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

Maternal and Child Health Plan Benefit Model

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I. Recommended Minimum Plan Benefits: Preventive Services

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- i. Preventive Prenatal Care
- j. Preventive Postpartum Care
- k. Preventive Services (General)

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.kff.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, 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>		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>