

DE Benefits Grid 6 15 12_v1 (2): All Benchmark Options

Small Group Plans		
BCBS EPO	BCBS HMO	Coventry C1500
Preventive Care	Preventive Care	Preventive Care
Well baby care	Well baby care	Well child services
Physical Exams	Physical Exams	Physical Exams
Gynecological Exams	Gynecological Exams	Routine gynecological exams
Hemoglobin Tests	Hemoglobin Tests	Hemoglobin Tests
Cholesterol Tests	Cholesterol Tests	Cholesterol Tests
Blood Sugar Tests	Blood Sugar Tests	Blood Sugar Tests
Blood Antigen Tests	Blood Antigen Tests	Blood Antigen Tests
Lead Poison Screening Tests	Lead Poison Screening Tests	Lead Poison Screening Tests
Lab Charge for Pap Smear	Lab Charge for Pap Smear	PAP Test
Blood Occult	Blood Occult	Blood Occult
Sigmoidoscopy	Sigmoidoscopy	Prostate cancer screening
Colonoscopy	Colonoscopy	Colon cancer screening
Barium Enema	Barium Enema	Barium Enema
Mammogram	Mammogram	Mammogram
Immunizations	Immunizations	Immunizations
Vision Exams	Vision Exams	
Hearing Exams	Hearing Exams by PCP	
Other Tests and Screenings identified by BCBS Preventive Health Guidelines	Other Tests and Screenings identified by BCBS Preventive Health Guidelines	
All schedule A and B US preventive task force services	All schedule A and B US preventive task force services	All schedule A and B US preventive task force services
Hospital and Facility Care	Hospital and Facility Care	Hospital and Facility Care
Inpatient Hospital Care	Inpatient Hospital Care	Inpatient Hospital Care
Surgical Facility Care	Surgical Facility Care	Free-standing Surgi-Center
Skilled Nursing Facility Care: 120 day limit, benefits renew after 180 days without care	Skilled Nursing Facility Care: 120 day limit, benefits renew after 180 days without care	Skilled Nursing Facility: up to 100 days per benefit year
Surgical and Major Medical	Surgical and Major Medical	Surgical and Major Medical
Surgical Care	Surgical Care	Outpatient surgery at PCP office, specialist office, free standing center, or OP department of hospital
Anesthesia (in and out of network covered)	Anesthesia	
Inpatient Medical Care	Inpatient Medical Care	

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Organ Transplants (limits apply)	Organ Transplants (limits apply)	Transplant Services
Maternity	Maternity	Maternity and Family Planning
Prenatal and Postnatal Care	Prenatal and Postnatal Care	Prenatal and Postnatal Physician Visits
Inpatient Hospital Care	Inpatient Hospital Care (same as other IP Hospital Care)	Inpatient Hospital Care
Birth Center	Birth Center (same as other IP Hospital Care)	
Obstetric Care	Obstetric Care	
	Artificial Insemination (limits apply)	Voluntary sterilization
		Infertility services
Emergency Care	Emergency Care	Emergency Care
Emergency Facility	Emergency Facility	Emergency facility
Medical Emergency Care	Medical Emergency Care	
Medical Aid Unit/Urgent Care Center	Medical Aid Unit/Urgent Care Center	Medical Aid Unit/Urgent Care Center
Emergency Ambulance and Paramedic	Emergency Ambulance and Paramedic	Ambulance
Diagnostics (IP/OP)	Diagnostics	Diagnostics
Lab Tests	Lab Tests	Lab Tests
Imaging and Machine Tests	Imaging and Machine Tests	X-ray, ultrasound, and specialized radiology
Therapies - OP (IP covered no limits)	Therapies (IP covered no limits)	Therapies
Chemotherapy, Inhalation, Radiation, Dialysis	Chemotherapy, Inhalation, Radiation, Dialysis	Radiation Therapy
Physical and Occupational Therapy (limited to 30 visits per calendar year)	Physical and Occupational Therapy (limited to 30 visits per calendar year)	Physical and Occupational Rehabilitation (limited to 60 days from date on onset)
Speech Therapy (limited to 30 visits per calendar year)	Speech Therapy (limited to 30 visits per calendar year)	Speech Rehabilitation (limited to 60 days from date of onset)
Cognitive Therapy (limited to 30 consecutive days)	Cognitive Therapy (limited to 30 consecutive days)	
Cardiac Therapy (3 sessions per week for 3 months)	Cardiac Therapy (3 sessions per week for 3 months)	Cardiac Rehabilitation (limited to 60 days from date of onset)
		Respiratory Rehabilitation (limited to 60 days from date of onset)

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		Podiatry Services (limited to 10 visits per benefit year)
Chiropractic Care	Chiropractic Care	Chiropractic Care
30 visits per calendar year	30 visits per calendar year	20 visits per benefit year
Hospice	Hospice	Hospice
Covered up to 240 days	Covered	Authorized in lieu of acute care hospitalization
Home Health	Home Health	Home Health
Covered up to 100 visits per calendar year	Covered up to 100 visits per calendar year	Authorized in lieu of acute care hospitalization
Doctor's Visits and Specialist Care	Office Visits	Office Visits
Covered	Covered	Covered
Diabetic Education	Diabetic Education	
6 units within a 3 year period	6 units within a 3 year period	
DME	DME	DME
Covered	Covered	Authorized prosthetic devices and DME, cost sharing applies
Weight Loss	Weight Loss	
Morbid Obesity office visits and lab, limits apply	Office visits and lab, limits apply	
Bariatric Surgery	Bariatric Surgery	
Nutritional Counseling	Nutritional Counseling	
6 visits per condition per calendar year	6 visits per condition per calendar year	Limits not specified
Allergy Tests and Treatment	Allergy Tests and Treatment	Allergy Tests and Treatment
Covered	PCP or specialist, covered	Covered
Prescription Drugs	Prescription Drugs	Prescription Drugs
3 tier program	3 tier program	Rider available
Mental Health	Mental Health	Mental Health
Care for Serious Mental Illness and Substance Abuse: Inpatient, partial hospitalization, intensive outpatient coverage same as inpatient hospital care Office visits also covered	Care for Serious Mental Illness and Substance Abuse: Inpatient, partial hospitalization, intensive outpatient coverage same as inpatient hospital care Office visits also covered	Serious Mental Illness and Substance Abuse Treatment: inpatient hospital care, residential crisis services, partial hospitalization, outpatient visits

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Care for Other Mental Health Disorders: Inpatient, partial hospitalization, intensive outpatient care, limited to 31 IP days, 62 partial hospital/ intensive OP days per calendar year Office visits: 20 per calendar year	Care for Other Mental Health Disorders: Inpatient, partial hospitalization, intensive outpatient care, limited to 31 IP days, 62 partial hospital/ intensive OP days per calendar year Office visits: 20 per calendar year	
Other Services	Other Services	
Home and Outpatient Infusion	Home and Outpatient Infusion	
Inpatient Private Nursing Duty (up to 240 hrs in 12 month period)	Inpatient Private Nursing Duty (up to 240 hrs in 12 month period)	

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BCBS State Employee Plans		
BCBS Comprehensive PPO	BCBS HMO	BCBS CDH Gold
Preventive Care	Preventive Care	Preventive Care
Well baby care	Well baby care	Well baby care
Physical Exams	Physical Exams	Physical Exams
Gynecological Exams	Gynecological Exams (1/yr)	Gynecological Exams
Hemoglobin Tests	Hemoglobin Tests	Hemoglobin Tests
Cholesterol Tests	Cholesterol Tests	Cholesterol Tests
Blood Sugar Tests	Blood Sugar Tests	Blood Sugar Tests
Blood Antigen Tests	Prostate Antigen Tests	Blood Antigen Tests
Lead Poison Screening Tests	Lead Poison Screening Tests	Lead Poison Screening Tests
Lab Charge for Pap Smear	Lab Charge for Pap Smear	Lab Charge for Pap Smear
Blood Occult	Blood Occult	Blood Occult
Sigmoidoscopy	Sigmoidoscopy	Sigmoidoscopy
Colonoscopy	Colonoscopy	Colonoscopy
Barium Enema	Barium Enema	Barium Enema
Mammogram	Mammogram	Mammogram
Immunizations	Immunizations	Immunizations
	Vision Exams	
Hearing Exams	Hearing Exams	Hearing Exams
All schedule A and B US preventive task force services	All schedule A and B US preventive task force services	All schedule A and B US preventive task force services
Hospital and Facility Care	Hospital and Facility Care	Hospital and Facility Care
Inpatient Hospital Care	Inpatient Hospital Care	Inpatient Hospital Care
Surgical Facility Care	Outpatient and Ambulatory Surgical Facility Care	Surgical Facility Care
Skilled Nursing Facility Care: 120 day limit, benefits renew after 180 days without care	Skilled Nursing Facility Care: 120 day limit, benefits renew after 180 days without care	Skilled Nursing Facility Care: 120 day limit, benefits renew after 180 days without care
Surgical and Major Medical	Surgical and Major Medical	Surgical and Major Medical
Surgical Care	Surgical Care	Surgical Care
Anesthesia	Anesthesia	Anesthesia
Inpatient Medical Care	Inpatient Medical and Consultation Services	Inpatient Medical and Consultation Services

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Organ Transplants (limits apply)		Organ transplants (limits apply)
Maternity	Maternity	Maternity
Prenatal and Postnatal Care	Prenatal and Postnatal Care	Prenatal and Postnatal Care
Inpatient Hospital Care	Inpatient Hospital Care	Inpatient Hospital Care
Birthing Center	Birthing Center	Birthing Center
Obstetric Care	Obstetric Care	Obstetric Care
Infertility services (\$10,000 lifetime limit)	Infertility services (\$10,000 lifetime limit)	Infertility services (\$10,000 lifetime limit)
Emergency Care	Emergency Care	Emergency Care
Emergency Facility	Emergency Facility	Emergency Facility
Medical Emergency Care	Medical Emergency Care	Medical Emergency Care
	Urgent Care Center/Medical Aid Unit	Urgent Care Center/Medical Aid Unit
Emergency Ambulance and Paramedic	Emergency Ambulance and Paramedic	Emergency Ambulance and Paramedic
Diagnostics	Diagnostics	Diagnostics
Lab Tests	Lab Tests	Lab Tests
Imaging and Machine Tests	Imaging and Machine Tests	Imaging and Machine Tests
Therapies	Therapies	Therapies
Chemotherapy, Inhalation, Radiation, Dialysis	Chemotherapy, Inhalation, Radiation, Dialysis	Chemotherapy, Inhalation, Radiation, Dialysis
Physical and Occupational Therapy	Physical Therapy (limited to 45 visits per condition)	Physical Therapy
Speech Therapy	Speech and Occupational Therapy (60 days from onset of therapy)	Speech and Occupational Therapy
Cognitive Therapy (limited to 30 consecutive days)	Cognitive Therapy (limited to 30 consecutive days)	Cognitive Therapy (limited to 30 consecutive days)
Cardiac Therapy (3 sessions per week for 3 months)	Cardiac Therapy (3 sessions per week for 3 months)	Cardiac Therapy (3 sessions per week for 3 months)

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Chiropractic Care	Chiropractic Care	Chiropractic Care
30 visits per calendar year	60 consecutive days per acute condition	30 visits per plan year
Hospice	Hospice	Hospice
Covered up to 365 days	Covered up to 365 days	Covered up to 365 days
Home Health	Home Health	Home Health
Covered up to 240 visits per plan year	Covered up to 240 visits per plan year	Covered up to 240 visits per plan year
Doctor's Visits and Specialist Care	Doctor's Visits and Specialist Care	Doctor's Visits and Specialist Care
Covered	Covered	Covered
Diabetic Education	Diabetic Education	Diabetic Education
6 units within a 3 year period	6 units within a 3 year period	6 units within a 3 year period
DME	DME	DME
Covered	Covered, including diabetic supplies	Covered
Weight Loss	Weight Loss	Weight Loss
Morbid Obesity office visits and lab, limits apply	Morbid Obesity office visits and lab, limits apply	Morbid Obesity office visits and lab, limits apply, 90%
Bariatric Surgery	Bariatric Surgery	Bariatric Surgery
Nutritional Counseling	Nutritional Counseling	Nutritional Counseling
6 visits per condition per plan year	6 visits per condition per calendar year	6 visits per condition per calendar year
Allergy Tests and Treatment	Allergy Tests and Treatment	Allergy Tests and Treatment
Covered	Covered	Covered
Prescription Drugs	Prescription Drugs	Prescription Drugs
Not covered, administered separately	Not covered, administered separately	Not covered, administered separately
Mental Health	Mental Health	Mental Health
Mental Health and Substance Abuse: Covered for Hospitalization or Intensive OP, copay applies for office visits (copay applies to IP Hospital Care and office visits)	Mental Health and Substance Abuse: Covered for Hospitalization or Intensive OP, copay applies for office visits (copay applies to IP Hospital Care and office visits)	Mental Health and Substance Abuse: Covered for Hospitalization or Intensive OP and office visits

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Other Services	Other Services	Other Services
Home Infusion	Home Infusion	Home Infusion
Inpatient Private Nursing Duty (up to 240 hrs in 12 month period)	Inpatient Private Nursing Duty	Inpatient Private Nursing Duty (up to 240hrs in a 12 month period)
	Second surgical opinion	

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Federal Plans		
BCBS Standard	BCBS Basic	GEHA
Preventive Care	Preventive Care	Preventive Care
Well baby care	Well baby care	Well baby care
Physical Exams	Physical Exams	Physical Exams
Gynecological Exams	Gynecological Exams	Gynecological Exams
Hemoglobin Tests	Hemoglobin Tests	Hemoglobin Tests
Cholesterol Tests	Cholesterol Tests	Cholesterol Tests
Blood Sugar Tests	Blood Sugar Tests	Blood Sugar Tests
Blood Antigen Tests	Blood Antigen Tests	Blood Antigen Tests
Not specified	Not specified	Not specified
Lab Charge for Pap Smear	Lab Charge for Pap Smear	Lab Charge for Pap Smear
Blood Occult	Blood Occult	Blood Occult
Sigmoidoscopy	Sigmoidoscopy	Sigmoidoscopy
Colonoscopy	Colonoscopy	Colonoscopy
Barium Enema	Barium Enema	Barium Enema
Mammogram	Mammogram	Mammogram
Immunizations	Immunizations	Immunizations
Hearing exams for children only	Hearing exams for children only	Hearing exams for children only

All schedule A and B US preventive task force services	All schedule A and B US preventive task force services	All schedule A and B US preventive task force services
Hospital and Facility Care	Hospital and Facility Care	Hospital and Facility Care
Inpatient Hospital Care	Inpatient Hospital Care	Inpatient Hospital Care
Surgical Facility Care	Surgical Facility Care	Surgical Facility Care
Skilled Nursing Facility Care: Only as supplement to Medicare Part A		Skilled Nursing Facility covered for 14 days following release from acute care hospital
Surgical and Major Medical	Surgical and Major Medical	Surgical and Major Medical
Surgical Care	Surgical Care	Surgical Care
Anesthesia	Anesthesia	Anesthesia
Inpatient Medical Care	Inpatient Medical Care	Inpatient Medical Care

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Organ Transplants (limits apply)	Organ Transplants (limits apply)	Organ Transplants (limits apply)
Maternity	Maternity	Maternity
Prenatal and Postnatal Care	Prenatal and Postnatal Care	Prenatal and Postnatal Care
Inpatient Hospital Care	Inpatient Hospital Care	Inpatient Hospital Care
Birthing Center	Birthing Center	Birthing Center
Obstetric Care	Obstetric Care	Obstetric Care
Post partum care, breast feeding services, mental health for post partum depression	Post partum care, breast feeding services, mental health for post partum depression	
Emergency Care	Emergency Care	Emergency Care
Emergency Facility	Emergency Facility	Emergency Facility
Medical Emergency Care	Medical Emergency Care	Medical Emergency Care
Emergency Ambulance and Paramedic	Emergency Ambulance and Paramedic	Emergency Ambulance and Paramedic
Diagnostics	Diagnostics	Diagnostics
Lab Tests	Lab Tests	Lab Tests
Imaging and Machine Tests	Imaging and Machine Tests	Imaging and Machine Tests
Therapies	Therapies	Therapies
Chemotherapy, Inhalation, Radiation, Dialysis	Chemotherapy, Inhalation, Radiation, Dialysis	Chemotherapy, Inhalation, Radiation, Dialysis
Physical and Occupational Therapy (75 visits per calendar Year)	Physical and Occupational Therapy (50 visits per calendar Year)	Physical and Occupational Therapy (60 visits per calendar Year)
Speech Therapy (75 visits per calendar year)	Speech Therapy (50 visits per calendar year)	Speech Therapy (30 visits per calendar year)
Cognitive Therapy (75 visits per calendar year)	Cognitive Therapy (50 visits per calendar year)	
Cardiac Rehabilitation	Cardiac Rehabilitation	Cardiac Rehabilitation

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Foot care related to a medical condition	Foot Care related to a medical condition	
Chiropractic and Osteopathic Manipulative Treatment	Chiropractic and Osteopathic Manipulative Treatment	Chiropractic
12 visits per calendar year	20 visits per calendar year	12 visits per person per calendar year
Hospice	Hospice	Hospice
Covered, inpatient limited to 7 consecutive days	Covered, inpatient limited to 7 consecutive days	Covered
Home Health	Home Health	Home Health
2 hrs per day, 25 days per year	2 hrs per day, 25 days per year	2 hrs per day, 50 days per year
Doctor's Visits and Specialist Care	Doctor's Visits and Specialist Care	Doctor's Visits and Specialist Care
Covered	Covered	Covered
Diabetic Education	Diabetic Education	Diabetic Education
Diabetes Management Incentive Program	Diabetes Management Incentive Program	Covered
DME	DME	DME
Covered	Covered	Covered
Weight Loss	Weight Loss	Weight Loss
Outpatient surgery for morbid obesity covered	Outpatient surgery for morbid obesity covered	Bariatric surgery covered
Nutritional Counseling	Nutritional Counseling	Nutritional Counseling
Covered	Covered	Covered
Allergy Tests and Treatment	Allergy Tests and Treatment	Allergy Tests and Treatment
Covered	Covered	Covered
Prescription Drugs	Prescription Drugs	Prescription Drugs
4 tiers of coverage	4 tiers of coverage	3 tier program
Mental Health	Mental Health	Mental Health
Mental Health and Substance Abuse: IP/OP, office visits, pharmacotherapy, and psychological testing are covered	Mental Health and Substance Abuse: IP/OP, office visits, pharmacotherapy, and psychological testing are covered	Diagnosis, evaluation, treatment, and counseling are covered

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Other Services	Other Services	Other Services
Home infusion as part of maternity service	Home infusion as part of maternity service	Home infusion covered under specialty drug benefit
Acupuncture covered 25 visits/year	Acupuncture covered	Acupuncture covered, 20 sessions per year