2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

Benefits provided by potential benchmark major medical plans - data as of 3/31/14

Grouped in the 10 categories of Essential Health Benefits required by the ACA.

http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/ehb-2-20-2013.html

DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
Benefits	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	***Michigan Mandate***
1. Ambulatory patient services - EHB Category											
Primary Care Visit to Treat an Injury or Illness	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Specialist Visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Outpatient Surgery Physician/Surgical Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Home Health Care Services	Yes	Yes	Yes	Yes	Yes	Yes limited to 60 visits per calendar year	Yes	Yes	Yes	Yes - 50 visit limit	500.3519(3)
Hospice Services - home	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes - $15,000 limit	500.3406c
Breast Cancer Outpatient Treatment Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406d
Abortion for Which Public Funding is Prohibited	No	No	No	No	No	No	No	No	No	No	Act 182 of 2013
Chemotherapy (Antineoplastic)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406e
Radiation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Dialysis	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Infusion Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
2. Emergency Services - EHB Category											
Emergency Room Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406k
Emergency Transportation/Ambulance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406l 500.3519(3)

2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

Benefits	*Small Group*			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	*Michigan Mandate*
Urgent Care Centers or Facilities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
3. Hospitalization - EHB Category											
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Inpatient Hospice	Yes	Yes maximum of 45 days per contract year, combined with inpatient rehab facility, subacute facility, and skilled nursing facility	Yes	Yes maximum of 45 days per contract year, combined with inpatient rehab facility, subacute facility, and skilled nursing facility	Yes	Yes	Yes - maximum of 120 days per confinement, combined with inpatient rehab facility, subacute facility, and skilled nursing facility	Yes	Yes	Yes	
Inpatient Physician and Surgical Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Transplants	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Skilled Nursing Facility	Yes - up to a maximum of 120 days per member per year	Yes maximum of 45 days per contract year, combined with inpatient rehab facility, subacute facility, and inpatient hospice facility	Yes - up to a maximum of 120 days per member per year	Yes maximum of 45 days per contract year, combined with inpatient rehab facility, subacute facility, and inpatient hospice facility	Yes maximum of 120 days for each benefit period, in a SNF for general conditions. Period renews after 90 days	Yes - non-network benefits are limited to 100 days per year	Yes - maximum of 120 days per confinement, combined with inpatient rehab facility, subacute facility, and inpatient hospice facility	Yes	Yes	Yes - Plan pays $700/day	
4. Maternity and newborn care - EHB Category											
Prenatal and Postnatal Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Delivery and All Inpatient Services for Maternity Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
5. Mental health and substance use disorder services, including behavioral health treatment - EHB Category											
Mental/Behavioral Health Inpatient Services	Yes	Yes - 20 days per contract year **Must be supplemented**	Yes - 60 days per year **Must be supplemented**	Yes - 20 days per contract year **Must be supplemented**	Yes	Yes	Yes	Yes	Yes	Yes	500.3406b

2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

Benefits	***Small Group***			***HMO***	***State Employee Plans***			***Federal Employee Plans***			
	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	***Michigan Mandate***
Mental/Behavioral Health Outpatient Services	Yes	Yes - 20 days per contract year **Must be supplemented**	Yes 50 visits per year/ 120 visits - lifetime maximum **Must be supplemented**	Yes - 20 days per contract year **Must be supplemented**	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Substance Abuse Disorder Inpatient Services	Yes	Yes - 10 days per contract year **Must be supplemented**	Yes - 60 days per year **Must be supplemented**	Yes - 10 days per contract year **Must be supplemented**	Yes	Yes	Yes	Yes	Yes	Yes	
Substance Abuse Disorder Outpatient Services	Yes	Yes - 30 days per contract year **Must be supplemented**	Yes	Yes - 30 days per contract year **Must be supplemented**	Yes	Yes	Yes	Yes	Yes	Yes	500.3425 500.3519(3)
6. Prescription drugs - EHB Category											
Generic Drugs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Preferred Brand Drugs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Non-Preferred Brand Drugs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Specialty Drugs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Preferred Tobacco Cessation Products must be prescribed by a Physician and obtained from a Network Retail Pharmacy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Growth Hormone Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Infertility Treatment Prescription Drugs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
7. Rehabilitative and habilitative services and devices - EHB Category											
Rehabilitative Services	Yes - 60 combined visits per contract year	Yes - 30 combined visits per contract year	Yes - 30 combined visits per contract year	Yes 30 combined visits w/chiro per contract year	Yes 90 Visits per member, per calendar year	Yes - 60 combined visits per contract year	Yes 90 OT/PT/St Combined visits per contract year	Yes - 75 Visits per Year/All therapies combined	Yes - 75 Visits per Year/All therapies combined	Yes - 60 visits/all therapies combined	
Habilitative Services & Devices	No **Must be supplemented**	Yes - 30 combined visits per contract year	No **Must be supplemented**	Yes - 30 combined visits per contract year	No **Must be supplemented**	Only for Autism	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	Yes	

2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

Benefits	*Small Group*			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	***Michigan Mandate***
Autism Therapy	Yes - ABA limited to annual maximum $50,000 **Must be supplemented**	Yes	Yes - ABA limited to annual maximum $50,000 **Must be supplemented**	Yes	Yes	Yes	Yes with 135 days per contract for ABA therapy **Must be supplemented**	Physical, Occupational, Speech Therapies - No ABA **Must be supplemented**	Physical, Occupational, Speech Therapies - No ABA **Must be supplemented**	No **Must be supplemented**	500.3406s Order 14-017-M
Durable Medical Equipment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Prosthetic Devices including Mastectomy Prosthetics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406a
8. Laboratory services - EHB Category											
X-Rays & Diagnostic Imaging	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Laboratory Outpatient and Professional Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Imaging (CT and PET Scans, MRIs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3519(3)
Breast Cancer Diagnostic Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406d
9. Preventive and wellness services and chronic disease management - EHB Category											
Preferred Tobacco Cessation Products must be prescribed by a Physician and obtained from a Network Retail Pharmacy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Preventive Care/Screening/Immunization	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Routine Foot Care	No	No	No	No	No	No	No	No	No	No	
Allergy Testing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Diabetes Education	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406p
Nutritional Counseling	Yes - nutritional therapy in Autism	Yes - six visits per contract year	Yes - nutritional therapy in Autism	Yes - six visits per contract year	Yes - this is listed under weight loss with lifetime maximum of $300	Yes - 3 sessions per year in-network only	Yes - six visits per contract year	Yes	Yes	Yes	
10. Pediatric services, including oral and vision care - EHB Category											
Basic Dental Care (Child)	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	Yes	No **Must be supplemented**	Yes	Yes	Yes	Yes	
Routine Eye Exam (Child)	No **Must be supplemented**	Screening only as part of physical exam	No **Must be supplemented**	Screening only as part of physical exam	Yes	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	Yes	

2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

Benefits	*Small Group*			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	*Michigan Mandate*
Major Dental Care (Child)	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	Yes	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	
Orthodontia (Child)	No	No	No	No	Yes	No	No	No	No	No	
Eye Glasses for Children	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	Yes	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	No **Must be supplemented**	
General Pediatric Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Well Baby Visits and Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	500.3406n 500.3519(3)
Miscellaneous											
Accidental Dental	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	
Routine/Basic Dental Care (Adult)	No	No	No	No	Yes	No	No	Yes	Yes	Yes	
Chiropractic Care	Yes - spinal manipulation limited 24 visits - reduced to 12 visits with optional rider	Yes- 30 combined visits per contract year with rehab OT/PT	Yes - limited to 12 visits per member per calendar year	Yes- 30 combined visits per contract year with rehab OT/PT	Yes - 24 visits per member per calendar year combined in & out of network	Yes - 20 visits per year	Yes- 30 combined visits per contract year	Yes	Yes	Yes - 12 visits per year	
Cosmetic Surgery	Yes	No	Yes	No	Yes	No	No	No	No	No	
Diagnosis and treatment of infertility, e.g. endometriosis, blockage of fallopian tubes, varicocele	Yes - limited infertility services	Yes	Yes - limited infertility services	Yes	No - excluded under what is not covered	Yes - 5 office visits & 3 diagnositic/ surgical procedures annual benefit limit per covered person artificial insemination included	Yes	Yes	Yes	Yes	

2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

	Small Group			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
Benefits	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	***Michigan Mandate***
Hearing Aids	No	No	No	No	Yes standard or binaural once every 36 months	Yes - includes hearing aids limited to $880 for monaural or $1600 binaural once every 36 months	Yes - includes one hearing exam, one audiometric exam, and one basic hearing aid per ear every 36 months; hearing aid is limited to $500 per aid	Yes	Yes	Yes	
Long Term/Custodial Nursing Home Care	No	No	No	No	No	No	No	No	No	No	
Major Dental Care (Adult)	No	No	No	No	Yes	No	No	Yes	Yes	No	
Non-Emergency Care When Traveling Outside the U.S.	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	
Orthodontia (Adult)	No	No	No	No	Yes	No	No	No	No	No	
Private-Duty Nursing	Yes	No	Yes	No	Yes	No	Yes	No	No	No	
Routine Eye Exam (Adult)	No	Screening only	No	Screening only	Covered under Blue Vision cert	Yes	Screening only	No	No	No	
Weight Loss Programs	No	Yes	No	Yes	Yes - $300 lifetime maximum	Yes	Yes	No	No	No	
Bariatric Surgery	Yes - if medically necessary	Yes - once per lifetime	Yes - if medically necessary	Yes - once per lifetime	Yes - if medically necessary	Yes in-network only, medically necessary, order by primary care physician; one per lifetime	Yes - once per lifetime	Yes	Yes	Yes	
Acupuncture	No	No	No	No	Yes - 20 treatments per calendar year	No	No	Yes	Yes	Yes - 20 treatments per year	
Wigs and supplies (cancer or alopecia only)	No	No	No	No	Yes - lifetime maximum $300	No	No	Yes - $350 lifetime maximum	Yes - $350 lifetime maximum	No	
Genetic Testing	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Evaluation and treatment of chronic pain	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Reconstructive Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

2017 Benchmark

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON

Benefits	*Small Group*			*HMO*	*State Employee Plans*			*Federal Employee Plans*			
	BCBSM Community Blue PPO Plan 4	Priority Health (HMO)	BCBSM Simply Blue 2500	Priority Health (HMO)	BCBSM (Self-insured)	PHP (HMO)	Priority Health (HMO)	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHB GEHA Standard Option	*Michigan Mandate*
Blepharoplasty of upper lids	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Breast Reduction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Surgical Treatment of Male Gynecomastia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Rhinoplasty and Septorhinoplasty (sleep apnea treatment)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Panniculectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Treatment for Temporomandibular Joint Disorders	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Orthognathic Surgery	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	
Transgender/gender Reassisgnment Services	No only reconstructive procedures of the genitalia	No	No only reconstructive procedures of the genitalia	No	No	Behavioral Health Services	No				

Abbreviations: BCBSM = Blue Cross Blue Shield of Michigan; PHP = Physicians Health Plan; CT = computed tomography; GEHA = Government Employees Health Association; MRI = magnetic resonance imaging; PET = positron emission tomography; PT = physical therapy; OT = occupational therapy; ST = speech therapy

Any covered services may be subject to medical management techniques, cost sharing, etc.

The data provided in this chart is not legal advice and is intended for informational purposes only. This chart has been compiled by the Michigan Department of Insurance and Financial Services based on presently available enrollment data and benefit design, utilizing the essential health benefit (EHB) definitions and categories as delineated in the most recent guidance provided by the federal government. The U.S. Department of Health and Human Services (HHS) has directed states to choose the EHB benchmark from certain enumerated plans, including the largest HMO and small group plans in the state, identified by enrollment data as reported to HHS for the first quarter of 2014. The data provided in this chart is subject to change as additional federal guidance is provided with regard to EHB.

MICHIGAN ESSENTIAL HEALTH BENEFITS COMPARISON
DENTAL AND VISION

DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

DENTAL

Benefits	*State of MI* *MIChild* *BCBSM*	*Federal Employee Plans* *FEDVIP Dental* *MetLife*
Diagnostic		
Initial exam	Yes	Yes
Routine checkup	Yes	Yes
Bitewing X-rays	Yes	Yes
Diagnostic tests	Yes	Yes
Preventive		
Cleanings	Yes	Yes
Flouride treatments	Yes under age 14	Yes up to age 22
Space maintainers	Yes under age 14	Yes
Dental sealants on first and second permanent molars	Yes	Yes
Restorative		
Fillings of amalgam, plastic composite or similar materials and stainless steel crowns	Yes	Yes
Metallic onlays	No	Yes
Porcelain or ceramic crown substrate	No	Yes
Endodontics		
Pulpotomy for primary teeth	Yes	Yes
Anterior, bicuspid and molar root canal	No	Yes
Anterior, bicuspid and molar root canal therapy	No	Yes
Periodontics		
Periodontal scaling and root planing	No	Yes
Gingivectomy or gingivoplasty	No	Yes
Prosthodontics (removable)		
Maxillary dentures	No	Yes

Benefits	State of MI MIChild BCBSM	Federal Employee Plans FEDVIP Dental MetLife
Prosthodontics (fixed)		
Porcelain, ceramic and cast metal retainers for resin bonded fixed prosthesis	No	Yes
Oral & Maxillofacial Surgery		
Simple extractions	Yes	Yes
Adjunctive General Services		
Consultation by a second dentist not providing treatment	Yes	Yes
Exams and treatment for an emergency condition	Yes	Yes
Emergency treatment for temporary relief of pain	Yes	Yes

VISION

Benefits	Federal Employee Plans FEDVIP Vision FEP BlueVision
Vision exam and glaucoma test	Yes Glaucoma test is not specifically included or excluded
Eyeglass frames (wire, plastic or metal)	Yes
Eyeglass lenses	Yes
Medically necessary contact lenses	Yes