

Maternal and Child Health Plan Benefit Model: Evidence-Informed Coverage

Maternal and Child Health Plan Benefit Model

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Sample Plan Benefit Key

Recommended Plan Benefits: One of Five Types of Service																	
The Specific Type of Benefit																	
Definition of Benefit		Covered Providers															
A summary definition of the type of benefit and/or rationale for including the benefit.		Covered providers and/or related benefit information.															
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions														
Typically expressed as the maximum amount of benefit covered by the plan.	Plan provisions that reflect unique circumstances and allow for exceptions to be made.	Particular benefits that should be covered by the type of benefit.	Particular benefits that should not be covered by the type of benefit.														
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0%-25%)	Out-of-Pocket Maximum															
Recommendation on copayment (HMO model) or coinsurance (PPO model) amount.	<p>Recommended copayment and coinsurance (in-network) levels correspond to the key summarized below:</p> <table border="0"> <tr> <td>Copayment</td> <td>Coinsurance</td> </tr> <tr> <td>0 = \$0</td> <td>= 0%</td> </tr> <tr> <td>1 = \$10 – \$20</td> <td>= 10%</td> </tr> <tr> <td>2 = \$25 – \$40</td> <td>= 15%</td> </tr> <tr> <td>3 = \$45 – \$60</td> <td>= 20%</td> </tr> <tr> <td>4 = \$75 - \$100</td> <td>= 25%</td> </tr> <tr> <td>5 = \$100+</td> <td>= 25%+</td> </tr> </table>	Copayment	Coinsurance	0 = \$0	= 0%	1 = \$10 – \$20	= 10%	2 = \$25 – \$40	= 15%	3 = \$45 – \$60	= 20%	4 = \$75 - \$100	= 25%	5 = \$100+	= 25%+	<p>Denotes whether individual expenses apply to the maximum expense paid per individual or per family in a single calendar year. After that amount is reached, the health plan will pay 100% of covered charges for the remainder of the calendar year.</p> <p>Individual (1): \$1,500 Individual plus one (2): \$3,000 Family (3+): \$4,500</p>	
Copayment	Coinsurance																
0 = \$0	= 0%																
1 = \$10 – \$20	= 10%																
2 = \$25 – \$40	= 15%																
3 = \$45 – \$60	= 20%																
4 = \$75 - \$100	= 25%																
5 = \$100+	= 25%+																
Actuarial Impact	Cost of Recommended Benefits (PMPM)	Cost Impact															
	The per member per month (PMPM) estimate of the total employer cost of the benefit as it is described in this plan.	One of the following: <ul style="list-style-type: none"> • Decrease • Neutral • Increase 	The estimated employer cost impact will be influenced by an individual employer’s health plan design and administration rules. If an employer’s current health plans were identical to the HMO/PPO Benchmark Model and the employer were to adopt all of the Plan Benefit Model recommendations, the employer’s health plan costs would increase 10% and 6.2%, respectively. Cost-offset values associated with preventive services are excluded from this calculation.														
Citations																	
Source	Actual reference	The strength of the reference, which will be one of the following: <ol style="list-style-type: none"> 1. Evidence-Based Research 2. Recommended Guidance (e.g., Expert Opinion, Expert Consensus, Expert Panel) 3. Federally Vetted 4. Industry Standard 5. Actuarial Analysis 															

I. Recommended Minimum Plan Benefits: Preventive Services

A. WELL-CHILD SERVICES

Definition of Benefit		Covered Providers	
Medical services designed to promote and protect the health of infants, children, and adolescents. These services include comprehensive health assessments; age-appropriate screening, counseling, preventive medication, and preventive treatment; parent and child education; and anticipatory guidance. ¹		Covered services must be furnished by or under the direction of a primary care provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician).	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
26 visits between birth and 21 years of age. ¹	Include provisions for children with complex case-management needs (e.g., flex benefits).	All appropriate preventive care. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 2.24 (HMO) \$ 2.24 (PPO)	The HMO Benchmark Model includes a \$10 copayment. The PPO Benchmark Model includes a deductible and 20% member coinsurance. Eliminating cost-sharing for both plans is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$0.37 PMPM / 0.1% of total plan costs (HMO) • \$0.84 PMPM / 0.3% of total plan costs (PPO) 	
Citations			
1. Bright Futures Recommendation	Hagan JF, Shaw JS, Duncan P, eds. <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i> , 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; 2007.		Recommended Guidance: Expert Opinion
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

I. Recommended Minimum Plan Benefits: Preventive Services			
B. IMMUNIZATIONS			
Definition of Benefit		Covered Providers	
Screening for susceptibility to vaccine-preventable diseases, immunizations, and related services. ¹		Covered services must be furnished by or under the direction of a primary care provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician), physician's assistant, certified nurse midwife, OB-GYN, or other qualified provider.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits for children and adolescents (0 to 21 years), women planning a pregnancy, and women who are pregnant. ^{1,2}	N/A	<ul style="list-style-type: none"> All immunizations and associated care recommended by the Advisory Committee on Immunization Practices (ACIP).^A Immunizations to address travel, occupational, and other high-risk activities.^A 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
No cost-sharing for ACIP recommended routine and high-risk immunizations; minimal cost-sharing for travel immunizations.	0 / 0% (general); 1 / 10% (travel)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 2.21 (HMO) \$ 2.21 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible and 20% member coinsurance. Eliminating the deductible and coinsurance are estimated to increase the employer's cost by: <ul style="list-style-type: none"> \$.83 PMPM / 0.3% of total plan costs (PPO) 	
Citations			
1. Advisory Committee on Immunization Practices	Centers for Disease Control and Prevention. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices and the American Academy of Family Physicians. <i>MMWR</i> . 2006; 55(No. RR-15):1-48.		Recommended Guidance
2. American Academy of Pediatrics	American Academy of Pediatrics. Pickering LK, Backer CJ, Long SS, McMillan JA, eds. <i>Red Book: 2006 Report of the Committee on Infectious Diseases</i> , 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.		Recommended Guidance: Expert Opinion
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

^A The Advisory Committee on Immunization Practices (ACIP) releases updated recommendations on immunizations at regular intervals. Employers should instruct their health plan administrator(s) to provide coverage for newly-recommended immunizations immediately following approval from ACIP.

I. Recommended Minimum Plan Benefits: Preventive Services

C. PREVENTIVE DENTAL SERVICES

Definition of Benefit		Covered Providers	
Covered preventive services include risk assessments and anticipatory guidance in order to promote oral health, ¹ oral examinations, and diagnostic procedures. ²		Covered services must be furnished by or under the direction of a licensed dentist or licensed dental hygienist. Licensed dental hygienists must be overseen by a dentist or primary care provider or operate in conformance with state regulation for the independent practice of preventive dentistry. Risk assessments, anticipatory guidance, and fluoride varnish may be performed by a primary care provider.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
One preventive visit during the first 12 months of life ^{1,2} ; 2 visits per calendar year for all beneficiaries aged 2 to 21 years ^{2,5} ; 1 visit during the preconception period and 1 visit during pregnancy for all women. ⁵ Additional visits to implement and maintain preventive equipment (e.g., space maintainer) and procedures are covered, as medically necessary.	N/A	<p>All appropriate preventive care, including:</p> <ul style="list-style-type: none"> • Prophylaxis (cleaning of teeth) – limited to 2 treatments per calendar year.^{2,3} • Sealants – (once every 3 years, from the last date of service, on permanent molars for children under age 16).^{2,3} • Space maintainer (primary teeth only).³ • Bitewing x-rays (one set per calendar year).^{2,3} • Complete series x-rays (one complete series every 3 years).^{2,3} • Periapical x-rays.^{2,3} • Routine oral evaluations (limited to 2 per calendar year).^{2,3} • Fluoride varnish or gel applications (1 treatment per calendar year for children under age 16 at low or average risk; 4 treatments per calendar year for children under age 16 at moderate or high risk).⁴ • Fluoride supplementation.^{2,6} 	All others as defined by the health plan. <i>Please refer to the “Dental Services” benefit for additional coverage guidelines.</i>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ⁷	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 6.86 (HMO) \$ 7.60 (PPO)	The HMO and PPO Benchmark Models are consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. Bright Futures Recommendation	Hagan JF, Shaw JS, Duncan P, eds. <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents</i> , 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; 2007.	Recommended Guidance: Expert Opinion	
2. American Academy of Pediatric Dentistry	American Academy of Pediatric Dentistry. Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Children. Revised 2003. American Academy of Pediatric Dentistry. Clinical Affairs Committee – Infant Oral Health Subcommittee Guidelines on Infant Oral Health Care. Revised 2004.	Recommended Guidance: Expert Opinion	
3. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 15, 2007.	Federally Vetted	
4. American Dental Association	Evidence Based Clinical Recommendations: Professionally Applied Topical Fluoride. Report of the Council on Scientific Affairs, ADA May 2006.	Recommended Guidance: Expert Opinion	
5. Maternal and Family Health Benefits Advisory Board	Maternal and Family Health Benefits Advisory Board. Washington, DC: National Business Group on Health; August 2007.	Recommended Guidance: Expert Opinion	
6. U.S. Preventive Services Task Force	U.S. Preventive Services Task Force. <i>Dental caries screening in preschool children: Summary of recommendation</i> . Rockville, MD: Agency for Healthcare Research and Quality; 2004. Available at: http://www.ahrq.gov/clinic/uspstf/uspndch.htm . Accessed on June 1, 2007.	Evidence-Based Research	
7. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

I. Recommended Minimum Plan Benefits: Preventive Services			
D. EARLY INTERVENTION SERVICES FOR MENTAL HEALTH / SUBSTANCE ABUSE			
Definition of Benefit		Covered Providers	
Medical services designed to educate and counsel individuals and families about behaviors that facilitate mental health, improve personal resiliency, facilitate early intervention and prevent the escalation of sub-clinical problems, and monitor and treat V-code conditions.		Covered services must be furnished by or under the direction of a primary care provider (family physician, pediatrician, nurse practitioner) or a mental health professional (psychiatrist, clinical psychologist, licensed clinical social worker, licensed professional counselor, psychiatric nurse practitioner). ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
8 visits per calendar year ²	Include provisions for children with complex case-management needs (e.g., flex benefits). Consider extending benefit for multiple providers.	Screening (including family psychosocial screening), monitoring, and treatment of DSM-IV V-code conditions.	All others as defined by the health plan. <i>Please refer to the "Mental Health / Substance Abuse" benefit for additional coverage information.</i>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 4.83 (HMO) \$ 5.85 (PPO)	The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$4.83 PMPM / 1.7% of total plan costs (HMO) • \$5.43 PMPM / 1.9% of total plan costs (PPO) 	
Citations			
1. U.S. Department of Health and Human Services, Bureau of Health Professionals	U.S. Department of Health and Human Services, Bureau of Health Professionals. <i>Health Professional Shortage Area Guidelines for Mental Health Care Designation</i> . Available at: http://bhpr.hrsa.gov/shortage/hpsaguidement.htm . Accessed on January 12, 2007.	Recommended Guidance	
2. Maternal and Family Health Benefits Advisory Board	Maternal and Family Health Benefits Advisory Board. Washington, DC: National Business Group on Health; August 2007.	Recommended Guidance: Expert Opinion	
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. Actuarial analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model. Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

I. Recommended Minimum Plan Benefits: Preventive Services

E. PREVENTIVE VISION SERVICES

Definition of Benefit		Covered Providers	
<p>Medical services designed to identify children who may have eye or vision abnormalities, or risk factors for developing eye problems. Examination of the eyes should be performed beginning in the newborn period and at all subsequent well-child care visits. Additional preventive vision screening is recommended for children who are unable to be screened in well-child care due to time or health constraints.¹</p>		<p>Covered services must be furnished by or under the direction of a primary care provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician).</p>	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>2 visits outside of regular well-child care^A between birth and age 5.¹⁻³</p>	<p>Include provisions for children with complex case-management needs (e.g., flex benefits).</p>	<p>Screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.²</p> <p>Exams include: visual acuity tests, stereopsis, vision history, external eye inspection, ophthalmoscopic examination, tests for ocular muscle motility and eye muscle imbalances, and monocular distance acuity.³</p>	<p>All others as defined by the health plan. <i>Please refer to the "Vision Services" benefit for additional coverage information.</i></p>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 0.32 (HMO) \$ 0.39 (PPO)</p>	<p>The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by:</p> <ul style="list-style-type: none"> \$0.32 PMPM / 0.1% of total plan costs (HMO) \$0.39 PMPM / 0.1% of total plan costs (PPO) 	
Citations			
1. American Academy of Ophthalmology	American Academy of Ophthalmology. Pediatric eye evaluations. Preferred Practice Pattern. <i>AAO</i> , 2002.		Recommended Guidance: Practice Guideline
2. U.S. Preventive Services Task Force	U.S. Preventive Services Task Force. <i>Guide to Clinical Preventive Services</i> . 3rd ed. Rockville, MD: Agency for Healthcare Research and Quality; 2003.		Evidence-Based Research
3. American Academy of Pediatrics; American Association of Certified Orthoptists; American Association for Pediatric Ophthalmology and Strabismus; American Academy of Ophthalmology	Committee on Practice and Ambulatory Medicine, Section on Ophthalmology. American Association of Certified Orthoptists; American Association for Pediatric Ophthalmology and Strabismus; American Academy of Ophthalmology. Eye examination in infants, children, and young adults by pediatricians. <i>Pediatrics</i> , 2003 Apr;111(4 Pt 1):902-7.		Recommended Guidance
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

^A Most children and adolescents receive routine vision screening during the course of well-child care. However, young children who are uncooperative, children with special needs, and children who miss or delay well-child care need access to vision screening outside of designated preventive visits. The "Preventive Vision Services" screening benefit is designed to support this need.

I. Recommended Minimum Plan Benefits: Preventive Services			
F. PREVENTIVE AUDIOLOGY SCREENING SERVICES			
Definition of Benefit		Covered Providers	
Medical services to detect and diagnose speech, hearing, and language disorders.		Covered services must be furnished by or under the direction of a primary care provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician) or a covered specialist (audiologist or speech pathologist).	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
3 visits between birth and 19 years of age. Services must be rendered during the course of a well-child care visit or with referral from a PCP to a covered specialist. ¹	Include provisions for children with complex case-management needs (e.g., flex benefits).	All appropriate preventive care. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.32 (HMO) \$ 0.39 (PPO)	The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$0.32 PMPM / 0.1% of total plan costs (HMO) • \$0.39 PMPM / 0.1% of total plan costs (PPO) 	
Citations			
1. Maternal and Family Health Benefits Advisory Board	Maternal and Family Health Benefits Advisory Board. Washington, DC: National Business Group on Health; August 2007.	Recommended Guidance: Expert Opinion	
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

I. Recommended Minimum Plan Benefits: Preventive Services

G. UNINTENDED PREGNANCY PREVENTION SERVICES

Definition of Benefit		Covered Providers	
Medical services designed to facilitate the prevention of unintended pregnancies and promote healthy approaches to family planning. ¹		Covered services must be furnished by or under the direction of a primary care provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician), a certified nurse midwife, or an OB-GYN.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>No limits on counseling services when provided by an approved provider.</p> <p>No limits on medications, procedures, or devices when prescribed by an approved provider.</p>	N/A	<p>Covered services include²:</p> <ul style="list-style-type: none"> • All FDA-approved prescription contraceptive methods (e.g., pills, patches, IUDs, diaphragms, and vaginal rings), and voluntary sterilization (e.g., tubal ligation, vasectomy). • Abortion and all related services. • Medically appropriate laboratory examinations and tests, counseling services, and patient education. 	<p>All others as defined by the health plan.</p> <p><i>Please refer to "Preventive Services (General)" and "Laboratory Diagnostic, Assessment, and Testing Services" for information on coverage for STI screening and counseling.</i></p>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 3.07 (HMO)</p> <p>\$ 3.42 (PPO)</p>	<p>The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible and 20% member coinsurance. Eliminating the deductible and coinsurance will increase the employer's plan cost by:</p> <ul style="list-style-type: none"> • \$1.19 PMPM / 0.4% of total plan costs (PPO) 	
Citations			
1. Kaiser Family Foundation	The Henry J. Kaiser Foundation. <i>Medicaid Benefits: Online Database, Benefits by Service, Definition / Notes (October, 2004)</i> . Available at: http://www.kff.org/medicaid/benefits/service_main.jsp . Accessed January 15, 2007.		Industry Standard
2. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

I. Recommended Minimum Plan Benefits: Preventive Services			
H. PREVENTIVE PRECONCEPTION CARE			
Definition of Benefit		Covered Providers	
Medical services aimed at improving the health outcomes of pregnant women and infants by promoting the health of women of reproductive age <i>prior</i> to conception. ¹		Covered services must be furnished by or under the direction of a primary care physician (family physician, general practitioner, internal medicine physician, OB-GYN ^A), nurse practitioner, or a medical professional who is licensed to provide pregnancy-related primary care services (e.g., certified nurse midwife).	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
2 preconception care visits per calendar year ¹	Include provisions for women with complex case-management needs (e.g., flex benefits).	All appropriate preventive care. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	N/A (already included in standard office visit estimate)	The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to be cost neutral .	
Citations			
1. Centers for Disease Control and Prevention	Centers for Disease Control and Prevention. <i>Recommendations to Improve Preconception Health and Health Care --- United States A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care</i> . Available at: http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5506a1.htm . Accessed on September 1, 2007.		Recommended Guidance: Expert Opinion
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

^A Obstetricians and gynecologists (OB-GYNs) are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services. Copayment/coinsurance amounts should be adjusted accordingly.

I. Recommended Minimum Plan Benefits: Preventive Services

I. PREVENTIVE PRENATAL CARE

Definition of Benefit		Covered Providers	
<p>Prenatal care: Medical services designed to facilitate the health of a pregnant woman or fetus, or that have become necessary as a result of pregnancy. Covered services may also address conditions that might complicate a pregnancy, threaten a woman's ability to carry the fetus to term, or deliver the fetus safely.¹</p> <p>Prenatal pediatric care: A single visit designed to allow a pediatrician (or other primary care provider) to gather basic information from parents, provide information and advice, and identify high-risk situations in which parents may need to be referred to appropriate resources for help.² This visit is relevant only in situations where the infant's primary care provider did not provide prenatal care to the infant's mother.</p>		<p>Covered services must be furnished by or under the direction of a primary care physician (family physician, general practitioner, internal medicine physician, OB-GYN^A), nurse practitioner, or a medical professional who is licensed to provide pregnancy-related primary care services (e.g., certified nurse midwife).</p>	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>20 prenatal care visits¹ 1 prenatal pediatric visit²</p>	<p>Include provisions for women with complex case-management needs (e.g., flex benefits).</p>	<p>All appropriate preventive care including all routine screening and diagnostic tests (e.g., amniocentesis, chorionic villus sampling, etc). Medical necessity supported by the Plan Benefit Model definition.</p>	<p>All others as defined by the health plan.</p>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
<p>None</p>	<p>0 / 0%</p>	<p>N/A</p>	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 1.61 (HMO) \$ 1.95 (PPO)</p>	<p>The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by:</p> <ul style="list-style-type: none"> \$1.61 PMPM / 0.6% of total plan costs (HMO) \$1.95 PMPM / 0.6% of total plan costs (PPO) 	
Citations			
<p>1. American Academy of Pediatrics & American College of Obstetricians and Gynecologists</p>	<p>American Academy of Pediatrics & American College of Obstetricians and Gynecologists. <i>Guidelines for Perinatal Care</i>, 5th ed. Elk Grove Village, IL; American Academy of Pediatrics & American College of Obstetricians and Gynecologists; October 2002. (Source recommends 15 prenatal care visits, plus one per week after week 40)</p>		<p>Recommended Guidance: Expert Opinion</p>
<p>2. American Academy of Pediatrics</p>	<p>Committee on Psychosocial Aspects of Child and Family Health. Policy statement: The prenatal visit. <i>Pediatrics</i>. 2001; 107(6):1456-1458.</p> <p>American Academy of Pediatrics. Pickering LK, Backer CJ, Long SS, McMillan JA, eds. <i>Red Book: 2006 Report of the Committee on Infectious Diseases</i>, 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.</p>		<p>Recommended Guidance: Expert Opinion</p>
<p>3. PricewaterhouseCoopers</p>	<p>PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i>. Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.</p>		<p>Actuarial Analysis</p>

^A Obstetricians and gynecologists (OB-GYNs) are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services. Copayment/coinsurance amounts should be adjusted accordingly.

I. Recommended Minimum Plan Benefits: Preventive Services			
J. PREVENTIVE POSTPARTUM CARE			
Definition of Benefit		Covered Providers	
Medical services that are necessary for the health of the woman post-pregnancy and/or the newborn infant. ¹		Covered services must be furnished by or under the direction of a primary care physician (family physician, general practitioner, internal medicine physician, OB-GYN ^A), nurse practitioner, or a medical professional who is licensed to provide pregnancy-related primary care services (e.g., certified nurse midwife). In addition, lactation consultants credentialed by the International Board of Lactation Consultant Examiners (IBCLCs) are approved for the provision of breastfeeding counseling, training, and support. ³	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
One postpartum care visit per pregnancy (delivered between 21 and 56 days after delivery). ² 5 lactation consultation visits per pregnancy. ^{3,B}	N/A	All appropriate preventive care. Medical necessity supported by the Plan Benefit Model definition. Lactation benefit supported by medical necessity of mother <i>or</i> infant.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0%	N/A	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.32 (HMO) \$ 0.39 (PPO)	The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> \$0.32 PMPM / 0.1% of total plan costs (HMO) \$0.39 PMPM / 0.1% of total plan costs (PPO) 	
Citations			
1. Kaiser Family Foundation	The Henry J. Kaiser Foundation. Medicaid Benefits: <i>Online Database, Benefits by Service, Definition / Notes (October, 2004)</i> . Available at: http://www.kft.org/medicaid/benefits/service_main.jsp . Accessed on January 15, 2007.	Industry Standard	
2. American Academy of Pediatrics & American College of Obstetricians and Gynecologists	American Academy of Pediatrics & American College of Obstetricians and Gynecologists. <i>Guidelines for Perinatal Care</i> . 5th ed. Elk Grove Village, IL; American Academy of Pediatrics & American College of Obstetricians and Gynecologists; October 2002.	Recommended Guidance: Expert Opinion	
3. United States Breastfeeding Committee	Association of Women's Health, Obstetric and Neonatal Nurses. <i>United States Breastfeeding Committee Recommendations</i> . Available at: http://www.usbreastfeeding.org/breastfeeding/index.htm . Accessed on February 1, 2007.	Recommended Guidance	
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

^A Obstetricians and gynecologists (OB-GYNs) are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services. Copayment/coinsurance amounts should be adjusted accordingly.

^B Lactation consultation visits may be used at any point during pregnancy and in the year after birth.

I. Recommended Minimum Plan Benefits: Preventive Services

K. PREVENTIVE SERVICES (GENERAL)

Definition of Benefit		Covered Providers	
Medical services that are designed to detect the existence of, or risk for, diseases, conditions, and problems in asymptomatic people.		Covered services must be furnished by or under the direction a primary care provider (family physician, general practitioner, internal medicine physician, nurse practitioner, pediatrician), or other qualified provider.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>Coverage for clinical preventive services for at-risk children, adolescents, and women of childbearing-age that are not typically delivered in routine:</p> <ul style="list-style-type: none"> Well-child care Preventive preconception, prenatal, or postpartum care. <p>Frequency as defined by the U.S. Preventive Services Task Force or other cited reference.</p>	N/A	<p>All appropriate preventive care. Screening services for high-risk populations are covered, as deemed medically necessary. Services may include, but are not limited to:</p> <ul style="list-style-type: none"> Alcohol misuse screening and counseling^{1,2} Cervical cancer screening² Chlamydia screening² Depression screening² Diabetes² Gonorrhea screening² HIV screening² Hypertension² Lead screening³ Lipids² Obesity² Sexually transmitted infection (STI) counseling Syphilis² TB screening³ Tobacco use screening and counseling² 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
None	0 / 0% (office visits and any covered screening services)	N/A	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 3.22 (HMO)</p> <p>\$ 3.90 (PPO)</p>	<p>The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by:</p> <ul style="list-style-type: none"> \$3.22 PMPM / 1.1% of total plan costs (HMO) \$3.90 PMPM / 1.3% of total plan costs (PPO) 	
Citations			
1. American Academy of Pediatrics	<p>American Academy of Pediatrics. Alcohol use and abuse: a pediatric concern. <i>Pediatrics</i> 2001;108:185-9; Kulig JW. Tobacco, alcohol, and other drugs: the role of the pediatrician in prevention, identification, and management of substance abuse. <i>Pediatrics</i>. 2005;115:816-21.</p> <p>American Academy of Pediatrics. In: Pickering LK, Baker CJ, Long SS, McMillan JA, eds. <i>Red Book: 2006 Report of the Committee on Infectious Diseases</i>, 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.</p>		Recommended Guidance: Expert Consensus

I. Recommended Minimum Plan Benefits: Preventive Services

K. PREVENTIVE SERVICES (GENERAL) *continued*

Citations		
<p>2. U.S. Preventive Services Task Force</p>	<p>Information on U.S. Preventive Services Task Force (USPSTF) recommendations can be found at: http://www.ahrq.gov/clinic/uspstf/uspstoptics.htm</p> <ul style="list-style-type: none"> • Screening for alcohol misuse. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. Rockville, MD: Agency for Health Care Research and Quality; 2004. <i>Recommended for adults age 18 and older only.</i> • Screening for cervical cancer. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. 2nd ed. Rockville, MD: Agency for Health Care Research and Quality; 2003. • Screening for chlamydial infection. Summary of recommendations / Supporting documents. <i>Guide to Clinical Preventive Services</i>. Rockville, MD: Agency for Healthcare Research and Quality; 2007. • Screening for depression. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. Rockville, MD: Agency for Healthcare Research and Quality; 2002. <i>Recommended for adults age 18 and older only.</i> • Screening for diabetes mellitus, adult type II. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. 2nd ed. Rockville, MD: Agency for Healthcare Research and Quality; 2003. <i>Recommended for high-risk adults age 18 and older.</i> • Screening for gonorrhea: Recommendation Statement. AHRQ Publication No. 05-0579-A, May 2005. Agency for Healthcare Research and Quality, Rockville, MD. <i>Recommended for sexually active women only.</i> • Screening for high blood pressure. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. Rockville, MD: Agency for Healthcare Research and Quality; 2003. <i>Recommended for adults age 18 and older only.</i> • Screening for lipid disorders in adults. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. Rockville, MD: Agency for Health Care Research and Quality; 2001. <i>Recommended for adults age 18 and older only.</i> • Screening for obesity, adult type II. Summary of Recommendations / Supporting Documents. <i>Guide to Clinical Preventive Services</i>. Rockville, MD: Agency for Healthcare Research and Quality; 2003. <i>Recommended for high-risk adults age 18 and older.</i> • Screening for Syphilis Infection: Recommendation Statement. July 2004. Agency for Healthcare Research and Quality, Rockville, MD. <i>Recommended for high-risk women and all pregnant women.</i> • Tobacco use. Summary of Recommendations / Supporting Documents. Rockville, MD: Agency for Healthcare Research and Quality; 2003. 	<p>Evidence-Based Research</p>
<p>3. Centers for Disease Control and Prevention</p>	<p>Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health care settings. <i>MMWR</i>. 2006;55 (RR14):1-17.</p> <p>Centers for Disease Control and Prevention. <i>Screening young children for lead poisoning: guidance for state and local public health officials</i>. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, CDC; 1997. Available at: www.cdc.gov/nceh/lead. Accessed June 1, 2007.</p> <p>Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. <i>MMWR</i>. 2000;49 (RR-6):1-54.</p>	<p>Expert Opinion</p>
<p>4. PricewaterhouseCoopers</p>	<p>PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i>. Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.</p>	<p>Actuarial Analysis</p>

II. Recommended Minimum Plan Benefits: Physician / Practitioner Services

A. SERVICES DELIVERED BY A PRIMARY CARE PROVIDER

Definition of Benefit		Covered Providers	
Medical services delivered in the primary care setting that are diagnostic, therapeutic, rehabilitative, or palliative in nature. ^A		Covered services must be furnished by a primary care physician (family physician, general practitioner, internal medicine physician, pediatrician), a medical professional who operates under a physician (e.g., nurse practitioner, physician's assistant), or a specialist physician or medical professional who is licensed to provide primary care services (e.g., certified nurse midwife, OB-GYN ^B).	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions.	N/A
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment	1 / 10%	Copayment and coinsurance payments apply toward maximum.	
Actuarial Impact ¹	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 21.88 (HMO) \$ 18.83 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible and 20% member coinsurance. Reducing the coinsurance to 10% is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$2.13 PMPM / 0.7% of total plan costs (PPO) 	
Citations			
1. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

^A Services may be provided in school-based health centers and other non-traditional settings so long as the provider is included in the plan's network.

^B Obstetricians and gynecologists (OB-GYNs) are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services. Copayment/coinsurance amounts should be adjusted accordingly.

II. Recommended Minimum Plan Benefits: Physician / Practitioner Services			
B. SERVICES DELIVERED BY A MENTAL HEALTH / SUBSTANCE ABUSE PROVIDER			
Definition of Benefit		Covered Providers	
Medical services delivered by or under the direction of a mental health professional or primary care provider that are diagnostic, therapeutic, rehabilitative, or palliative in nature.		Covered services must be furnished by or under the direction of a mental health professional (psychiatrist, clinical psychologist, licensed clinical social worker, licensed professional counselor, psychiatric nurse specialist) or a primary care provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician). ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits for DSM-IV diagnoses. May require referral from a primary care provider.	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition.	V-codes as described in the DSM-IV. <i>Please refer to "Early Intervention Services for Mental Health / Substance Abuse" for additional coverage information.</i>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment	1 / 10%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 4.68 (HMO) \$ 5.19 (PPO)	The HMO Benchmark Model includes a copayment of \$25 and the PPO Benchmark Model includes 20% member coinsurance. Reducing the required copayment to \$20 and the member coinsurance to 10% is estimated to increase the employer's plan cost. If either plan has a maximum of 30 mental health visits per year, removing this maximum will increase the employer's plan cost. The estimated total cost increase would be: <ul style="list-style-type: none"> • \$0.74 PMPM / 0.3% of total plan costs (HMO) • \$0.91 PMPM / 0.3% of total plan costs (PPO) 	
Citations			
1. U.S. Department of Health and Human Services, Bureau of Health Professionals	U.S. Department of Health and Human Services, Bureau of Health Professionals. <i>Health Professional Shortage Area Guidelines for Mental Health Care Designation</i> . Available at: http://bhpr.hrsa.gov/shortage/hpsaguidement.htm . Accessed on January 12, 2007.		Recommended Guidance
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

II. Recommended Minimum Plan Benefits: Physician / Practitioner Services

C. SERVICES DELIVERED BY A SPECIALTY PHYSICIAN OR SURGEON

Definition of Benefit		Covered Providers	
Medical services delivered by a specialty physician or surgeon that are diagnostic, therapeutic, rehabilitative, or palliative in nature.		Covered services must be furnished by or under the direction of a physician trained in a specialty area such as: allergy and immunology, anesthesiology, dermatology, emergency medicine, medical genetics, neurological surgery, neurology/child neurology, nuclear medicine, obstetrics/gynecology ^A , ophthalmology, orthopedic surgery, otolaryngology, pathology, physical medicine and rehabilitation, plastic surgery, psychiatry, radiology, surgery, thoracic surgery, urology, or other recognized medical specialty.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits. May require a referral from a primary care provider.	Recommend reducing member coinsurance to 10% for treatment of chronic conditions with referral from a primary care provider.	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions	N/A
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment	1 / 10% if referred by a PCP for treatment of a chronic condition; 2 / 15% in all other circumstances	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ¹	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 61.67 (HMO) \$ 62.33 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible and 20% member coinsurance. Reducing member coinsurance to 15% is estimated to increase the employer's plan cost by: • \$2.47 PMPM / 0.8% of total plan costs (PPO)	
Citations			
1. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

^A Obstetricians and gynecologists (OB-GYNs) are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services.

II. Recommended Minimum Plan Benefits: Physician/ Practitioner Services			
D. E-VISITS AND TELEPHONIC SERVICES			
Definition of Benefit		Covered Providers	
Two-way electronic communication (via email or telephone) between a beneficiary and a provider that takes the place of an office visit for a non-urgent problem or question specific to the beneficiary. ¹ Must include clinical decision making, a review of symptoms, and the provision of clinical advice. Communication may be initiated by either the beneficiary or the provider. ^{1,2}		Covered services must be furnished by a physician, a medical professional who operates under a physician (e.g., nurse practitioner, physician's assistant), or a medical professional who is licensed to provide primary care services (e.g., certified nurse midwife).	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Appropriate uses for e-mail communication include: prescription refills; test results; routine follow-up inquiries; reporting of home health monitoring/self-management of chronic disease ^{1,2} ; and information on how to take medications, apply dressings, and follow pre-and post-operative instructions. ² Appropriate uses for telephonic communication include: calls for provider management of a new problem, including counseling, medical management, and coordination of care not resulting in an office visit within 24 hours; calls for provider management about an existing problem for which the beneficiary was not seen in a face-to-face encounter in the previous 7 days; and calls related to care plan oversight for beneficiaries with special needs in residential settings and those with a chronic disease who require provider supervision over a period of time during a calendar month. ³ No other limits.		All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions.	<ul style="list-style-type: none"> • Scheduling. • Appointment reminders and courtesy calls. • Communication that results in an office visit within the subsequent 24 hours. • All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Determined by plan administrator based on negotiated rates.	Determined by plan administrator based on negotiated rates.	Copayment and coinsurance payments apply toward maximum. Employers are encouraged to partner with health plan administrators to test/pilot this benefit in a target market.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	Data not available. Employers are encouraged to partner with their health plan administrator(s) to test/pilot this benefit in a target market.	Data not available	
Citations			
1. California Healthcare Foundation	E-Encounters. Health Reports. Oakland, CA: California Healthcare Foundation; 2001.	Industry Standard	
2. American Medical Association	American Medical Association. <i>Young Physicians Section. Guidelines for Physician-Patient Electronic Communications. Updated 2004.</i> Available at: http://www.ama-assn.org/ama/pub/category/2386.html . Accessed on June 12, 2007.	Recommended Guidance	
3. American Academy of Pediatrics	American Academy of Pediatrics. Payment for telephone care. Policy statement. <i>Pediatrics</i> . 2006; 118(4): 1768-1773.	Recommended Guidance: Expert Opinion	
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model.</i> Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

A. EMERGENCY ROOM SERVICES AND URGENT CARE SERVICES

Definition of Benefit		Covered Providers	
<p>Emergency Room Services: Services provided to a beneficiary experiencing a sudden or unexpected condition that may endanger his/her life or could result in a serious injury or disability and thus requires immediate medical attention. Declaration of an emergency service is based on the prudent lay person standard.</p> <p>Urgent Care Services: Ambulatory care services delivered to a beneficiary who is experiencing a medical condition that is serious or acute and requires medical attention within 24 hours, yet does not pose an immediate threat to life or health.</p>		Covered services must be furnished by or under the direction of a physician in a hospital emergency department or an urgent care center. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions.	<ul style="list-style-type: none"> • Elective care or non-emergent care and follow-up care recommended by non-plan providers that has not been approved by the plan or provided by plan providers; • Emergency care provided outside the service area if the need for care could have been foreseen before leaving the service area; • Medical and hospital costs resulting from a normal full-term delivery of a baby outside the service area.¹
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment	3 / 20% (true emergency); 5 / 25%+ (non-emergent); 2 / 10% (urgent care)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 16.67 (HMO) \$ 17.76 (PPO)	<p>The PPO/HMO Benchmark Model includes 20% to 25% member coinsurance/ \$100 copayment for ER services. These ranges are consistent with the Plan Benefit Model (cost neutral). Reducing the required copayment to \$20 and the member coinsurance to 10% for urgent care services is estimated to increase the employer's plan cost by:</p> <ul style="list-style-type: none"> • \$1.56 PMPM / 0.5% of total plan costs (HMO) • \$1.82 PMPM / 0.6% of total plan costs (PPO) 	
Citations			
1. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care			
B. INPATIENT SUBSTANCE ABUSE DETOXIFICATION			
Definition of Benefit		Covered Providers	
Medical services designed to facilitate the medical process of detoxification from alcohol or any other drug. ¹		Covered services must be furnished by or under the direction of a psychiatrist, addictionist, or primary care physician (family physician, general practitioner, internal medicine physician, pediatrician) in an accredited facility.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits. Requires pre-certification.	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment /Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per episode copayment. One-time coinsurance based on negotiated occupancy rate.	4 / 25%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.84 (HMO) \$ 1.05 (PPO)	The HMO Benchmark Models is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible will result in a negligible increase in benefit costs (cost neutral).	
Citations			
1. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

C. INPATIENT HOSPITAL SERVICE: GENERAL INPATIENT/RESIDENTIAL CARE (INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE)

Definition of Benefit		Covered Providers	
Medical services that are diagnostic, therapeutic, rehabilitative, or palliative in nature and are furnished in a facility such as a hospital or appropriately accredited residential treatment facility.		Covered services must be furnished by or under the direction of a physician, dentist, mental health professional (clinical psychologist, licensed clinical social worker, licensed professional counselor, psychiatric nurse practitioner, psychiatrist), or other qualified provider. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Admissions may require pre-certification. Periodic recertification of the beneficiary's continued need for care may also be required. Mental health admissions require a DSM-IV diagnosis. No other limits.	N/A	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions. Coverage also includes²:</p> <ul style="list-style-type: none"> • Ward, semi-private, or intensive care accommodations. • General nursing care. • Meals and special diets. • Operating, recovery, and other treatment rooms. • Prescribed drugs and medicines. • Diagnostic laboratory tests and X-rays. • Administration of blood and blood products. • Blood products, derivatives and components, artificial blood products and biological serum. • Dressings, splints, casts, and sterile tray services. • Medical supplies and equipment, including oxygen. • Anesthetics, including nurse anesthetist services. • Take-home items. • Medical supplies, appliances, medical equipment, and any covered items billed by a hospital for use at home. 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment /Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per episode copayment. One-time coinsurance based on negotiated occupancy rate.	4 / 25%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 61.24 (HMO) \$ 75.74 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$0.30 PMPM / 0.1% of total plan costs (PPO) 	

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

C. INPATIENT HOSPITAL SERVICE: GENERAL INPATIENT/RESIDENTIAL CARE (INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE) *continued*

Citations		
1. U.S. Department of Health and Human Services, Bureau of Health Professionals	U.S. Department of Health and Human Services, Bureau of Health Professionals. <i>Health Professional Shortage Area Guidelines for Mental Health Care Designation</i> . Available at: http://bhpr.hrsa.gov/shortage/hpsguidement.htm . Accessed on January 12, 2007.	Recommended Guidance
2. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.	Federally Vetted
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

D. INPATIENT HOSPITAL SERVICE OR BIRTH CENTER FACILITIES: LABOR / DELIVERY

Definition of Benefit		Covered Providers	
<p>Medical services specifically designed to facilitate labor and delivery. These services may be diagnostic, therapeutic, or rehabilitative in nature and are typically furnished in a hospital or birth center.</p>		<p>Covered services must be furnished by or under the direction of a primary care physician (family physician, general practitioner, internal medicine physician, OB-GYN^A), nurse practitioner, or a medical professional who is licensed to provide pregnancy-related primary care services (e.g., certified nurse midwife).</p>	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>2+ days: vaginal delivery (pending risk level).^{1,2} 4+ days: cesarean delivery, excluding the day of delivery (pending risk level).^{1,2}</p>	<p>Include provisions for women with high-risk pregnancies.</p>	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Coverage also includes³:</p> <ul style="list-style-type: none"> • Ward, semi-private, or intensive care accommodations. • General nursing care. • Lactation consultations. • Meals and special diets. • Operating, recovery, maternity, and other treatment rooms. • Prescribed drugs and medicines. • Diagnostic laboratory tests. • Administration of blood and blood products. • Blood products, derivatives and components, artificial blood products, and biological serum. Blood products include any product created from a component of blood such as, but not limited to, plasma, packed red blood cells, platelets, albumin, factor VIII, immunoglobulin, and prolactin • Medical supplies and equipment, including oxygen. • Anesthetics, including nurse anesthetist services. • Take-home items. • Medical supplies, appliances, medical equipment, and any covered items billed by a hospital for use at home. 	<p>All others as defined by the health plan.</p>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
<p>Per episode copayment. One-time coinsurance based on negotiated occupancy rate.</p>	<p>4 / 25%</p>	<p>Copayment and coinsurance amounts apply toward maximum.</p>	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 11.05 (HMO) \$ 13.59 (PPO)</p>	<p>The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible will result in a negligible increase in benefit costs (cost neutral).</p>	

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

D. INPATIENT HOSPITAL SERVICE OR BIRTH CENTER FACILITIES: LABOR / DELIVERY *continued*

Citations		
1. American Academy of Pediatrics & American College of Obstetricians and Gynecologists	American Academy of Pediatrics & American College of Obstetricians and Gynecologists. <i>Guidelines for Prenatal Care</i> , 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics & American College of Obstetricians and Gynecologists; 1992.	Recommended Guidance: Expert Opinion
2. American Academy of Pediatrics	Committee on Fetus and Newborn. Policy Statement: Hospital stay for healthy newborns. <i>Pediatrics</i> . 2004; 113(5): 1434-1436. Available at: http://pediatrics.aappublications.org/cgi/content/full/113/5/1434 . Accessed on September 14, 2006.	Recommended Guidance: Expert Opinion
3. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.	Federally Vetted
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

⁴ Obstetricians and gynecologists are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services.

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

E. AMBULATORY SURGICAL CENTERS OR OUTPATIENT HOSPITAL SERVICES

Definition of Benefit		Covered Providers	
Medical services that are preventive, diagnostic, therapeutic, or rehabilitative in nature and are delivered in an ambulatory surgical centers or an outpatient hospital facility.		Covered services must be furnished by or under the direction of a physician or other qualified provider.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Some services may require pre-certification. No other limits.	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, oral, or vision problems or conditions.	All others as defined by the plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment. Per visit coinsurance based on negotiated rate.	3 / 20%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ¹	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 69.11 (HMO) \$ 65.09 (PPO)	The HMO and PPO Benchmark Models are consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care			
F. MENTAL HEALTH / SUBSTANCE ABUSE PARTIAL-DAY HOSPITAL (DAY TREATMENT) OR INTENSIVE OUTPATIENT SERVICES			
Definition of Benefit		Covered Providers	
Mental health and substance abuse services that are therapeutic, rehabilitative, or palliative in nature. ¹		Covered services must be furnished by or under the direction of a physician, mental health professional (clinical psychologist, licensed clinical social worker, licensed professional counselor, psychiatric nurse practitioner, psychiatrist), or other qualified provider. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Mental health admissions require a DSM-IV diagnosis. Requires pre-certification. Partial-day hospital programs must include a minimum of 3 hours of clinical services per day, 5 days per week. ³ No other limits.	Include additional coverage for halfway houses (in lieu of inpatient care), when appropriate.	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Treatment includes structured group activities for multiple hours during a day and assertive community treatment comprised of intensive therapy, skill training, and other community support services for beneficiaries difficult to engage in treatment.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per episode copayment. One time coinsurance based on negotiated rate.	3 / 20%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.19 (HMO) \$ 0.21 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible will result in a negligible increase in benefit costs (cost neutral). This assumes there are no changes in managed care practices.	
Citations			
1. Kaiser Family Foundation	The Henry J. Kaiser Foundation. <i>Medicaid Benefits: Online Database, Benefits by Service, Definition / Notes (October, 2004)</i> . Available at: http://www.kff.org/medicaid/benefits/sv_foot.jsp#14 . Accessed on January 13, 2007.		Industry Standard
2. U.S. Department of Health and Human Services, Bureau of Health Professionals	U.S. Department of Health and Human Services, Bureau of Health Professionals. <i>Health Professional Shortage Area Guidelines for Mental Health Care Designation</i> . Available at: http://bhpr.hrsa.gov/shortage/hpsaguidement.htm . Accessed on January 12, 2007.		Recommended Guidance
3. U.S. Armed Services Health Care Services (TriCare)	TriCare. <i>TriCare: Behavioral Healthcare Services</i> . Available at: http://www.tricare.mil/mybenefit/Download/Forms/BHC_Br_Lo_Res.pdf . Accessed on August 9, 2007.		Federally Vetted
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

A. PRESCRIPTION DRUGS

Definition of Benefit		Covered Providers	
Medications used to prevent, treat, or manage a medical condition.		Medications may only be dispensed by a state-licensed pharmacist, physician, or provider under the direction of a physician.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
A diagnosis is required for all prescriptions. Medication is covered when, and only when, it: 1) requires a prescription; and 2) is used to prevent, treat, or manage a specific illness or condition. No other limits.	Consider waiving/reducing the copayment/coinsurance for children with special health care needs; consider offering experimental drugs for children with terminal illnesses.	All medically necessary medications. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Copayment and coinsurance amounts defined by brand, generic, and non-formulary drug categories.	Range: 0-4 / 0%-25% (based on formulary)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ¹	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 30.51 (HMO) \$ 37.06 (PPO)	The HMO and PPO Benchmark Models are consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services			
B. DENTAL SERVICES			
Definition of Benefit		Covered Providers	
Medical services specifically designed to address oral health. These services may be diagnostic, therapeutic, or rehabilitative in nature.		Covered services must be furnished by or under the direction of a licensed dentist or licensed dental hygienist. Licensed dental hygienists must be overseen by a dentist or primary care provider. Dental services may be provided in the outpatient setting, in emergency rooms, or in the inpatient setting, according to need.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Annual limit: \$5,000 per person.	Include provisions for children with complex case-management needs (e.g., flex benefits).	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Coverage also includes:</p> <ul style="list-style-type: none"> • Amalgam and resin-based composite restorations (“fillings”).^{1,2} • Extractions (oral surgery) such as simple, surgical, soft tissue and bony impacted teeth.¹ • General anesthesia, intravenous sedation,¹ oral sedation, and nitrous oxide. • Occlusal guards (for bruxism only) —limited to one every 3 years, from the last date of service.¹ • Crowns (prefabricated stainless steel crowns and resin).^{1,2} • Osseous surgery (“periodontics”) —one per quadrant every 3 years, from the last date of service.¹ • Implants.⁴ • Prosthetics.⁴ • Endodontic procedures (e.g., root canal treatment, pulpotomies, pulpectomies).³ • Orthodontics covered only when treatment meets medical necessity criteria.⁴ 	<ul style="list-style-type: none"> • Orthodontics, when not medically necessary.¹ • Dental treatment for cosmetic purposes.¹
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment. Per visit coinsurance based on negotiated rate.	2 / 15%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁵	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 15.36 (HMO) \$ 17.01 (PPO)	<p>The HMO/PPO Benchmark Model includes member coinsurance for restorative and orthodontic procedures (20% and 50% respectively) and the PPO Benchmark Model includes a \$2,500 annual maximum benefit. Decreasing the member coinsurance to the recommended 15% and setting the annual maximum benefit at \$5,000 for both plans will increase the employer's plan cost by:</p> <ul style="list-style-type: none"> • \$2.81 PMPM / 1.0% of total plan costs (HMO) • \$3.11 PMPM / 1.0% of total plan costs (PPO) 	

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

B. DENTAL SERVICES *continued*

Citations

1. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdt/73-828.pdf . Accessed on January 17, 2007.	Federally Vetted
2. American Academy of Pediatric Dentistry	American Academy of Pediatric Dentistry. <i>Guidelines on Pediatric Restorative Dentistry. Clinical Guidelines Reference Manual 2005-2006</i> ; Revised 2004.	Recommended Guidance: Expert Opinion
3. American Academy of Pediatric Dentistry	American Academy of Pediatric Dentistry. Guidelines on pulp therapy for primary and young permanent teeth. <i>Clinical Guidelines Reference Manual 2005-2006</i> . American Academy of Pediatric Dentistry; 2004.	Recommended Guidance: Expert Opinion
4. Maternal and Family Health Benefits Advisory Board	Maternal and Family Health Benefits Advisory Board. Washington, DC: National Business Group on Health; August 2007.	Recommended Guidance: Expert Opinion
5. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services			
C. VISION SERVICES			
Definition of Benefit		Covered Providers	
Services to assess and address vision problems including refractive exams for eyeglasses and contacts, exams and assessments for other low vision aids, and vision therapy.		Covered services must be furnished by an ophthalmologist or optometrist.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Refractive exams (limit 1 per calendar year) ¹ ; treatment of eye diseases and injury; replacement lenses and frames or contact lenses every year or each time a prescription changes.	Include provisions for children with complex case-management needs (e.g., flex benefits).	<ul style="list-style-type: none"> • Refractive eye exams.¹ • Corrective eyeglasses and frames.² • Contact lenses.² • Fitting of contact lenses.² • Eye exercises.^{1,2} 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment or per visit coinsurance based on negotiated rate. No copayment/coinsurance on glasses or contacts purchase. Monetary limit on eyeglasses, frames, and contacts: \$200 per calendar year. ³	2 / 15%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 3.93 (HMO) \$ 4.77 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible and 20% member coinsurance. Eliminating the deductible and decreasing the member coinsurance to 15% will increase the employer's cost by: <ul style="list-style-type: none"> • \$1.73 PMPM / 0.6% of total plan costs (PPO) 	
Citations			
1. American Academy of Ophthalmology	Committee on Practice and Ambulatory Medicine, Section on Ophthalmology. American Association of Certified Orthoptists; American Association for Pediatric Ophthalmology and Strabismus; American Academy of Ophthalmology. Eye examination in infants, children, and young adults by pediatricians. <i>Pediatrics</i> . 2003 Apr;111(4 Pt 1):902-7.		Recommended Guidance: Expert Opinion
2. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
3. Eye Med	Average cost of top 10 child-appropriate frames and polycarbonate lenses from Lens Crafters, Pearle Vision, Target, and Sears Optical.		Industry Standard
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

D. AUDIOLOGY SERVICES

Definition of Benefit		Covered Providers	
Medical services specifically designed to address hearing loss. These services may be diagnostic, therapeutic, or rehabilitative in nature.		Covered services must be furnished by or under the direction of a state-licensed/board-certified audiologist or speech-language pathologist. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limit. Requires pre-certification and/or referral.	Include provisions for children with complex case-management needs (e.g., flex benefits).	<p>All medically necessary assessment and treatment including¹:</p> <ul style="list-style-type: none"> Audiological, tinnitus, vestibular and balance assessment; central auditory, cochlear implant, assistive listening device (ALD), auditory rehabilitation, and hearing aid assessment and fitting. Treatment of audiologic (aural) rehabilitation/habilitation, vestibular and balance, auditory processing, and cerumen management problems. 	All others as defined by the health plan. <i>Please refer to the "Durable Medical Equipment (DME), Supplies & Medical Foods" benefit for additional information on equipment /device coverage.</i>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment. Per visit coinsurance based on negotiated rate.	2 / 15%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 1.24 (HMO) \$ 1.75 (PPO)	The HMO/PPO Benchmark Model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. American Speech-Language-Hearing Association	American Speech-Language-Hearing Association. <i>Model Health Care Benefits, Ideal Health Plan Coverages for Audiology and Speech-Language Pathology Services</i> . Available at: http://www.asha.org/public/add-benefits/model-benefits.htm#speech and http://www.asha.org/public/add-benefits/providers.htm . Accessed on July 12, 2007.	Recommended Guidance	
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services			
E. NUTRITIONAL SERVICES			
Definition of Benefit		Covered Providers	
<p>Medical services that are diagnostic, therapeutic, or rehabilitative in nature and are specifically designed to address diet and nutrition. These services should include a comprehensive process for defining an individual's nutrition and hydration status using medical, nutrition, and medication intake histories, physical examination, anthropomorphic measures, and laboratory data. Nutritional services may also involve interventions and counseling to promote appropriate nutrition and fluid intake. Nutrition therapy, as a component of medical treatment, includes enteral and parenteral nutrition care.¹</p>		<p>Covered services must be furnished by or under the direction of a physician, nurse practitioner, or other licensed provider (e.g., registered dietitian) working under the direction a physician.</p>	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Limited to 25 visits per calendar year. Requires pre-certification and/or referral. ²	Include provisions for children with complex case-management needs (e.g., flex benefits).	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment. Per visit coinsurance based on negotiated rate.	2 / 15%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 1.03 (HMO) \$ 1.22 (PPO)	The HMO and PPO Benchmark Models exclude coverage for these services. Adding coverage for these services is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$1.03 PMPM / 0.4% of total plan costs (HMO) • \$1.22 PMPM/ 0.4% of total plan costs (PPO) 	
Citations			
1. American Dietetic Association	Definition provided by the American Dietetic Association. Adapted from: Joint Commission on Accreditation of Healthcare Organizations. <i>2007 Standards for Ambulatory Care</i> . 2007:361-362.		Recommended Guidance: Professional Guideline
2. Maternal and Family Health Benefits Advisory Board	Maternal and Family Health Benefits Advisory Board. Washington, DC: National Business Group on Health; August 2007.		Recommended Guidance: Expert Opinion
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

F. OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY SERVICES

Definition of Benefit		Covered Providers	
<p>Occupational Therapy Services: Medical services designed to:</p> <ul style="list-style-type: none"> Assist people regain performance skills lost through injury or illness¹ Develop skills inhibited by a problem present at birth or a developmental delay.² <p>Individualized programs are designed to improve quality of life by recovering or developing competence, maximizing independence, and preventing injury or disability, so that a person can cope with school, work, home, and social life.¹</p> <p>Physical Therapy Services: Medical services designed to relieve symptoms, improve function, and prevent further disability for individuals disabled by chronic or acute disease or injury. Physical therapy services may also be used to help people develop skills inhibited by a problem present at birth or a developmental delay.² Treatment may include various forms of heat and cold, electrical stimulation, therapeutic exercises, ambulation training, and training in functional activities.³</p> <p>Services for Speech, Hearing and Language Disorders: Medical services for beneficiaries with speech, hearing, and language disorders. Services may also be used to help people develop skills inhibited by a problem present at birth or a developmental delay.¹ Services may be diagnostic, rehabilitative, or corrective in nature.⁴</p>		<p>Covered services must be furnished by or under the supervision of a primary care provider (family physician, general practitioner, internal medicine physician, nurse practitioner, pediatrician), licensed occupational therapist, physical therapist, speech pathologist, or speech therapist.</p>	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Combined total of 75 visits per calendar year. Requires pre-certification and/or referral. ⁵	Include provisions for children with complex case-management needs (e.g., flex benefits). Consider extending benefit for multiple providers.	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition.	<ul style="list-style-type: none"> Recreational or educational therapy.⁵ Exercise programs/ hippotherapy (exercise on horseback).⁵
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment or per visit coinsurance based on negotiated rate.	2 / 15%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁶	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.92 (HMO) \$ 1.35 (PPO)	<p>The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible and 20% member coinsurance. Eliminating the deductible, decreasing the member coinsurance to 15%, and increasing the annual visit limit from 60 visits to 75 visits will increase the employer's cost by:</p> <ul style="list-style-type: none"> \$0.23 PMPM / 0.1% of total plan costs (PPO) 	

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

F. OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY SERVICES *continued*

Citations		
1. Aetna Medical Definition	Aetna. <i>Clinical Policy Bulletin</i> . Available at: http://www.aetna.com/cpb/medical/data/200_299/0250.html . Accessed on April 3, 2006.	Industry Standard
2. Maternal and Family Health Benefits Advisory Board	Maternal and Family Health Benefits Advisory Board. Washington, DC: National Business Group on Health; August 2007.	Recommended Guidance: Expert Opinion
3. Aetna Medical Definition	Aetna. <i>Clinical Policy Bulletin</i> . Available at: http://www.aetna.com/cpb/medical/data/300_399/0325.html . Accessed on April 1, 2007.	Industry Standard
4. Kaiser Family Foundation	The Henry J. Kaiser Foundation. <i>Medicaid Benefits: Online Database, Benefits by Service, Definition / Notes (October, 2004)</i> . Available at: http://www.kff.org/medicaid/benefits/sv_foot.jsp#14 . Accessed on January 11, 2007.	Industry Standard
5. Federal Employees Health Benefits Program	Blue Cross Blue Shield. <i>Federal Employee Program Service Benefit Plan., 2006 Benefits. Section 5(a): Medical Services and Supplies Provided by Physicians and Other Health Care Professionals</i> . Available at: http://www.fepblue.org/benefits/benefits06/benifsbpsection5a-06.html#top . Accessed on September 16, 2006.	Federally Vetted
6. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

G. INFERTILITY SERVICES

Definition of Benefit		Covered Providers	
Medical services designed to diagnose and address infertility.		Covered services must be furnished by or under the direction of a primary care provider (family physician, general practitioner, internal medicine physician, nurse practitioner) or qualified physician specialist (e.g., OB-GYN, fertility specialist).	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Medications are subject to formulary requirements.	N/A	<p>Covered services include¹:</p> <ul style="list-style-type: none"> • Medically appropriate laboratory examinations and tests; counseling services and patient education. • Examination and treatment. • Testing for diagnosis and surgical treatment of the underlying cause of infertility. • Fertility drugs (oral and injectable). • Artificial insemination (intravaginal insemination [IVI], intracervical insemination [ICI], intrauterine insemination [IUI]). 	<p>Excluded services¹:</p> <ul style="list-style-type: none"> • Assisted reproductive technology (ART) procedures, such as: in vitro fertilization, embryo transfer including, but not limited to, gamete GIFT and zygote ZIFT; and ovulation induction. • Services and supplies related to the aforementioned services. • Reversal of voluntary, surgically-induced sterility. • Treatment for infertility when the cause of the infertility was a previous sterilization with or without surgical reversal. • Infertility treatment of any type when the FSH level is 19 mIU/ml or greater on day 3 of a menstrual cycle. • Sperm processing. • Purchasing, freezing, and storing of donor sperm or donor eggs. • All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit/unit copayment. Per visit/unit coinsurance based on negotiated rate. Cost-sharing for artificial insemination determined per cycle.	5 / 25%+	Does not apply.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 5.82 (HMO) \$ 5.94 (PPO)	The PPO/HMO Benchmark model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services			
H. HOME HEALTH SERVICES			
Definition of Benefit		Covered Providers	
Medical services that are provided to a beneficiary at his/her place of residence upon physician order as part of a written plan of care.		Covered providers include registered nurses and credentialed home health aides employed by a home health agency. In addition, plans may choose to have home health agencies provide, when medically necessary and ordered by the beneficiary's physician: nutritional services, physical therapy, and occupational therapy services; and speech pathology/audiology services. Alternatively, the plan may allow a home health agency to arrange for therapy services to be provided by professionals at a medical rehabilitation facility. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limit. Requires pre-certification and/or referral.	N/A	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Coverage also includes^{1,2}:</p> <ul style="list-style-type: none"> • Respite care including respite inpatient stays when there are no available qualified home health professionals within the geographic area. • Hospice and palliative care services. • Early intervention services as prescribed by a physician. • Medical daycare. • Oxygen therapy. • Intravenous therapy. • Medications. • Nutritional services.³ 	<p>The following services are excluded²:</p> <ul style="list-style-type: none"> • Nursing care requested by, or for the convenience of, the beneficiary or the beneficiary's family. • Transportation. • Home care primarily for personal assistance that does not include a medical component and is not diagnostic, therapeutic, or rehabilitative. • Services provided by a family member or resident in the beneficiary's home. • Services rendered at any site other than the beneficiary's home.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment. Per visit coinsurance based on negotiated rate.	1 / 10%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 1.02 (HMO) \$ 0.91 (PPO)</p>	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes 20% member coinsurance. Reducing the member coinsurance to 10% will result in a negligible increase to the employer's cost (cost neutral).	

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

H. HOME HEALTH SERVICES *continued*

Citations

1. Committee on Child Health Financing, American Academy of Pediatrics	Committee on Child Health Financing, Section on Home Care; American Academy of Pediatrics. Financing of pediatric home health care. <i>Pediatrics</i> . 2006; 118(2): 834-838.	Recommended Guidance: Expert Opinion
2. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.	Federally Vetted
3. American Dietetic Association	American Dietetic Association. Adapted from: Joint Commission on Accreditation of Healthcare Organizations. <i>2007 Standards for Ambulatory Care</i> . 2007:361-362.	Recommended Guidance: Professional Guideline
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; July 2007.	Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services			
I. HOSPICE CARE			
Definition of Benefit		Covered Providers	
Medical and social services designed to support and care for persons in the last phase of an incurable illness so that they may live as fully and comfortably as possible. ¹		Covered services must be furnished by or under the direction of a licensed and/or accredited hospice.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
8 months of coverage for beneficiaries with terminal illnesses. ²	Additional periods are available as prescribed / authorized.	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Covered services also include²:</p> <ul style="list-style-type: none"> • Routine home care, continuous home care, inpatient respite care, and general inpatient care. • Prescribed physician visits. • Nursing care. • Services of home health aides. • Medical social services. • Physical therapy. • Medical appliances and supplies including durable medical equipment rental. • Prescription drugs. • Bereavement services. 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
One-time copayment	Recommended copayment for both HMO or PPO plan types: 5	Copayment applies toward maximum.	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.08 (HMO) \$ 0.08 (PPO)	The HMO/PPO Benchmark Model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. National Hospice and Palliative Care Organization Definition of Hospice	von Gunten CF, Ferris FD, Portenoy RK, Glajchen M. <i>CAPC Manual: How to Establish a Palliative Care Program</i> . New York, NY: Center to Advance Palliative Care, 2001. Available at: http://64.85.16.230/educate/content/elements/nhpcdefinition.html . Accessed January 1, 2007.	Recommended Guidance: Expert Opinion	
2. Hospice Foundation of America	Hospice Foundation of America. <i>Hospice Services and Expenses</i> . Available at: http://www.hospicefoundation.org/hospicelinfo/services.asp . Accessed on January 1, 2007.	Recommended Guidance: Expert Opinion	
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

J. DURABLE MEDICAL EQUIPMENT (DME), SUPPLIES, & MEDICAL FOODS

Definition of Benefit	Covered Providers
<p>Durable medical equipment (DME) and supplies are necessary medical products suitable for use in the home. DME must be¹:</p> <ol style="list-style-type: none"> 1. Prescribed by an attending physician; 2. Considered medically necessary; 3. Primarily and customarily used only for a medical purpose; 4. Designed for prolonged use; and 5. Intended for a specific therapeutic purpose. <p>Medical foods are foods used to prevent, treat, or manage a medical condition that requires the addition or restriction of a specific dietary component to address:</p> <ul style="list-style-type: none"> • A physical, physiologic, or pathologic condition resulting in inadequate nutrition.² • An inherited metabolic disorder (does not include common hypercholesterolemia).² • A condition resulting in impairment of oral intake that affects normal development and growth.² • A condition, such as prematurity, illness, allergy, or separation that does not allow an infant to be breastfed or fed with its own mother's breast milk.³ 	<p style="text-align: center;">N/A</p>

(continues on page 72)

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

J. DURABLE MEDICAL EQUIPMENT (DME), SUPPLIES, & MEDICAL FOODS *continued*

Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>A. Covers the rental or purchase (at the plan's option) and the repair and adjustment of durable medical equipment.</p> <p>B. Covers food and formula for special dietary use of accepted medical benefit to cover nutritional support costs over and above usual foods.</p> <p>C. Covers banked human milk, including processing and shipping fees.</p>	<p>Include provisions for children with complex case-management needs (e.g., flex benefits).</p>	<p>All medically necessary equipment. Medical necessity supported by the Plan Benefit Model definition.</p> <p>Covered items include¹:</p> <ol style="list-style-type: none"> 1. Home dialysis equipment. 2. Oxygen equipment. 3. Hospital beds. 4. Wheelchairs, braces, crutches, and walkers. 5. Continuous passive motion (CPM) and dynamic orthotic cranioplasty (DOC) devices. 6. High-quality breast pumps for assistance with breastfeeding. Limit one per lifetime.⁴ <p>Covered devices include⁵:</p> <ol style="list-style-type: none"> 1. Hearing aids, ALDs, and cochlear implants with accessories. Limit: \$2,000 for a hearing aid or ALD allowance per ear every 2 years; replacement earmolds covered in full up to four times per year for children 7 years of age or under; \$2,000 cochlear implant speech processor allowance every 5 years; an ALD for use specifically with a cochlear implant covered in full once every 5 years. <p>Covered medical foods include:</p> <ol style="list-style-type: none"> 1. Foods for supplying particular dietary needs that exist by reason of a physical, physiologic, pathologic, or other condition.² 2. Foods for supplying particular dietary needs which exist by reason of age.² 3. Foods for supplementing or fortifying the ordinary or usual diet with medically necessary vitamins, minerals, or other dietary properties.² 4. Coverage for all medical equipment and medical supplies necessary for the delivery of foods for special dietary use, including, but not limited to, administration tubing, bags, and pumps.² 5. Banked donor human milk and requisite supplies: \$2,500 limit per infant.³ 	<p>Excluded items¹:</p> <ol style="list-style-type: none"> 1. Exercise equipment. 2. Lifts (e.g., seat, chair, or van lifts). 3. Car seats. 4. Air conditioners, humidifiers, dehumidifiers and purifiers. 5. Equipment for cosmetic purposes. 6. Topical Hyperbaric Oxygen Therapy (THBO). 7. Computer equipment, devices, and aids (including computer equipment) such as story boards or other communication aids. 8. All others as defined by the plan.

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services

J. DURABLE MEDICAL EQUIPMENT (DME), SUPPLIES, & MEDICAL FOODS *continued*

Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum
Per unit coinsurance. Annual limit: \$25,000 per person. <i>Please refer to "Inclusions" list for line-item amounts.</i>	Recommended coinsurance for both HMO or PPO plan types: 10%	Coinsurance applies toward maximum.
	Cost of Recommended Benefits (PMPM)	Cost Impact
Actuarial Impact⁶	<p style="text-align: center;">DME:</p> <p style="text-align: center;">\$ 2.49 (HMO) \$ 2.27 (PPO)</p> <p style="text-align: center;">Medical foods:</p> <p style="text-align: center;">\$ 0.09 (HMO) \$ 0.11 (PPO)</p>	<p>DME: The HMO/PPO Benchmark Model excludes coverage for hearing aids. Adding coverage for hearing aids will increase the employer's plan cost by:</p> <ul style="list-style-type: none"> • \$0.56 PMPM / 0.02% of total plan costs (HMO) • \$0.55 PMPM / 0.02% of total plan costs (HMO) <p>Medical foods: The HMO/PPO Benchmark Model excludes coverage for medical foods. Adding coverage for medical foods will result in a negligible increase to the employer's plan cost (cost neutral).</p>
Citations		
1. Federal Employees Health Benefits Program	Blue Cross Blue Shield. <i>Federal Employee Program Service Benefit Plan, 2006 Benefits. Section 5(a): Medical Services and Supplies Provided by Physicians and Other Health Care Professionals.</i> Available at: http://www.fepblue.org/benefits/benefits06/benfitsbpbsection5a-06.html#top . Accessed on September 12, 2006.	Federally Vetted
2. American Academy of Pediatrics	Committee on Nutrition; American Academy of Pediatrics. Reimbursement for foods for special dietary use. Policy Statement. <i>Pediatrics.</i> 2003; 111(5): 1117-1119.	Recommended Guidance: Expert Opinion
3. United States Breastfeeding Committee	Association of Women's Health, Obstetric and Neonatal Nurses. <i>United States Breastfeeding Committee Recommendations.</i> Available at: http://www.usbreastfeeding.org/breastfeeding/index.htm . Accessed on February 1, 2007.	Recommended Guidance: Expert Opinion
4. American Academy of Pediatrics	Section on Breastfeeding. Breastfeeding and the use of human milk. <i>Pediatrics.</i> 2005;115(2):496-506.	Recommended Guidance: Expert Opinion
5. American Speech-Language-Hearing Association	American Speech-Language-Hearing Association. <i>Model Health Care Benefits, Ideal Health Plan Coverages for Audiology and Speech-Language Pathology Services.</i> Available at: http://www.asha.org/public/add-benefits/model-benefits.htm#speech and http://www.asha.org/public/add-benefits/providers.htm . Accessed on July 12, 2007.	Recommended Guidance
6. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model.</i> Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

IV. Recommended Minimum Plan Benefits: Therapeutic Services / Ancillary Services			
K. TRANSPORTATION SERVICES			
Definition of Benefit		Covered Providers	
Transportation by ground ambulance or emergency medical service to the nearest hospital for emergency treatment.		N/A	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Local professional ambulance transport services to or from the nearest hospital equipped to adequately treat the condition. May require prior approval for lengthy trips. ¹	N/A	Transportation for ground, air, or watercraft when medically appropriate, and when 1) associated with covered hospital inpatient care, 2) related to a medical emergency, or 3) associated with covered hospice care. ¹	<ul style="list-style-type: none"> Ambulance transportation to receive non-emergent outpatient or inpatient services. "Ambulette" / "cabulance" service. Air ambulance without prior approval.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per unit copayment. Per unit coinsurance based on negotiated rate.	2 / 15% (emergency); 5 / 25%+ (non-emergency)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.61 (HMO) \$ 0.45 (PPO)	The HMO/PPO Benchmark Model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. Kaiser Family Foundation	The Henry J. Kaiser Foundation. <i>Medicaid Benefits: Online Database, Benefits by Service, Definition / Notes (October, 2004)</i> . Available at: http://www.kff.org/medicaid/benefits/sv_foot.jsp#14 . Accessed on January 1, 2007.		Industry Standard
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

V. Recommended Minimum Plan Benefits: Laboratory, Diagnostic, Assessment, and Testing Services

A. LABORATORY SERVICES

Definition of Benefit		Covered Providers	
Medical services that confirm or deny the existence or severity of a particular disease or condition. ¹		Services may be performed by qualified providers in several settings (e.g., inpatient hospital, outpatient hospital, clinic, provider's office). Covered laboratory services may be performed and billed by independent clinical laboratories.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits	Include provisions for children with complex case-management needs (e.g., flex benefits).	All medically necessary laboratory tests provided or ordered and billed by a qualified provider, including, but not limited to ¹ : <ul style="list-style-type: none"> • Blood tests • Urinalysis • Non-routine Pap tests • Pathology • X-rays 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per unit copayment. Per unit coinsurance.	Range: 1-4 / 10%-25% (depending on base cost)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 6.50 (HMO) \$ 6.78 (PPO)	The HMO/PPO Benchmark Model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. Federal Employees Health Benefits Program	Blue Cross Blue Shield. <i>Federal Employee Program Service Benefit Plan, 2006 Benefits. Section 5(a): Medical Services and Supplies Provided by Physicians and Other Health Care Professionals.</i> Available at: http://www.fepblue.org/benefits/benefits06/benftsbpsection5a-06.html#top . Accessed on September 1, 2006.	Federally Vetted	
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model.</i> Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

V. Recommended Minimum Plan Benefits: Laboratory, Diagnostic, Assessment, and Testing Services			
B. DIAGNOSTIC, ASSESSMENT, AND TESTING (MEDICAL AND PSYCHOLOGICAL) SERVICES			
Definition of Benefit		Covered Providers	
Diagnostic, assessment, and testing services designed to confirm or deny the existence or severity of a particular disease or condition.		Services must be furnished by or under the direction of a physician or mental health professional (clinical psychologist, licensed clinical social worker, psychiatric nurse practitioner, psychiatrist). Psychological and neuropsychological tests can be performed by technicians and computers in addition to tests performed by physicians, clinical psychologists, independently practicing psychologists, and other qualified non-physician practitioners. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits. Some services may require pre-authorization.	Include provisions for children with complex case-management needs (e.g., flex benefits).	All medically necessary diagnostic and assessment tests provided or ordered and billed by an approved provider, including, but not limited to ^A : <ul style="list-style-type: none"> • Allergy testing. • Basic or comprehensive metabolic panel test. • CAT Scans/MRI. • Ultrasounds. • Neuropsychological examinations, assessments, and related tests.^{2,3,B} 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per unit copayment. Per unit coinsurance.	Range: 1-4 / 10%-25% (depending on base cost)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 8.23 (HMO) \$ 8.04 (PPO)	The HMO/PPO Benchmark Model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. Center for Medicare and Medicaid Services	CMS Manual System. <i>Pub 100-02 Medicare Benefit Policy. Effective Date 9/29/06.</i> Available at: http://www.cms.hhs.gov/Transmittals/downloads/R55BP.pdf . Accessed on September 1, 2006.	Federally Vetted	
2. American Psychological Association	American Psychological Association. <i>New Medicare Billing Rules for Testing Services.</i> Available at: http://www.apapractice.org/apo/in_the_news/new_medicare_billing.html# . Accessed on January 6, 2007; American Psychological Association. <i>Division 40: Clinical Neuropsychology.</i> Available at: http://www.div40.org/ . Accessed on January 4, 2007.	Recommended Guidance: Professional Guideline, Expert Opinion	
3. National Academy of Neuropsychology	National Academy of Neuropsychology. <i>About NAN.</i> Available at: http://nanonline.org/about.shtm . Accessed on January 15, 2007.	Recommended Guidance: Expert Opinion	
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model.</i> Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis	

^A A comprehensive recommendation regarding genetic testing is beyond the scope of this document. Employers should consult with their plan administrator(s) about the evidence of benefit for genetic testing. Employers are encouraged to provide coverage for genetic testing when it meets medical necessity criteria for the beneficiary or his/her family, and when the results of the test will inform a major medical decision (e.g., selecting one type of treatment over another, terminating a pregnancy).

^B Neuropsychological evaluations are important when determining or outlining subtle and severe neurocognitive deficits among patients with cerebrovascular conditions, traumatic brain injury, epilepsy, multiple sclerosis, and HIV; as well as hydrocephalus, neurotoxic exposure, brain tumors; and other common medical conditions such as thyroid and collagen-vascular disorders, among others. Neuropsychological evaluations also provide critical adjunctive information for the diagnosis of conditions such as dementia.