

PPACA Essential Health Benefits – Benchmark Benefits Package

Benefit	Essential Health Benefit Category Service Could Fit Into	Benchmark Benefits Package
Coverage for Newborn and Foster Children	N/A	Covered
Coverage Outside the Provider Network	N/A	Covered
Adult Routine Physical Exams	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered - for ACA required screenings and counseling typically provided during a physician visit
Well-Baby and Well-Child Care	YES (Pediatric Services, including Oral and Vision Care.)	Covered
Immunizations	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Routine Mammography Screening	YES (Preventive/ Wellness including Chronic Disease Management)	Covered - 1 per year starting at age 40 (baseline at age 35); more frequently or at an earlier age for at risk individuals
HPV/Cervical Cancer Screening	YES (Preventive/ Wellness including Chronic Disease Management)	Covered - 1 screening per year
Newborn Hearing Screening	YES (Preventive, Pediatric Services including Oral and Vision Care)	Covered
Newborn Screening (Other than Hearing)	YES (Pediatric Services, including Oral and Vision Care)	Covered
Pediatric Hearing Screening	YES (Preventive, Pediatric Services including Oral and Vision Care)	Covered
Prostate Cancer Screening	YES (Preventive/ Wellness including Chronic Disease Management)	Covered - 1 test per year for men over 50
Colorectal cancer screening	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Depression Screening (Adolescents and Adults)	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Diagnostic Bone Mass Measurement/Density Testing	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Screening Colonoscopy	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Allergy Testing	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Diabetes Screening	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Screening for Sexually Transmitted Infections - HIV	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Screening for Sexually Transmitted Infections - Other	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Anemia Screening for Pregnant Women	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Bacteriuria Urinary Tract Screening for Pregnant Women	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
BRCA Screening and Counseling About Genetic Testing	YES (Preventive/ Wellness including Chronic Disease Management)	Covered

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Folic Acid Supplements for Women Who May Become Pregnant	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Hepatitis B Screening for Newly Pregnant Women	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk	YES (Preventive/ Wellness including Chronic Disease Management)	Covered
Allergy Injections	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Smoking and Tobacco Cessation Counseling	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Diabetes Education	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Diabetes Monitoring	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Breastfeeding/Lactation Counseling	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Nutritional Counseling	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
HPV Vaccine	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Flu Vaccines	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Room & Board	YES (Hospitalization, Maternity and Newborn Care)	Semi-private room; private room if medically necessary
Nursing - General	YES (Hospitalization, Maternity and Newborn Care)	Covered
Minimum inpatient stays following delivery of a baby (48 hours normal delivery; 96 hours cesarean)	YES (Maternity and Newborn Care)	Covered
Treatment of Maternity as any Other Illness When Maternity is Provided	YES (Maternity and Newborn Care)	Covered
Complications of pregnancy	YES (Hospitalization)	Covered
Lab	YES (Laboratory services)	Covered
Pathology Services	YES (Hospitalization)	Covered
Radiology	YES (Hospitalization)	Covered
Anesthesia	YES (Hospitalization)	Covered
Medical Supplies	YES (Hospitalization)	Covered
Durable Medical Equipment	YES (Rehabilitative and Habilitative services and Devices)	Covered
Prosthetics	YES (Hospitalization)	Covered
Drugs	YES (Hospitalization)	Covered
Blood	YES (Hospitalization)	Covered
Inpatient Rehab Services	YES (Rehabilitative and Habilitative services and Devices)	Covered
Mental Illness	YES (Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment)	Covered - according to federal mental health parity law.
Alcoholism/Drug Abuse Treatment	YES (Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment)	Covered
Transplants	YES (Hospitalization)	Covered - with prior authorization

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Reconstructive Breast Surgery Following a Mastectomy	YES (Hospitalization)	Covered
Surgery to Correct Congenital Anomalies	YES (Hospitalization)	Covered
Other Reconstructive Surgery	YES (Hospitalization)	Covered - for corrective surgery required to restore, reconstruct or correct any bodily function that was lost, impaired, or damaged as a result of illness or injury
Bariatric Surgery	YES (Hospitalization)	Covered - with precertification
Tubal Ligation	YES (Hospitalization)	Covered
Vasectomy	NO	Covered
Inpatient Hospice	YES (Hospitalization)	Covered
Vision Procedures	YES (Hospitalization)	May be covered depending on defined services.
Anesthesia and Hospital Charges for Dental Procedures for Children Under Age 9 With Serious Mental, Physical or Behavioral Problems	YES (Pediatric Services, including Oral and Vision Care.)	Covered
Oral and Maxillofacial Surgery or Emergency Procedure	NO	Oral Surgery Covered - when dentist is performing emergency service or surgical services and these covered services could also be performed by physicians
Emergency Room Services	YES (Emergency Services)	Covered
Surgery: Operating Room, Recovery and Treatment Rooms	YES (Ambulatory Patient Services)	Covered
Anesthesia	YES (Ambulatory Patient Services)	Covered
Laboratory Services	YES (Laboratory services)	Covered
Pathology	YES (Ambulatory Patient Services)	Covered
Radiology - X-rays, Ultrasound, EKG, EEG, CT, MRI, PET, Diagnostic Angiography	YES (Ambulatory Patient Services)	Covered
Chemotherapy	YES (Ambulatory Patient Services)	Covered
Radiation Therapy	YES (Ambulatory Patient Services)	Covered
Diagnostic Colonoscopy	YES (Ambulatory Patient Services)	Covered
Pulmonary Rehab	YES (Rehabilitative and Habilitative services and Devices)	Covered
Physical Therapy	YES (Rehabilitative and Habilitative services and Devices)	Covered - short term only (generally not longer than 90 days); combined with occupational therapy
Occupational Therapy	YES (Rehabilitative and Habilitative services and Devices)	Covered - short term only (generally not longer than 90 days); combined with physical therapy
Speech Therapy	YES (Rehabilitative and Habilitative services and Devices)	Covered
Habilitative services and devices	YES (Rehabilitative and habilitative services and devices)	Not Covered now but will be as one of required benefits under ACA.
IV/Infusion Therapy	YES (Rehabilitative and Habilitative services and Devices)	Covered
Hyperbaric Oxygen Therapy	YES (Rehabilitative and Habilitative services and Devices)	Covered - requires prior authorization

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Dialysis	YES (Ambulatory Patient Services)	Covered
Blood and Plasma	YES (Ambulatory Patient Services)	Covered
Medical and Surgical Supplies	YES (Ambulatory Patient Services)	Covered
Oxygen	YES (Ambulatory Patient Services)	Covered
Nuclear Medicine	YES (Ambulatory Patient Services)	Covered
Injectible Drugs	YES (Prescription Drugs)	Covered
Infertility Services	YES (Ambulatory Patient Services)	Covered - IVF: one-time only benefit with precertification. Infertility services not covered.
Genetic Screening and Testing	YES (Ambulatory Patient Services)	Covered - requires preauthorization
Genetic Counseling	YES (Ambulatory Patient Services)	Covered - as identified on the U.S. Preventive Services Task Force list of Grade A and B Recommendations
Inpatient Visits	YES (Hospitalization, Maternity and Newborn Care)	Covered
Inpatient Surgery	YES (Hospitalization, Maternity and Newborn Care)	Covered
Outpatient Surgery	YES (Ambulatory Patient Services)	Covered
Emergency Room Services	YES (Emergency Services)	Covered
Urgent Care Visits	YES (Ambulatory Patient Services)	Covered
Physician Office Visits	YES (Ambulatory Patient Services)	Covered
Laboratory Services	YES (Laboratory services)	Covered
Diagnostic Imaging	YES (Ambulatory Patient Services)	Covered
Treat maternity as any other illness	YES (Maternity and Newborn Care)	Covered
Prenatal care	YES (Maternity and Newborn Care)	Covered
Mental Illness	YES (Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment)	Covered - according to federal mental health parity law
Alcoholism/Substance Abuse	YES (Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment)	Covered
Retail and Mail Order Prescription Drugs	YES (Prescription Drugs)	Covered - with the inclusion of prescription drug
Prescription Contraceptives if prescription drugs are a covered benefit	YES (Prescription Drugs)	Covered
Smoking and Tobacco Cessation Prescription Drugs	YES (Preventive and Wellness Services and Chronic Disease Management)	Covered
Ambulance Services	YES (Emergency Services)	Covered
Durable Medical Equipment and Devices	YES (Ambulatory Patient Services)	Covered - if medically necessary; repair/replacement covered if not due to abuse
Home Dialysis Equipment and Supplies	YES (Ambulatory Patient Services)	Covered
Oxygen	YES (Ambulatory Patient Services)	Covered
Prosthetic Devices	YES (Ambulatory Patient Services)	Covered
Home Health Visit	YES (Ambulatory Patient Services)	Covered - limit of 150 visits per year; only when ordered by a physician and when skilled nursing care is required

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Skilled Nursing Facility Care	YES (Ambulatory Patient Services)	Covered - 120 days per year
HIV/AIDS Treatment	YES (Ambulatory Patient Services, Prescription Drugs)	Covered
Certain Treatment of Diabetes(Training and educational services, and equipment, supplies, medications, and laboratory procedures used to treat diabetes)	YES (Ambulatory Patient Services, Prescription Drugs)	Covered
TMJ Joint Dysfunction (Diagnostic, therapeutic, and surgical coverage same as any other bone or joint)	YES (Ambulatory Patient Services)	Diagnosis of TMJ is covered; treatment is not covered
Abortion	YES (Ambulatory Patient Services)	Covered
Home Hospice Care	YES (Ambulatory Patient Services)	Covered
Nurse Midwife Services	YES (Hospitalization, Ambulatory Patient Services)	Covered
Coverage for Certain Clinical Trials	YES (Ambulatory Patient Services, Prescription Drugs)	Covered - in accord with Medicare guidelines
Medical Foods (Food supplements, formulas or special foods)	YES (Ambulatory Patient Services)	Covered - only to treat inborn errors of metabolism
Pediatric Vision Screening	YES (Pediatric Services, including Oral and Vision Care.)	Covered - as defined in ACA well-child visit.
Eyeglasses and Contact Lenses - Adults	NO	Covered - for certain medical conditions and subject to special limits
Eyeglasses and Contact Lenses - Pediatric	YES (Pediatric Services, including Oral and Vision Care.)	Covered - for certain medical conditions and subject to special limits
Pediatric Dental	YES (Pediatric Services, including Oral and Vision Care.)	Not Covered now but will be as one of required benefits under ACA.
Routine Hearing Exams	YES (Preventive/ Wellness including Chronic Disease Management)	Covered - as defined in ACA well-child visit.
Hearing Aids	YES (Rehabilitative and Habilitative Services and Devices)	Covered - Covers one hearing aid per ear every 60 months
Speech Generating Devices / Voice Synthesizers	YES (Rehabilitative and Habilitative Services and Devices)	Covered
Sources of Information	N/A	Benefit Booklet For HMSA's Preferred Provider Plan

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