



**ESSENTIAL HEALTH BENEFITS BENCHMARK OPTIONS EVALUATIVE TOOL FOR CHRONIC DISEASE PATIENTS**

<u>SERVICES</u>	<u>BENEFIT COVERED?</u>	<u>IS THERE A BENEFIT LIMIT?*</u> <u>(# visit limits, duration limits,</u> <u>or other types of limits)</u>	<u>WHAT IS THE LIMIT?</u>
advanced imaging tests (e.g. CT, MRI, PET scans)	Yes		
alcoholism and drug dependency services	Yes, identified under Mental Health; Most cover hospitalization and/ or intensive; Fed BCBS are more comprehensive; Also included in Schedule B preventive services recommendations from the US Preventive Services Task Force	Small group BCBS plans limit services for conditions that are not classified as “serious”	For non-serious conditions, small group plans limit coverage to 31 inpatient days, 62 partial hospitalizations, and 20 office visits per year
ambulance services (ground and air)	Yes, however air is not specified in schedule of benefits		
cardiac rehabilitation	Yes	Small Group and State Plans impose limits	3 visits per week for 3 months
chemotherapy services (anti-cancer tx AND for other indications; administered by IV, subcutaneous injection, infusion)	Yes		
clinical trials access (coverage of routine costs)	Yes under state insurance mandate coverage and federal employee coverage		
colorectal cancer screening for high risk individuals	Covered under US Preventive Services Task Force Schedule A		

diabetes screening for individuals at high risk	Covered under US Preventive Services Task Force Schedule B for individuals with sustained blood pressure greater than 135/80 mm Hg		
diabetes self-management education	All but Coventry small group plan	Yes	6 units per 3 year period
diabetes testing supplies, including test strips, lancets and lancet devices (may be covered as DME instead)	Yes		
durable medical equipment (such as blood glucose testing equipment and supplies, insulin pumps and associated supplies, mobility aides, and prostheses)	Yes		
emergency room care	Yes		
eye care (yearly dilated eye exam by an eye care professional for routine screening purposes)	Small Group BCBS EPO and HMO; State Plan BCBS HMO		
habilitative therapy services (PT, OT, and speech)	Yes, with the exception of the Coventry small group plan	Yes	Varies from 30-75 days depending on type and plan
home health care	Yes	Yes	Small Group: 100/cy State Plan: 240/cy Fed Plan: 2hrs per day for up to 25 or 50 days/year
home infusion therapy	Small Group: BCBS EPO & HMO State Plan-Yes Fed Plan BCBS Standard & Basic as part of maternity svc; GEHA-covered under specialty drug benefit		
laboratory tests and X-ray services	Yes		
mammography screening for high risk individuals	Covered under US Preventive Services Task Force Schedule B for all women over the age of 40		

mental health outpatient care (including neuro-psych evaluations)	Small Group Plans cover intensive outpatient and office visits depending on severity of condition. State Plans covers intensive OP. Fed Plans covers outpatient and office visits and includes psychological testing and pharmacotherapy	Yes. Coventry small group plan specifies coverage for outpatient for serious mental illness and substance abuse treatment.	BCBS limits services for conditions that are not classified as "serious". Outpatient limited to 20 office visits per year.
nutritional counseling or medical nutrition therapy	Covered under US Preventive Services Task Force Schedule B benefits	Yes	Small Group and State limit to 6 visits/cy/condition Federal plans do not limit services
organ and tissue transplants	Yes	Yes	Limited to certain types of transplants, not specified in benefit schedule
physical, speech and occupational therapy	Yes	Yes	Varies: 30-75 visits/year
physician specialty care	Yes		
podiatric services (related to medical condition)	Small Group: Coventry Federal Plans: foot care coverage is included	Yes for Coventry	Coventry limits to 10 visits per benefit year
prenatal care	Yes		
prescription drugs: coverage of specialty drugs (injectables, biologics, oral cancer)	Specialty drugs offered under tiered formulary with higher cost sharing for non-generics	Yes	
prescription drugs: off-label use coverage (e.g. for cancer or MS)	Not specified in schedule of benefits provided		
radiation therapy	Yes		
skilled nursing and rehabilitation	Covered under all plans except Federal BCBS Basic Option	Yes	100-120 days for all small group and state employee plans; Federal Standard

			only covers SNF as supplement to Medicare; GEHA covers 14 days after release from acute setting
smoking cessation counseling (group, private, telephone)	Yes, under US Preventive Services Task Force Schedule A		
smoking cessation drugs (Nicotine patch, gum, inhaler, nasal spray and lozenge, as well as prescription drugs Bupropion and Chantix)	Not specified		

\*Examples of benefit limits would include limits on the number of visits or services per year, duration limits (such as number of days), or limits on the circumstances or conditions for which a service is covered (such as off-label Rx coverage only for specific medical conditions or coverage of air ambulance services only under certain conditions). Benefit limits don't include co-pays, co-insurance, or other cost-sharing.