2 hrs per day, 50 days per year
<b>Diabetic Education</b>									
	6 units within a 3 year period	6 units within a 3 year period		6 units within a 3 year period	6 units within a 3 year period	6 units within a 3 year period	✓	✓	✓
<b>Weight Loss</b>									
Morbid Obesity; Office visits and lab tests	✓	✓		✓	✓	✓			
Weight Loss Surgery for Morbid Obesity	✓	✓		✓	✓	✓	✓	✓	✓
<b>Nutritional Counseling</b>									
	6 visits per condition per calendar year	6 visits per condition per calendar year	Limits not specified	6 visits per condition per plan year	6 visits per condition per calendar year	6 visits per condition per calendar year	✓	✓	✓
<b>Prescription Drugs</b>									
	3 tier program	3 tier program	Rider available separately	Not covered, administered separately	Not covered, administered separately	Not covered, administered separately	4 tiers of coverage	4 tiers of coverage	3 tier program
<b>Mental Health</b>									
	<b>Serious Mental Illness and Substance Abuse:</b> IP, partial hospital., intensive OP coverage same as IP hospital care Office visits also covered <b>Other Disorders:</b>	<b>Serious Mental Illness and Substance Abuse:</b> IP, partial hospital., intensive OP coverage same as IP hospital care Office visits also covered <b>Other Disorders:</b>	Serious Mental Illness and Substance Abuse: inpatient hospital care, residential crisis services, partial hospitalization, OP visits	Hospitalization or Intensive OP, office visits	Hospitalization or Intensive OP, office visits	Hospitalization or Intensive OP and office visits	IP/OP, office visits, pharmacotherapy, and psychological testing	IP/OP, office visits, pharmacotherapy, and psychological testing	Diagnosis, evaluation, treatment, and counseling

31 IP days, 62  
partial hospital/  
intensive OP days  
per CY; 20 office  
visits per CY

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