



Essential Health Benefits for the New York Health Benefits Exchange

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New York Department of Health

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I. EXECUTIVE SUMMARY

PROJECT SCOPE

The state asked Milliman to identify the issues around the selection of the essential health benefits (EHB) benchmark and to discuss the implications that the EHB choice will have on consumers, businesses, and the state. We examined the implications of the EHB choice on mandated benefits and the policies offered to the individual and small group markets both in and out of the exchange. We started by summarizing the Affordable Care Act (ACA) requirements then reviewed the 10 benchmark options. We identified services that varied between the plans and evaluated the potential impact on the small group market. Additionally, we reviewed the state-mandated benefits relative to the 10 benchmark plans and identified potential discrepancies in coverage. Finally, we estimated the cost impact on services covered by the health insurance policies of small businesses relative to the selected benchmark plan.

ACA REQUIREMENTS

The Patient Protection and Affordable Care Act of 2010 (PPACA) and the Health Care and Education Reconciliation Act of 2010, collectively referred to as the ACA, enacted requirements for establishing essential health benefits (EHB) to be used by certain insurance plans in 2014 and later. The plans include:

- > Non-grandfathered insured plans in the individual and small group markets, both in and out of the exchanges
- > Basic health plans if the state chooses to implement the Basic Health Plan option
- > And provide one option for Medicaid benchmark and benchmark equivalent populations (Medicaid benchmark plan options are the subject of a separate analysis being conducted for the state)

The Secretary of the U.S. Department of Health and Human Services (HHS) issued a bulletin delegating selection of the EHBs to the states for 2014 and 2015. HHS indicates it will review the EHB definition for 2016. One EHB definition will be used for both the small group and individual insurance markets (commercial). However, a separate EHB may be defined for the Medicaid market. This report only focuses on the EHB commercial definition.

The bulletin requires the EHB to be determined using a benchmark plan approach with supplementation as needed. A total of 10 possible benchmark plans are identified as starting points. The state may need to supplement the chosen plan to be sure all 10 service categories required by the ACA are covered.

The definition of essential health benefits must cover at least these benefits and may include quantitative limits on some of the benefits in the form of service limits but not dollar limits. The EHB defines the covered services but does not address any cost sharing applied to these services. Cost sharing would be addressed by the actuarial value regulations and other limitations applicable to the cost sharing.

Our interpretation is that the identification of essential health benefits starts with the state selecting the benchmark plan. Once the benchmark plan is selected, all of the benefits in that plan will constitute the minimum required benefits. However, identification of the essential health benefits will not constitute a final benefit coverage determination. For example, insurers will still need to determine if a specific service is medically necessary for a specific patient.

The potential benchmark plans are drawn from the federal employee plans, New York state employee plans, the small group market, and the largest non-Medicaid HMO in the state. The specific plans we reviewed were:

- > Oxford HMO, EPO, and Direct as the three largest small group plans in the state
- > Empire Plan, CDPHP, and Independent Health as the three largest state employee health benefit plans
- > Government Employees Health Association (GEHA), BCBS Basic, and BCBS Standard as the three largest national Federal Employees Health Benefits Program (FEHBP) plans
- > HIP Prime as the largest insured commercial non-Medicaid HMO operating in the state

Section II provides a broader overview and further discussion on the process for defining the essential health benefits.

BENCHMARK COMPARISONS

The state must decide which plan to use as the benchmark and determine what, if any, supplementation will be needed to create a complete EHB definition. The state will want to consider several issues as it moves forward with this decision; among them are the impact on the state with respect to potential state mandate costs in excess of the EHB and the impact on existing individual and small group non-grandfathered policies and future policy costs.

We identified services that varied between the plans and outlined them in Exhibit 1. The differences between the 10 benchmark plans are limited to a modest number of services. We then evaluated the potential cost differentials between the benchmark plans for these non-uniform covered services relative to the Oxford EPO plan in Exhibit 2. We chose the Oxford EPO plan for comparison as it represents the default plan because it is the largest small group plan, which would be used if the state does not select an EHB benchmark. Relative to the Oxford EPO, the federal and New York state employee plans cover more services in aggregate from 0.43% to 3.81% of expected gross covered service costs.

Based on feedback the state received from HHS, we included the dental services available to the New York state employees as part of the benchmark for the state employee plans. The dental plan is included with the medical plan for all state employees (that is, the employees cannot opt out of dental coverage); therefore, the dental coverage, for both adults and children, is considered part of the benchmark. Similarly, the federal employee plans outline some limited dental coverage, which we also included for both adults and children. Dental coverage is not included in the typical small group insurance plan or most HMO plans.

In addition, the state passed legislation in November 2011 defining coverage for Autism Spectrum Disorder (ASD). Per federal guidance, because this mandate was passed before December 31, 2011, it can be included in the benchmark plans, even though it will be implemented in November 2012 by most plans.

However, all the benchmark plans would need at least some minor supplementation or adjustments to qualify as essential health benefits. As an illustration, we prepared a potential EHB definition using the Oxford EPO as the starting point, as shown in Exhibit 3. The illustrative EHB shows the Oxford EPO with changes made to conform to the requirements of the ACA. The modifications included removing dollar limits from any benefits and expanding services to meet requirements in certain service categories. Exhibit 5 compares each of the benchmark plans to this illustrative EHB definition. In this illustration, all benchmark plans would increase in costs to meet the minimum EHB definition. In particular, typical small group insurance, as represented by the Oxford plans, would increase just over 1%.

If we vary the benchmark plan used as the EHB definition, the comparison also varies. We prepared an illustrative EHB based on each benchmark plan and, in Exhibit 6 we estimated the cost impact on small group insurance, as represented by the Oxford plans, relative to those illustrative EHBs. Each column represents an illustrative EHB based on that benchmark with supplementation similar to how we prepared the illustrative EHB based on Oxford EPO shown in Exhibit 3. The modifications vary slightly between benchmarks, but represent similar changes regarding removal of dollar limits or addition of services to cover all ACA-required categories.

Exhibit 6 indicates the impact on the small group insurance plans of using the federal or New York state employee plans, as the EHB definition could be anywhere between 2% to over 4%.

Further discussion and detail of our analysis is provided in Section III below.

STATE BENEFIT MANDATES

The ACA also requires states to cover the cost of state-mandated benefits in excess of the EHBs for qualified health plans sold within the exchange. As stated in the HHS bulletin, to the extent that state-mandated benefits are covered by the benchmark plan chosen to represent essential health benefits, they will be deemed to be essential health benefits.

HHS characterized the current EHB approach as a potential two-year transition period for states with respect to mandated benefits. HHS intends to evaluate the process and decide whether to make changes in 2016, which may impact whether state-mandated benefits remain EHBs.

We reviewed the state-mandated benefits and outlined the coverage for each small group mandated benefit by benchmark plan in Exhibit 7. Based on our understanding of the law, guidance from HHS, and discussions with the New York EHB team, we believe all the plans specific to New York would include the small group market state-mandated benefits and would not incur state costs in the small group insurance market, if chosen as the benchmark plan. This conclusion could change with further guidance or regulatory/judicial decisions.

The federal employee plans vary in their coverage of benefits mandated by New York state. While many benefits will be covered, a few are not. Per federal guidance, the cost to cover these benefits will be the responsibility of the state if a federal employee plan serves as the basis for the EHB definition.

While we summarize and comment on specific benefits covered by the benchmark plans, the final EHB determination and application will require significant review by New York regulators, insurers, and other stakeholders and may vary from conclusions stated here.

Further discussion on state-mandated benefits, in particular with regard to the individual insurance market, is included in Section IV.

II. ESSENTIAL HEALTH BENEFITS: OVERVIEW AND GUIDANCE

OVERVIEW OF REQUIREMENTS

This section presents a summary of the requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA) and the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act (ACA), for establishing essential health benefits, and the guidance provided thus far.

The ACA established that the Secretary of the U.S. Department of Health and Human Services (HHS) is to define the essential health benefits to be used by certain insurance plans in 2014 and later. The plans include:

- > Non-grandfathered insured plans in the individual and small group markets, both in and out of the exchanges
- > Basic health plans if the state chooses to implement the Basic Health Plan option
- > And provide one option for Medicaid benchmark and benchmark equivalent populations (Medicaid benchmark plan options are the subject of a separate analysis being conducted for the state)

The U.S. Department of Labor and the Institute of Medicine have prepared reports that consider various aspects of how EHBs should be defined. HHS prepared a bulletin, issued December 16, 2011, outlining the expected approach to establishing the EHB. HHS intends its approach to balance comprehensiveness, affordability, and state flexibility. The general concept is to select a benchmark plan to use as the basis for EHB that is supplemented as needed to satisfy all the ACA requirements. The bulletin delegates selection of the benchmark plan to the states for 2014 and 2015. HHS indicates it will review the EHB definition for 2016.

One EHB definition will be used for both the small group and individual markets. However, a separate EHB may be defined for the Medicaid market. This report only focuses on the EHB commercial definition.

The ACA identified 10 service categories that must at least be covered by the essential health benefits. These are listed in the law as:

- > Ambulatory patient services
- > Emergency room services
- > Hospitalization
- > Maternity and newborn care
- > Mental health and substance abuse disorders
- > Prescription drugs
- > Rehabilitative and habilitative services and devices
- > Laboratory services
- > Preventive and wellness services and chronic disease management
- > Pediatric services, including oral and vision care

The definition of essential health benefits must cover at least these benefits and may include quantitative limits on some of them. The EHB defines the covered services, but does not address any cost sharing applied to these services. Cost sharing would be addressed by the actuarial value regulations and other limitations applicable to the cost sharing.

The bulletin outlined four benchmark plan categories, which produce a potential 10 benchmark plans from which the state will establish the essential health benefits. The potential benchmark plans are:

- > The largest plan by enrollment in any of the three largest small group insurance products in the state's small group market
- > Any of the largest three state employee health benefit plans by enrollment
- > Any of the largest three national FEHBP plan options by enrollment
- > The largest insured commercial non-Medicaid HMO operating in the state

The potential plans are determined based on enrollment as of the first quarter of 2012. The final selection must be made by the third quarter of 2012. This selection will remain in place for 2014 and 2015. HHS will evaluate the process, and make changes to the essential health benefit process in time to set these benefits for 2016. If the state does not select the benchmark plan, the default will be the largest small group plan, supplemented as needed to cover all 10 EHB categories. If the selected benchmark plan does not cover all 10 EHB categories, the state must look to other benchmark plans to define any missing category or categories.

Our interpretation is that the identification of essential health benefit starts with the state selecting the benchmark plan. Once the benchmark plan is selected, all benefits in that plan will constitute the minimum required benefit. However, identification of the essential health benefits will not constitute a final benefit determination. For example, insurers will still need to determine if a specific service is medically necessary for a specific patient.

HHS guidance indicates that products represent the package of benefits and that plans describe the manner in which those benefits are tailored. The HHS guidance defines a portal health plan as the discrete pairing of a package of benefits with a cost-sharing option. The portal plan may include riders that are commonly purchased with the product. This portal plan definition is used to define the covered services in each benchmark plan.

OUTSTANDING ISSUES

There remain several issues that might receive clarification from HHS. Some issues are identified in the bulletin and others reflect ongoing discussions by various stakeholders. The issues include:

- > Will benefit-specific limits in the benchmark plan transfer to the EHBs?
- > Will substitutions between EHB benefits be allowed and how?

The presence of annual dollar or visit limits in the selected benchmark plan also raises the question of how these limits transfer to the EHB definition applicable to individual and small group plans. The current guidance seems to indicate that visit limits would be included in the state-specific EHB definition. For example, if the selected benchmark plan limited physical therapy services to 20 visits per year, this essential health benefit would have the same force as a minimum level of benefits. Note, however, that dollar limits, annual or lifetime, are not permitted for any of the essential health benefits. Therefore, if a benchmark plan had a dollar limit on an essential benefit, the benefit would be included in the EHB, but the dollar limit would either be removed or possibly converted to a non-dollar limit.

HHS issued responses to frequently asked questions (FAQs) regarding the Bulletin which indicate that non-dollar limits on essential benefits could be substituted for dollar limits on an actuarially equivalent basis as currently used in the Children's Health Insurance Program (CHIP) at the option of the plans. Whether the state could make this adjustment in defining essential health benefits initially is not clear. The state will want to make these decisions, especially if it is considering using a set of standardized

benefits for all qualified health plans in its health insurance exchange. The state has requested additional guidance from HHS on this issue.

The bulletin also indicates the intention to allow health insurers flexibility to adjust the benefit scope or quantitative limits for EHB services. Such substitutions would need to be actuarially equivalent and nondiscriminatory. The bulletin proposes the possibility of substitutions within a category but also seeks input on whether and how substitutions across categories would be permitted. HHS requested feedback on this issue and will likely issue additional guidance. Whether this decision will be up to the state or federal government still remains to be seen.

SPECIFIC BENEFIT ISSUES

There are two specific service categories identified in the EHB categories that were highlighted in the bulletin as not commonly covered by potential benchmark plans. The bulletin and FAQs discussed each of these in more detail.

The first is habilitative services. The bulletin contains a discussion about the difference between rehabilitative and habilitative services. It defines rehabilitative services as services provided to help somebody relearn or regain functionality or life skills. Habilitative services represent assistance in learning those skills for the first time.

Typically, the potential state benchmark plans being considered do not cover or address habilitative services. HHS is seeking comment and proposes two options for this benefit. The two options are:

- > To provide habilitative services at parity with rehabilitative services but not expand the services covered. For example, services such as physical therapy, speech therapy, or occupational therapy would be covered to the same extent, whether those services are considered rehabilitative or habilitative.
- > To allow plans to define the services that they intend to cover and report those to HHS for further review. Through this process, HHS can develop a definition of what habilitative services would cover.

The second is pediatric dental and vision services. The bulletin suggests that states may need to look at specific sources to define these services and suggests the federal employee dental plan or CHIP for the pediatric dental, and the federal employee vision plan for the vision care. The bulletin specifically indicates that non-medically necessary orthodontic services would not be considered essential health benefits.

III. COMPARISON OF BENCHMARK PLANS

The state asked Milliman to identify the issues around the selection of the EHB benchmark and to discuss the implications that the EHB choice will have on mandated benefits and the policies offered to the individual and small group markets both in and out of the exchange. This section summarizes differences in services covered among the 10 benchmark plans with respect to EHB-required service categories. We also estimated the potential relative costs of these differences to provide insight on the expected cost impact of choosing between the benchmark plans.

We summarized the benefits covered by each of the benchmark plans for several service categories. This summary is included in Appendix A. It is not meant to represent a comprehensive list of all services covered nor to be a substitute for the Evidence of Coverage (EOC) of each plan. We indicate whether we believe the benefit would be considered required as one of the 10 EHB-specified categories. The definition of exactly what would be considered ambulatory services is not specifically stated in HHS guidance to date, but we would expect this category to include at least physician office services and other outpatient services. The scope of rehabilitative and habilitative services is likewise uncertain at this time. We assume that rehabilitative services will include physical, speech, and occupational therapies and that habilitative services will be similarly defined. In addition, we excluded any out-of-network benefits as the EHBs are focused on defining covered services only. HHS guidance has indicated that the presence or absence of out-of-network coverage does not apply when a benchmark plan is used for the EHB definition.

Several issues remain in completing the EHB selection. Most important is the role that benefit riders play in defining the benchmark plan benefits. Current guidance from HHS defines a health plan as the discrete pairing of a package of benefits. A portal plan is defined as the unique combination of benefits, which may include optional benefits available for additional premium (riders) as well as benefits that are legally considered riders but are not optional for consumers (mandatory riders). The riders included are determined as those most commonly purchased with the product, based on enrollment.

- > In some plans, riders are used to modify benefits to comply with recent regulations so that the carrier does not need to refile the entire policy form. In many cases these riders are a required part of the policy as sold in the market. These riders often cover state mandates, such as second opinions for cancer diagnoses or current ACA requirements; such as the requirement to cover specific preventive services.
- > Some riders are optional, but are selected in a large portion of policies and often constitute the plan sold in the market. For example, prescription drug coverage is typically offered as a rider, but is selected for a large proportion of the policies sold.
- > Finally, there are optional riders that allow the benefits to be customized to meet policyholders' specific desires. These riders might include adding specific services to a general benefit or adjusting the limits for specific services. For example, a rider may be offered to expand coverage from a limited number of visits to unlimited coverage.

The chart in Appendix A indicates if the benefit is covered through a rider and whether that rider is optional or not by using "R" for mandatory riders and "OR" for optional riders. We included all mandatory riders when defining the covered services. We included optional riders that expanded covered services, but not optional riders that customized or expanded limits on services.

HHS guidance also suggests that, once the EHB definition is set, insurers may substitute actuarially equivalent benefits. This approach may preclude the use of standardized benefits within the exchange. However, this report is not tasked with discussing whether or not standardized benefits are appropriate for New York in this context.

COVERAGE VARIATIONS

The EHB definition will be determined through the selection, and possible supplementation, of a specific benchmark plan. Based on the HHS guidance, many aspects of the plan such as covered services, benefit limitations, and exclusions become the EHBs. Therefore, the final EHBs will be broader than the 10 categories listed in the ACA. We discuss some of the significant variations in this section.

We based our summaries on evidence of coverage documents and plan certificates provided by the carriers through the New York state agencies or as available on websites for the federal employee plans. Health insurance contracts are documents that change often over time in response to regulatory, provider practice, or network changes. Ultimately, coverage is influenced by additional factors such as:

- > Definition and application of medical necessity
- > Definition or certification of providers
- > Evolving clinical practice patterns or changes in treatment protocols
- > Arrangements with or decisions by regulators

Therefore, while we summarize and comment on specific benefits covered by the benchmark plans, the final EHB determination and application will require significant review by New York regulators, insurers, and other stakeholders and may vary from conclusions stated here. In addition, the final determination of whether a specific service is covered by a specific insurer and policy will be subject to the medical necessity determinations of that insurer regardless of whether the benefit is designated as an EHB or not; i.e., designation as an EHB does not guarantee payment for the service by the insurer.

We focused on services that were materially different between the plans as summarized in Exhibit 1. Estimated cost differences for these benefits were developed, as discussed in the Potential Cost Variation section below and provided in Exhibit 2.

Services included in the 10 specific categories for EHBs are generally covered by all the benchmark plans. We note a few variations in these categories:

- > Rehabilitative services, defined as physical, speech, and occupational therapies, are covered in all the benchmark plans, but with varying visit limitations from unlimited to 20 visits per year for all three therapies combined.
- > Mental health and substance abuse services are covered by all plans, but vary based on day or visit limits. However, HHS guidance indicates that mental health parity will apply as part of the EHB definition regardless of the benefits included in the chosen benchmark plan. Therefore, it seems the differences in benefit limits are irrelevant.
- > Prescription drugs are a rider in most of the New York-based benchmark plans except in the New York State Employee Empire Plan. Given the guidance from HHS, it will be likely that any of the prescription drug riders typically included in the plans could be used in the EHB definition as prescription drug riders are often selected when these products are sold. If a New York-based prescription drug benefit is used for the EHB, it will include all the state-mandated benefits. On the other hand, in the case of the federal employee plans, New York state mandates that apply to prescription drug coverage may not be included in the EHB definition. See the discussion in Section IV for further information on this issue.

- > Pediatric vision and dental services are not well defined in the HHS guidance except to point to additional benchmarks to use if the identified benchmarks are not adequate in this category. Some benchmark options do cover limited services in this category, however; the covered services are not comprehensive and would likely need supplementation.
 - Dental coverage in the federal employee plans includes periodic exams / cleaning and some x-rays, restorations, and simple extractions. This coverage is for all members (not limited to children), so use of these plans as the EHB would result in a significant expansion of benefits for the commercial plans typically sold in the individual and small group markets.
 - Vision screening exams are available in a few of the benchmark plans including all the small group benchmark options and on federal employee plans; again, however, this benefit is provided for all members, not limited to children. Only the state employee Independent Health plan covers annual refractive exams. Coverage for glasses / contacts is generally not available in any of the benchmark plans with the exception of limited coverage of lenses only in the Independent Health plan.

More coverage variation exists (beyond the 10 ACA required categories) for services provided in the various benchmark plans. Below are the services with meaningful differences:

- > Skilled nursing facilities (SNFs) are covered in most of the benchmark plans with day limits that range from 14 days to unlimited.
- > Hospice services are covered with varying limitations.
- > Home healthcare services are consistently covered, but with varying limits from 25 visits to unlimited.
- > Chiropractic services are consistent for all the New York-based benchmark plans, but the federal employee plans would provide more limited benefits.
- > Durable medical equipment is a rider in a few of the benchmark options, but if these riders are commonly purchased with the plans, then they would be included in the EHB definition. For our analysis, we assumed that these riders are commonly purchased and we included them in the covered services.
- > Prosthetics and orthotics are similar to durable medical equipment with respect to the rider issue. In addition, the covered services are sometimes refined based on the exclusions included in the policy as much as by the listed covered services.
- > Hearing aids are covered in the federal employee plans and the New York State Employee Empire Plan and could represent expanded coverage for other typical commercial plans. The same is true for cochlear implants.
- > Infertility services for assisted reproductive procedures vary between benchmark plans with the most generous benefit in the New York State Employee Empire Plan. A concern in this case would be the dollar limit applied to these services in the Empire Plan. If this plan were chosen as the benchmark, then assisted reproductive procedures would become an essential health benefit and, because EHBs cannot have dollar limits, it would seem to follow that this benefit would need to be offered on an unlimited basis or at least an actuarially equivalent basis with a nondollar limit. This benefit would also represent expanded coverage for most commercial plans.
- > Elective abortion is covered in all the New York-based benchmark plans but not in the federal employee plans.

- > Smoking cessation benefits vary between plans from no coverage to coverage of counseling and / or drugs.
- > Acupuncture coverage also varies between benchmark plans from no coverage to coverage for specific conditions to a set number of visits.

We prepared an illustrative EHB plan starting with the Oxford EPO services and supplementing or modifying services as needed to cover all 10 EHB-required categories. The illustrative EHB is summarized in Exhibit 3. The primary differences from the Oxford EPO plan are as follows:

- > Durable medical equipment coverage is provided without a dollar limit.
- > Mental health and substance abuse covered services must be covered at parity, therefore, all day and visit limits are removed for the EHB plan.
- > Pediatric vision services are assumed to include full exams and needed appliances.
- > Pediatric dental services are assumed to include all Class I, II, and III services, but exclude orthodontia services.
- > Hearing aids are covered but the dollar limit to the benefit is removed.

Exhibit 4 summarizes the non-uniform services between the illustrative EHB plan and all of the New York-based benchmark plans. Estimated cost differences between the benchmark plans and the illustrative EHB for these services were developed as discussed in the next section and provided in Exhibit 5.

POTENTIAL COST VARIATIONS

We estimated the costs of the coverage variations identified for the non-uniform services. The majority of services would receive similar coverage in all the benchmark plans. Exhibits 2 and 5 present the results of our analysis. In Exhibit 2, the variations are relative to the Oxford EPO plan as that would be the default plan if New York did not make a positive EHB selection. In Exhibit 5, we compare the New York-based benchmark plans to the illustrative EHB plan based on the Oxford EPO plan.

RESULTS

In both Exhibits 2 and 5, the percentages represent differences in gross medical costs that are due to whether the specific service is covered or not or covered with different limits than the reference plan. Exhibits 1 and 4 summarize the non-uniform services in the same order as shown in Exhibits 2 and 5 to provide an easy reference for the cost differences. For example, Exhibit 2 indicates an increase in acupuncture costs for some plans relative to the Oxford EPO. Exhibit 1 shows how the acupuncture covered services varies for the plans from not covered to various limits on the coverage.

This analysis is intended to help the state consider how the selection of the EHB could impact the products offered in current insurance markets. Exhibit 2 indicates the difference of each benchmark plan relative to the Oxford EPO. Based on feedback the state received from HHS, we included the dental services available to the New York state employees as part of the benchmark for these plans. The dental plan is included with the medical plan for all state employees, that is, the employees cannot opt out of dental coverage; therefore, the dental coverage, for both adults and children, is considered part of the benchmark. Similarly, the federal employee plans outline some limited dental coverage, which we also included for both adults and children. Dental coverage is not included in the typical small group insurance plan or most HMO plans. Relative to the Oxford EPO, the federal and New York state employee plans cover more services in aggregate. Most of the other benchmark plans cover more services than the

Oxford EPO, but a large portion of that difference is due to coverage of adult dental services. If these services are not considered, the other benchmark plans are only modestly different overall, with some more generous and some less generous.

It is important to remember that we are comparing covered services, not amounts the plans pay toward coverage. It is very likely that a comparison of benefit value would be significantly different than the conclusion presented in Exhibit 2. For example, it is reasonable to assume that the benefit value for plans offered to the state employees is greater than that available in the small group market (i.e., lower cost-sharing for state employees). However, this difference is based on the level of cost sharing present in the plans, not the covered services. The amount of cost sharing is not relevant to the EHB determination.

However, the Oxford EPO plan would need to be supplemented for some ACA-required categories in order to qualify as an EHB plan. As outlined above and in Exhibit 3, we prepared an illustrative EHB plan starting from the Oxford EPO plan. Exhibit 4 provides the non-uniform services for the New York-based benchmark plans and the illustrative EHB. The cost differences for services that would need to be increased to reach the illustrative EHB are shown in Exhibit 5. In this illustration, all benchmark plans would increase in costs to meet the minimum EHB definition (only considering services that must increase to meet the minimum EHB definition). In particular, typical small group insurance, as represented by the Oxford plans, would increase just over 1% to meet the EHB definition.

If we vary the benchmark plan used as the EHB definition, the comparison also varies. We prepared an illustrative EHB based on each benchmark plan and in Exhibit 6 we estimated the cost impact on the small group insurance plans, as represented by the Oxford plans, relative to those illustrative EHBs. Each column represents an illustrative EHB based on that benchmark with supplementation similar to how we prepared the illustrative EHB based on Oxford EPO, shown in Exhibit 3. The modifications vary slightly between benchmarks but represent similar changes regarding removal of dollar limits or addition of services to cover all ACA-required categories.

Exhibit 6 indicates the impact on the small group insurance plans of using the federal or New York state employee plans, as the EHB definition could be anywhere between 2% to over 4%.

Methodology

The cost analysis represents expected cost difference of underlying medical services assuming a standard population, typical large group unmanaged utilization levels (i.e., expected utilization in fee-for-service plans) and New York geographic area factors (representing the average for the entire state) from the Milliman *Health Cost Guidelines™ (HCG)* and other available sources. The EHB bulletin states that the cost-sharing provisions of the plan are not considered part of essential health benefits, so the costs shown are estimated total gross healthcare costs for a typical healthcare plan. Our analysis is based on expected utilization for a plan with a \$500 deductible and 20% member coinsurance. This specific assumption does not have a material effect on the percentage results, but we believe it is reasonable to assume some cost sharing when estimating healthcare utilization.

Actual premium differences will reflect many carrier-specific circumstances, including:

- > Network discounts
- > Expected or actual age / gender / family size distribution
- > Cost-sharing impact on anticipated utilization
- > Medical management programs
- > Level of administrative load and other pricing factors

IV. POTENTIAL COVERAGE OF STATE-MANDATED BENEFITS

Exhibit 7 summarizes the coverage of small group benefits mandated by New York state health insurance for group commercial and HMO products by the 10 benchmark plans. As stated in the HHS bulletin, to the extent that state-mandated benefits are covered by the benchmark plan chosen to represent essential health benefits, they will be deemed to be essential health benefits. The ACA requires states to cover the cost of mandated benefits in excess of the EHBs for qualified health plans sold within the exchange.

HHS characterized the current EHB approach as a potential two-year transition period for states with respect to mandated benefits. HHS intends to evaluate the process and decide whether to make changes in 2016, which may impact whether state-mandated benefits remain EHBs.

The chart in Exhibit 7 indicates whether the benchmark plan covers the small group mandated benefit and, if so, whether it does so through a rider. For the New York-based plans, most of the mandates are covered in the main policy, although prescription drugs are added as a rider in all but the New York State Employee Plan through Empire. Current guidance defines the health plan as the discrete pairing of a package of benefits. The plan benefits include mandatory riders and optional benefits that are commonly purchased with that plan. Therefore, the state will likely be able to use the prescription drug benefit with any of the benchmark plans because this rider is often purchased with the plans.

In addition, the state passed legislation defining coverage for Autism Spectrum Disorder in November 2011. Per federal guidance, because this mandate was passed before December 31, 2011, it can be included in the benchmark plans even though it will be implemented in November 2012 by most plans.

Some mandates are for preventive benefits, which will be required by the ACA regardless of the essential health benefit benchmark.

The remaining mandates may or may not be covered in any future EHB definition if HHS chooses to modify the EHB approach in 2016. These benefits represent the potential gap between mandates and EHBs, for which the state would be financially responsible in future years.

One area of potential concern is with respect to New York-mandated benefits for individual Direct Pay HMO contracts. There are a few areas where the scope of benefits required could exceed those in some of the benchmark plans as shown in Exhibit 8. If these mandates were maintained for individual policies sold in the exchange, the cost of the excess benefits would be the responsibility of the state starting in 2014. Three benefits seem to be affected by this issue:

- > Home health benefits require coverage up to 200 visits per calendar year; some of the benchmark plans provide 25 - 60 visits only.
- > Outpatient physical therapy benefits must cover up to 90 visits per condition per calendar year; some of the benchmark plans contain limits between 20 and 75 visits, often combined with other therapy services.
- > Private duty nursing must be covered up to \$5,000 per calendar year, with a \$10,000 lifetime limit. The benefit is covered regardless of the setting, whether home or facility, and is subject only to medical necessity. The benchmark plans will likely cover skilled nursing provided in the home as part of their home health benefits but usually that is subject to daily hour limits, must be provided in the home, and is in lieu of a hospitalization or skilled nursing facility stay.

V. LIMITATIONS AND DATA RELIANCE

This report is intended to provide background and guidance with respect to options for selecting essential health benefits for the health insurance plans offered in the state of New York. It is our understanding that the state will use this report to help key decision-makers understand the options and potential impacts of the essential health benefit benchmark options. The report may not be suitable for other purposes.

This report has been prepared solely for the internal use of, and is only to be relied upon by, the New York State Department of Health. Although Milliman understands that this report may be distributed to third parties, Milliman does not intend to benefit, or create a legal duty to, any third-party recipient of its work. If this report is distributed to third parties, it should be distributed only in its entirety.

The results in this report are technical in nature and dependent upon specific assumptions and methods. No party should rely upon this report without a thorough understanding of those assumptions and methods.

Actual experience will deviate from any projected impacts because of a variety of influences, including emerging experience under newly designed plans, changes in insurance pricing and practices, and adjustments to reflect new regulations.

The summaries in this report are not meant to represent a comprehensive list of all services covered or to be a substitute for the Evidence of Coverage of each plan. Whether a plan covers a certain service may be influenced by many factors besides the language in the Evidence of Coverage, including the definition and application of medical necessity, evolving clinical practice, agreements between a carrier and its respective regulating agency, and overriding decisions made by the regulating agencies. We relied upon plan documents provided by the carriers and the state of New York. We have not audited or independently verified the accuracy of those sources. To the extent we were not aware of other factors that may modify the language in the Evidence of Coverage documents, the results of our analysis may likewise be inaccurate or incomplete.

The discussions included in this report are based on our understanding of the Affordable Care Act (ACA) and its associated regulations issued to date. Forthcoming ACA-related regulations and additional legislation may materially change the impact of the ACA. For this reason, this report should be considered time-sensitive material, which may change as new information becomes available.

Milliman's consultants are not attorneys and are not qualified to give legal advice. We recommend that users of this report consult with their own legal counsel regarding interpretation of legislation and administrative rules, possible implications of specific ACA-required features, or other legal issues related to implementation of an ACA-compliant entity.

The views expressed in this report are made by the authors of this report and do not represent the opinions of Milliman, Inc.

VI. QUALIFICATIONS

This report was created by Timothy F. Harris and Stacey V. Muller. Mr. Harris is a Principal and Consulting Actuary in the St. Louis office of Milliman and author of "Health Care Coverage and Financing in the United States." Stacey is a Consulting Actuary in the Milwaukee office of Milliman. Tim and Stacey are Fellows of the Society of Actuaries and members of the American Academy of Actuaries. They each meet the qualification standards for performing the analyses contained in this report.

EXHIBITS

Exhibit 1
New York State
Essential Health Benefits Study
Summary of Non-Uniform Services for Potential Benchmark Plans

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
Skilled Nursing Care Facility	Not Covered	Covers all charges for 30 days.	Covered, 14 Day Max	Covered	Covered, 45 Day Limit	Covered, 45 Day Limit	Covered, unlimited days	Covered, 200 days per calendar year	Covered, 200 days per calendar year	Covered, 200 days per calendar year
Hospice	Covered, primarily through home care	Covered, primarily through home care	Covered, \$15,000 per year max	Covered	Covered, 210 day limit	Covered	Covered, 210 day limit	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)
Home Health Care Services	Covered, 25 visits per calendar year	Covered, 25 visits per calendar year	Covered, 50 visits per calendar year	Covered	Covered	Covered, 40 visits per calendar year	200 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year
Chiropractic Services	Covered. One office visit per year, 12 manipulation visits per year	Covered. One office visit per year, 20 manipulation visits per year	Covered, 12 Office Visits per year	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Acupuncture	Covered	Covered, up to 24 visits per year	Covered, limit of 20 procedures per year (medically necessary by MD or DO)	Not Covered	Covered for emesis after surgery or chemotherapy or for persistent nausea in pregnancy	Covered through wellness account	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics	Covered	Covered	Covered	Covered	Covered	Covered	Covered under Optional Rider that is commonly purchased	Covered for standard DME and medical supplies up to \$1,500 per calendar year. Internal and External Prosthetics covered. Orthotics not covered.	Covered for standard DME and medical supplies up to \$1,500 per calendar year. Internal and External Prosthetics covered. Orthotics not covered.	Covered for standard DME and medical supplies up to \$1,500 per calendar year. Internal and External Prosthetics covered. Orthotics not covered.
Rehabilitation Services (Awaiting HHS definition)							Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.
- Physical Therapy	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 60 total Physical or Occupational Therapy visits per calendar year	Covered	Covered, 30 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Occupational Therapy	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 60 total Physical or Occupational Therapy visits per calendar year	Covered	Covered, 30 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Speech Therapy	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 30 visits per calendar year	Covered	Covered, 20 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.

Exhibit 1
New York State
Essential Health Benefits Study
Summary of Non-Uniform Services for Potential Benchmark Plans

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
Mental Health Treatment Services										
- Inpatient Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, 30 inpatient days per calendar year	Covered, 30 inpatient days per calendar year	Covered, 30 inpatient days per calendar year
- Outpatient Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, 30 outpatient visits per calendar year. This number includes office and facility visits.
Chemical Dependence Services										
- Inpatient Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, 30 days per calendar year	Covered, 30 days per calendar year	Covered, 30 days per calendar year
Smoking Cessation Counseling and Drugs	Covered	Covered	Covered	Prescription aids covered in prescription drug benefit	Up to 4 physician visits per year, prescription (generics only) and over the counter drugs if physician prescribed, limited to 2 12-week cycles per year	Program includes telephonic counseling, smoking cessation classes and over the counter and prescribed drugs, limited to 1 6-month course of treatment per year	Covered	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the
Routine Vision Services	Not Covered	Not Covered	Coverage for 1 routine vision exam per year	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, 1 refractive exam every 12 months	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.
Pediatric Vision Care	Not Covered	Not Covered	Coverage for 1 routine vision exam per year	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, 1 refractive exam every 12 months	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.
Routine Dental Services	Covered, two exams/cleanings per year	Covered, two exams/cleanings per year, x-rays, restorations/simple extractions	Covered, two exams/cleanings per year and restorations/simple extractions	Covered	Covered	Covered	Not covered	Not Covered	Not Covered	Not Covered
Pediatric Dental Care	Covered, two exams/cleanings per year	Covered, two exams/cleanings per year, x-rays, restorations/simple extractions	Covered, two exams/cleanings per year and restorations/simple extractions	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hearing Aids	Covered, \$1,500 every 3 years for adults, \$1,500 per year for children	Covered, \$1,500 every 3 years for adults, \$1,500 per year for children	Covered	Covered, up to \$1,500 per aid/ear every 4 years	Not Covered	Not Covered	Not covered	Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years.	Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years.	Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years.
Surgically Implanted Hearing Devices (Cochlear Implants)	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered
Assisted reproductive technology procedures	Not Covered	Not Covered	Not Covered	Covered, if approved as a Qualified Procedure by UHC up to \$50,000 lifetime	Only Artificial Insemination covered	Not Covered	Artificial Insemination covered	Not covered	Not covered	Not covered
Abortion (elective)	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.
Autism Spectrum Disorders (Effective Nov. 1, 2012)	Does not cover ABA services	Does not cover ABA services	Does not cover ABA services	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered

Exhibit 2

New York State Health Benefit Exchange: Comparison of Potential Essential Health Benefit Benchmarks Estimated Cost of Non-Uniformly Covered Services as a Percent of Gross Medical Cost ⁽¹⁾ In Excess of/(Less Than) the Oxford EPO Plan

Services	Federal Plans			New York State Employee Plans			Commercial Small Group Plans			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	Empire Plan	CDPHP	Independent Health	Oxford HMO	Oxford EPO	Oxford Direct	Largest non-Medicaid HMO (HIP Prime)
Skilled Nursing Facility	-0.151%	-0.295%	-0.095%	0.004%	-0.065%	-0.065%	0.000%	0.000%	0.000%	0.004%
Hospice	-0.002%	0.001%	0.001%	0.001%	0.000%	0.001%	0.000%	0.000%	0.000%	0.000%
Home Health	0.017%	-0.026%	-0.026%	0.053%	0.053%	0.000%	0.000%	0.000%	0.000%	0.035%
Chiropractic	-0.207%	-0.207%	-0.084%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Acupuncture	0.098%	0.110%	0.110%	0.000%	0.055%	0.050%	0.000%	0.000%	0.000%	0.000%
DME, Prosthetics, and Orthotics (5)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Physical And Occupational Therapy	0.000%	-0.091%	0.030%	0.091%	-0.261%	-0.387%	0.000%	0.000%	0.000%	0.079%
Speech Therapy	-0.030%	-0.007%	0.002%	0.007%	-0.029%	-0.029%	0.000%	0.000%	0.000%	0.006%
Inpatient and Outpatient Mental Health Services (3)	0.107%	0.107%	0.107%	0.107%	0.107%	0.107%	0.000%	0.000%	0.000%	0.107%
Inpatient Substance Abuse (3)	0.028%	0.028%	0.028%	0.028%	0.028%	0.028%	0.000%	0.000%	0.000%	0.028%
Smoking Cessation Counseling	0.012%	0.012%	0.012%	0.000%	0.012%	0.012%	0.000%	0.000%	0.000%	0.012%
Smoking Cessation Drugs	0.006%	0.006%	0.006%	0.006%	0.006%	0.006%	0.000%	0.000%	0.000%	-0.025%
Routine Vision Services (6)	0.000%	-0.165%	-0.165%	-0.165%	0.000%	0.029%	0.000%	0.000%	0.000%	-0.165%
Pediatric Vision Care (4)	0.000%	-0.141%	-0.141%	-0.141%	0.000%	0.025%	0.000%	0.000%	0.000%	-0.141%
Adult Dental Coverage (7)	1.450%	0.921%	1.838%	3.056%	3.056%	3.056%	0.000%	0.000%	0.000%	0.000%
Pediatric Dental Care (4)	0.490%	0.291%	0.600%	0.799%	0.799%	0.799%	0.000%	0.000%	0.000%	0.000%
Hearing Aids	0.107%	0.000%	0.000%	-0.036%	-0.143%	-0.143%	0.000%	0.000%	0.000%	-0.143%
Surgically implanted Hearing Devices	0.000%	0.000%	0.000%	-0.014%	-0.014%	-0.014%	0.000%	0.000%	0.000%	0.000%
Assisted Reproductive Technology (ART)	0.000%	0.000%	0.000%	0.012%	0.012%	0.000%	0.000%	0.000%	0.000%	0.012%
Abortion(Elective)	-0.005%	-0.005%	-0.005%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Autism ABA Therapy	-0.108%	-0.108%	-0.108%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Habilitative (2)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Sum of % costs of services	1.81%	0.43%	2.11%	3.81%	3.62%	3.48%	0.00%	0.00%	0.00%	-0.19%

(1) Milliman's review was based on each plan's Evidence of Coverage and as summarized in Appendix A and Exhibit 1.

This table only includes services that have been identified as varying significantly in whether or how they are covered by the different Benchmark Plans.

(2) We have not yet estimated a PMPM cost for Habilitative Services, since the scope of services for that category has not yet been defined.

(3) According to the ACA, EHB coverage will be consistent with the MHPAEA, which requires that if certain mental health and substance abuse disorders are covered by a plan, they must have limits in parity with limits for other health disorders. MHPAEA does not require coverage, just parity for any disorders that are covered. The Oxford EPO plan contains day and visit limits which would likely be removed. The non-Oxford plans do not have limits and the percentage represents the difference between the Oxford plan limits and unlimited coverage.

(4) The Pediatric Dental assumes no coverage by Oxford EPO. The FEHBP plans include various services from exams and cleanings to restorations and simple extractions. The NY State Employee Plans include the dental coverage offered with the medical plans since the employees cannot opt out of the dental coverage. The Pediatric Vision assumed coverage of vision screenings without refraction and no appliances based on the Oxford EPO plan. The FEHBP BCBS plans, Empire Plan and HIP Prime plans do not cover vision services while Independent Health covers refractive exams in addition to screenings.

(5) Assumed that DME services available as a rider are commonly sold with the plan and would be included in the portal plan definition for HIP Prime.

(6) Routine screening exams for adults also covered by Oxford EPO.

(7) Adult dental coverage is include in the FEHBP plans for various services from exams and cleanings to restorations and simple extractions. The NY State Employee Plans include the dental coverage offered with the medical plans since the employees cannot opt out of the dental coverage.

Exhibit 3
New York State
Essential Health Benefits Study
Illustrative Essential Health Benefits

TYPE OF SERVICE	Commercial Plans	Illustrative Essential Health Benefits
	Oxford EPO	
Inpatient Hospital Services	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Preadmission Testing	Covered	Covered
Emergency Medical Services	Covered	Covered
Maternity Care	Covered	Covered
- Including newborn care	Covered	Covered
- Midwifery Services	Covered	Covered
Skilled Nursing Care Facility	Covered, 200 days per calendar year. Riders are available for unlimited coverage.	Covered, 200 days per calendar year
Hospice	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)	Covered, 210 days per calendar year combined inpatient/outpatient days
Home Health Care Services	Covered, 40 visits per calendar year.	Covered, 40 visits per calendar year.
Therapy Treatments		
- Chemotherapy	Covered	Covered
- Radiation	Covered	Covered
- Renal Dialysis	Covered. R for out of network coverage at in network rates when traveling	Covered
Second Surgical Opinion	Covered	Covered
Second Opinion - Cancer	Covered	Covered
Physician Office Visits	Covered	Covered
Preventive & Primary Care: Adults	Base Coverage and R .	
- Routine exams	Covered	Covered
- Immunizations	Covered	Covered
- Bone Density Testing	Covered	Covered
- Prostate Cancer Screening	Covered	Covered
- Allergy Testing	Covered	Covered
- Mammography	Covered	Covered
- Cervical Cytology	Covered	Covered
Preventive & Primary Care: Children	Base Coverage and R .	
- Well-child Care	Covered	Covered
- Immunizations/Vaccines	Covered	Covered
- Routine check-ups	Covered	Covered
Chiropractic Services	Covered	Covered
Mastectomy, Lumpectomy, lymph node dissection	Base Coverage and R .	Covered
Breast Reconstructive Surgery	Covered	Covered
External Mastectomy Prostheses	Covered	Covered
Diagnostic Laboratory Services	Covered	Covered
Radiology & Imaging Services	Covered	Covered
Ambulatory Patient Services (Awaiting HHS definition)	Covered	Covered
Outpatient Surgical Services		

Exhibit 3
New York State
Essential Health Benefits Study
Illustrative Essential Health Benefits

TYPE OF SERVICE	Commercial Plans	Illustrative Essential Health Benefits
	Oxford EPO	
- Physician's Office	Covered	Covered
- Surgical Centers	Covered	Covered
Chronic Disease Management	Covered	Covered
Eating Disorders - Comprehensive Care Centers	Covered	Covered
Diabetes Equipment, Supplies and Self Education	Covered	Covered
Durable Medical Equipment	Covered by R for standard DME and medical supplies up to \$1,500 per calendar year. OR with unlimited coverage available. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.	Covered for standard DME and medical supplies. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.
Prostheses	Covered for Internal and External Prosthetic Devices.	Covered for Internal and External Prosthetic Devices.
Orthotics	Not Covered	Not Covered
Habilitative Services (awaiting HHS definition)		
Rehabilitation Services (Awaiting HHS definition)	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.
- Physical Therapy	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Occupational Therapy	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Speech Therapy	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.

Exhibit 3
New York State
Essential Health Benefits Study
Illustrative Essential Health Benefits

TYPE OF SERVICE	Commercial Plans	Illustrative Essential Health Benefits
	Oxford EPO	
MENTAL HEALTH/SUBSTANCE ABUSE		
Mental Health Treatment Services	R	
- Inpatient Services	R -- Covered, 30 inpatient days per calendar year. OR --unlimited MH coverage.	Covered, no limit due to mental health and addiction parity requirement
- Outpatient Services	Covered, R -- 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, no limit due to mental health and addiction parity requirement
Chemical Dependence Services		
- Inpatient Services	Covered, 30 days per calendar year.	Covered, no limit due to mental health and addiction parity requirement
- Outpatient Services	Covered, 60 visits, including 20 family counseling visits per calendar year. This number includes office and	Covered, no limit due to mental health and addiction parity requirement
- Detoxification Services	Covered, 7 days of inpatient detoxification per calendar year.	Covered, no limit due to mental health and addiction parity requirement
- Rehab	Covered, 7 days of inpatient detoxification per calendar year.	Covered, no limit due to mental health and addiction parity requirement
PRESCRIPTION DRUG BENEFITS		
- Prescription Drugs	Coverage available via OR RX rider	Covered
- Enteral Formula	Coverage provided under OR RX rider	Covered when prescribed
- Off label Cancer Drugs	Coverage provided under OR RX rider	Covered
- Non-Prescription Drugs	Not covered	Not Covered
TRANSPORTATION SERVICES		
- Emergency Transportation (Ambulance)	Covered	Covered
- Emergency Transportation (Air Ambulance)	Covered	Covered
- Non-Emergency Transport	Covered, non-emergent ambulance services (e.g. inter-facility transports, air or ground) covered if preauthorized.	Covered, non-emergent ambulance services (e.g. inter-facility transports, air or ground) covered if preauthorized.

Exhibit 3
New York State
Essential Health Benefits Study
Illustrative Essential Health Benefits

TYPE OF SERVICE	Commercial Plans	Illustrative Essential Health Benefits
	Oxford EPO	
VISION SERVICES		
- Vision services related to specific medical condition	Covered	Covered
- Routine Vision Services	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults. OR - \$50 reimbursement every 12 months for a comprehensive exam including refraction.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults. Full eye exams for children covered.
Appliances (e.g. glasses and contact lenses)	OR --Groups that purchase the vision rider may also purchase a \$70-200 benefit for one set of appliances.	Covered for children.
DENTAL SERVICES		
- Emergency Dental Services (e.g., treatment of accidental injuries to sound, natural teeth)	Covered	Covered
- Routine Dental Services	Covered by OR . There are 2 levels of coverage and Oxford has a provider network in place for dental services.	Covered for children, two exams/cleaning per year, all typical Class I, II, or III services covered, no orthodontia.
Oral Surgery (inpatient and outpatient)	Covered	Covered
OTHER SERVICES		
Hearing Related Services		
- Testing	Covered for Children. R --Covered for adults.	Covered for children and adults.
- Hearing Aids	R --Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years. OR --coverage available up to \$5,000.	Covered. Coverage for hearing aids is limited to a single purchase including repair and replacement every 3 years.
- Cochlear Implants	Covered	Covered

Exhibit 3
New York State
Essential Health Benefits Study
Illustrative Essential Health Benefits

TYPE OF SERVICE	Commercial Plans	Illustrative Essential Health Benefits
	Oxford EPO	
Infertility Services	R and OR	
- Diagnosis and treatment of infertility	R--Covered for basic infertility services.	Covered for basic infertility services.
- Assisted reproductive technology procedures	Not covered	Not covered
Family Planning/ Reproductive Health Services		
- Contraceptives	R--Covered	Covered
- Voluntary sterilization	Covered	Covered
- Abortion (medically necessary)	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.
- Abortion (elective)	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.
Foot Care Services		
- Foot Care related to a specific medical condition	Covered	Covered
- Routine Foot Care (Such as cutting, trimming, or removal of corns, calluses, etc.)	Not Covered	Not Covered
- Foot Orthotics / Shoe Inserts	Not Covered.	Not Covered.
Organ Transplants	Covered	Covered
Smoking Cessation	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the prescription drug rider.	Basic counseling services and prescription drug coverage available under the prescription drug benefit.
Misc. Services		
-Allergy Shots	Covered	Covered
- Acupuncture	OR	Not Covered
- Weight Loss Programs	Not Covered	Not Covered
- Gym membership	OR. If a member completes 50 gym visits within a 6-month period, then Oxford will reimburse \$200. If the member's spouse (or Domestic Partner if the Group has purchased this coverage) completes 50 gym visits within a 6-month period, then Oxford will reimburse \$100.	Not Covered
Autism Spectrum Disorders (Effective Nov. 1, 2012)	Will be covered	Covered

ABA determination for autism based on CCIIO Bulletin on December 16, 2011, page 5.

Exhibit 4
New York State
Essential Health Benefits Study
Summary of Non-Uniform Services for Illustrative EHB (based on Oxford EPO) and New York based Benchmark Plans

TYPE OF SERVICE	NYS Employee Plans (NYSHIP)			Commercial Plans				Illustrative Essential Health Benefits
	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products			
					Oxford HMO	Oxford EPO	Oxford Direct	
Skilled Nursing Care Facility	Covered	Covered, 45 Day Limit	Covered, 45 Day Limit	Covered, unlimited days	Covered, 200 days per calendar year	Covered, 200 days per calendar year	Covered, 200 days per calendar year	Covered, 200 days per calendar year
Hospice	Covered	Covered, 210 day limit	Covered	Covered, 210 day limit	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day)	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day)	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day)	Covered, 210 days per calendar year combined inpatient/outpatient days.
Home Health Care Services	Covered	Covered	Covered, 40 visits per calendar year	200 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year
Chiropractic Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Acupuncture	Not Covered	Covered for emesis after surgery or chemotherapy or for persistent nausea in pregnancy	Covered through wellness account	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics	Covered	Covered	Covered	Covered under Optional Rider that is commonly purchased	Covered for standard DME and medical supplies up to \$1,500 per calendar year. Internal and External Prosthetics covered. Orthotics not covered.	Covered for standard DME and medical supplies up to \$1,500 per calendar year. Internal and External Prosthetics covered. Orthotics not covered.	Covered for standard DME and medical supplies up to \$1,500 per calendar year. Internal and External Prosthetics covered. Orthotics not covered.	Covered for standard DME and medical supplies. Internal and External Prosthetics covered. Orthotics not covered.
Rehabilitation Services (Awaiting HHS definition)				Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.
- Physical Therapy	Covered	Covered, 30 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Occupational Therapy	Covered	Covered, 30 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Speech Therapy	Covered	Covered, 20 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.

Exhibit 4
New York State
Essential Health Benefits Study

Summary of Non-Uniform Services for Illustrative EHB (based on Oxford EPO) and New York based Benchmark Plans

TYPE OF SERVICE	NYS Employee Plans (NYSHIP)			Commercial Plans				Illustrative Essential Health Benefits
	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products			
					Oxford HMO	Oxford EPO	Oxford Direct	
Mental Health Treatment Services								
- Inpatient Services	Covered	Covered	Covered	Covered	Covered, 30 inpatient days per calendar year.	Covered, 30 inpatient days per calendar year.	Covered, 30 inpatient days per calendar year.	Covered
- Outpatient Services	Covered	Covered	Covered	Covered	Covered, 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered
Chemical Dependence Services								
- Inpatient Services	Covered	Covered	Covered	Covered	Covered, 30 days per calendar year.	Covered, 30 days per calendar year.	Covered, 30 days per calendar year.	Covered
Smoking Cessation Counseling and Drugs	Prescription aids covered in prescription drug benefit	Up to 4 physician visits per year, prescription (generics only) and over the counter drugs if physician prescribed, limited to 2 12-week cycles per year	Program includes telephonic counseling, smoking cessation classes and over the counter and prescribed drugs, limited to 1 6-month course of treatment per year	Covered	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Basic counseling services and prescription drug coverage available under the prescription drug rider.
Routine Vision Services	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, 1 refractive exam every 12 months	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.
Pediatric Vision Care	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, 1 refractive exam every 12 months	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for children.	Covered, one vision examination and one set of appliances within a 12 month period.
Routine Dental Services	Covered	Covered	Covered	Not covered	Not Covered	Not Covered	Not Covered	Not covered
Pediatric Dental Care	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered for children, two exams/cleaning per year, all typical Class I, II, or III services covered, no orthodontia.
Hearing Aids	Covered, up to \$1,500 per aid/ear every 4 years	Not Covered	Not Covered	Not covered	Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years.	Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years.	Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years.	Covered. Coverage for hearing aids is limited to a single purchase including repair and replacement every 3 years.
Surgically Implanted Hearing Devices (Cochlear Implants)	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered

Exhibit 4
New York State
Essential Health Benefits Study

Summary of Non-Uniform Services for Illustrative EHB (based on Oxford EPO) and New York based Benchmark Plans

TYPE OF SERVICE	NYS Employee Plans (NYSHIP)			Commercial Plans				Illustrative Essential Health Benefits
	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products			
					Oxford HMO	Oxford EPO	Oxford Direct	
Assisted reproductive technology procedures	Covered, if approved as a Qualified Procedure by UHC up to \$50,000 lifetime	Only Artificial Insemination covered	Not Covered	Artificial Insemination covered	Not covered	Not covered	Not covered	Not covered
Abortion (elective)	Covered	Covered	Covered	Covered	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered for elective abortions. Benefits may be excluded based on religion.
Autism Spectrum Disorders (Effective Nov. 1, 2012)	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Covered

Exhibit 5

New York State Health Benefit Exchange: Comparison of Potential Essential Health Benefit Benchmarks

Estimated Cost of Non-Uniformly Covered Services as a Percent of Gross Medical Cost ⁽¹⁾

Impact of Increasing Covered Services to Meet the Illustrative EHB Benchmark

Services	Federal Plans			New York State Employee Plans			Commercial Small Group Plans			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	Empire Plan	CDPHP	Independent Health	Oxford HMO	Oxford EPO	Oxford Direct	Largest non-Medicaid HMO (HIP Prime)
Skilled Nursing Facility	0.151%	0.295%	0.095%	0.000%	0.065%	0.065%	0.000%	0.000%	0.000%	0.000%
Hospice	0.002%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Home Health	0.000%	0.026%	0.026%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Chiropractic	0.207%	0.207%	0.084%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Acupuncture	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
DME, Prosthetics, and Orthotics (6)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Physical And Occupational Therapy	0.000%	0.091%	0.000%	0.000%	0.261%	0.387%	0.000%	0.000%	0.000%	0.000%
Speech Therapy	0.030%	0.007%	0.000%	0.000%	0.029%	0.029%	0.000%	0.000%	0.000%	0.000%
Inpatient and Outpatient Mental Health Services (3)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.107%	0.107%	0.107%	0.000%
Inpatient Substance Abuse (3)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.028%	0.028%	0.028%	0.000%
Smoking Cessation Counseling	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Smoking Cessation Drugs	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.025%
Routine Vision Services (7)	0.000%	0.165%	0.165%	0.165%	0.000%	0.000%	0.000%	0.000%	0.000%	0.165%
Pediatric Vision Care (5)	0.128%	0.269%	0.269%	0.269%	0.128%	0.103%	0.128%	0.128%	0.128%	0.269%
Adult Dental Coverage	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Pediatric Dental Care (4)	0.309%	0.508%	0.199%	0.000%	0.000%	0.000%	0.799%	0.799%	0.799%	0.799%
Hearing Aids	0.000%	0.107%	0.107%	0.143%	0.250%	0.250%	0.107%	0.107%	0.107%	0.250%
Surgically implanted Hearing Devices	0.000%	0.000%	0.000%	0.014%	0.014%	0.014%	0.000%	0.000%	0.000%	0.000%
Assisted Reproductive Technology (ART)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Abortion(Elective)	0.005%	0.005%	0.005%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Autism ABA Therapy	0.108%	0.108%	0.108%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Habilitative (2)	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Sum of % costs of services to meet EHB	0.94%	1.79%	1.06%	0.59%	0.75%	0.85%	1.17%	1.17%	1.17%	1.51%

(1) Milliman's review was based on each plan's Evidence of Coverage and as summarized in Appendix A and Exhibit 4. The illustrative EHB is also summarized in Exhibit 3. This table only includes services that have been identified as varying significantly in whether or how they are covered by the different Benchmark Plans.

(2) We have not yet estimated a PMPM cost for Habilitative Services, since the scope of services for that category has not yet been defined.

(3) According to the ACA, EHB coverage will be consistent with the MHPAEA, which requires that if certain mental health and substance abuse disorders are covered by a plan, they must have limits in parity with limits for other health disorders. MHPAEA does not require coverage, just parity for any disorders that are covered.

(4) The Pediatric Dental in the illustrative EHB assumes coverage of all dental services except for orthodontia for children only.

(5) The Pediatric Vision in the illustrative EHB assumes coverage of full vision exams and appliances for children.

(6) Assumed that DME services available as a rider are commonly sold with the plan and would be included in the portal plan definition for HIP Prime.

(7) Routine screening exams for adults also covered by EHB.

Exhibit 6

New York State Health Benefit Exchange: Comparison of Potential Essential Health Benefit Benchmarks

Exhibit 6: Estimated Cost of Non-Uniformly Covered Services as a Percent of Gross Medical Cost ⁽¹⁾

Estimated Impact of EHB Benchmark Selection on Small Group Insurance

Services	Plan Used as EHB Benchmark, supplemented as needed									
	Federal Plans			New York State Employee Plans			Commercial Small Group Plans			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	Empire Plan	CDPHP	Independent Health	Oxford HMO	Oxford EPO	Oxford Direct	Largest non-Medicaid HMO (HIP Prime)
Skilled Nursing Facility	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Hospice	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home Health	0.02%	0.00%	0.00%	0.05%	0.05%	0.00%	0.00%	0.00%	0.00%	0.03%
Chiropractic	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Acupuncture	0.10%	0.11%	0.11%	0.00%	0.06%	0.05%	0.00%	0.00%	0.00%	0.00%
DME, Prosthetics, and Orthotics (6)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Physical And Occupational Therapy	0.00%	0.00%	0.03%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%
Speech Therapy	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Inpatient and Outpatient Mental Health Services (3)	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%	0.11%
Inpatient Substance Abuse (3)	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%	0.03%
Smoking Cessation Counseling	0.01%	0.01%	0.01%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.01%
Smoking Cessation Drugs	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%
Routine Vision Services (7)	0.00%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%
Pediatric Vision Care (5)	0.13%	0.15%	0.15%	0.15%	0.13%	0.15%	0.13%	0.13%	0.13%	0.15%
Adult Dental Coverage (8)	1.45%	0.92%	1.84%	3.06%	3.06%	3.06%	0.00%	0.00%	0.00%	0.00%
Pediatric Dental Care (4)	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%	0.80%
Hearing Aids	0.11%	0.11%	0.11%	0.07%	0.00%	0.00%	0.11%	0.11%	0.11%	0.00%
Surgically implanted Hearing Devices	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Assisted Reproductive Technology (ART)	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%	0.00%	0.01%
Abortion(Elective)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Autism ABA Therapy	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Habilitative (2)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Impact on Gross Medical Costs for Small Group Insurance	2.76%	2.24%	3.19%	4.39%	4.26%	4.24%	1.17%	1.17%	1.17%	1.24%

(1) Milliman's review was based on each plan's Evidence of Coverage and as summarized in Appendix A.

This table only includes services that have been identified as varying significantly in whether or how they are covered by the different Benchmark Plans.

(2) We have not yet estimated a PMPM cost for Habilitative Services, since the scope of services for that category has not yet been defined.

(3) According to the ACA, EHB coverage will be consistent with the MHPAEA, which requires that if certain mental health and substance abuse disorders are covered by a plan, they must have limits in parity with limits for other health disorders.

MHPAEA does not require coverage, just parity for any disorders that are covered.

(4) The Pediatric Dental assumes coverage of all dental services except for orthodontia for children only.

(5) The Pediatric Vision assumes coverage of full vision exams and appliances for children.

(6) Assumed that DME services available as a rider are commonly sold with the plan and would be included in the portal plan definition for HIP Prime.

(7) Routine screening exams for adults also covered by EHB.

(8) Adult dental coverage is include in the FEHBP plans for various services from exams and cleanings to restorations and simple extractions. The NY State Employee Plans include the dental coverage offered with the medical plans since the employees cannot opt out of the dental coverage.

Exhibit 7
New York State
Essential Health Benefits Study
Coverage of State Small Group Mandated Benefits in the 10 Benchmark Plans

Current New York Mandated Benefit for Small Group Policies	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	BCBS Basic	BCBS Standard	GEHA	Empire Plan	CDPHP HMO	IHA HMO	Largest non-Medicaid HMO	3 Largest Small Group Products		
							HIP PRIME	Oxford EPO	Oxford HMO	Oxford Direct
Autism Related Services (Enacted Nov 2011, Effective Nov. 1, 2012)	Does not cover ABA	Does not cover ABA	Does not cover ABA	Yes, when new statute implemented						
Bone Density Measurement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Probably Yes	Probably Yes	Probably Yes
Cancer Drugs (Off-Label Drug Use)	Unknown	Unknown	Unknown	Yes	Yes, in Rx Rider	Yes, in Rx Rider	No (Non-Rx Plan)	Yes, in Rx Rider	Yes, in Rx Rider	Yes, in Rx Rider
Cancer Drugs (Oral Cancer Medications)	Yes	Yes	Yes	Yes	Yes, in Rx Rider	Yes, in Rx Rider	No (Non-Rx Plan)	Yes, in Rx Rider	Yes, in Rx Rider	Yes, in Rx Rider
Cervical Cancer/HPV Screening	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chemical Abuse and Dependency - Outpatient	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chiropractic Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Contraceptives	Yes	Yes	Yes	Yes	Yes, in Rx Rider	Yes, in Rx Rider	No (Non-Rx Plan)	Yes, Supplemental with Rx Rider	Yes, Supplemental with Rx Rider	Yes, Supplemental with Rx Rider
Diabetes Self-Management Education	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetic Supplies and Equipment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Eating Disorder Care Center	Unknown	Unknown	Unknown	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements
Enteral Formula for Home Use	Yes, with a prescription	Yes, with a prescription	Yes, with a prescription	No	Yes, in Rx Rider	Yes, in Rx Rider	No (Non-Rx Plan)	Yes, in Rx Rider	Yes, in Rx Rider	Yes, in Rx Rider
Emergency Medical Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Experimental or Investigational Services recommended by external appeal agent (Cancer)	No	No	No	Yes	When an exception is made					
Home Health Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Infertility Coverage (Drugs covered)	No	No	No	Yes	Yes, in Rx Rider	Yes, in Rx Rider	No (Non-Rx Plan)	Yes, in Rx Rider	Yes, in Rx Rider	Yes, in Rx Rider
Mammography Screening	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mastectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mastectomy Minimum Stay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maternity	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maternity Minimum Stay	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical Conditions Leading to Infertility (Diagnostic and Treatment)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mental Health General	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes, Supplemental	Yes, Supplemental	Yes, Supplemental
Mental Health Parity	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes, Supplemental	Yes, Supplemental	Yes, Supplemental
Post-Mastectomy Reconstruction	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pre-admission Testing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pre-hospital Emergency Medical Services (Ambulance Transportation and Services)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prostate Cancer Screening	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Second Medical Opinion (Cancer Diagnosis)	Unknown	Unknown	Unknown	Yes						
Second Surgical Opinion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**Exhibit 8
New York State
Essential Health Benefits Study
Coverage of Individual Direct Pay Mandated Benefits in the 10 Benchmark Plans**

Current New York Mandated Benefit for Individual Direct Pay Contracts	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	BCBS Basic	BCBS Standard	GEHA	Empire Plan	CDPHP HMO	IHA HMO	Largest non-Medicaid HMO	3 Largest Small Group Products		
							HIP PRIME	Oxford EPO	Oxford HMO	Oxford Direct
Inpatient Hospital	Covered	Covered	Covered							
Outpatient Hospital	Covered	Covered	Covered							
Physician	Covered	Covered	Covered							
Physician - Second medical opinion for cancer diagnosis	Unknown	Unknown	Unknown	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Physician - Second surgical opinion	Covered	Covered	Covered							
Physician - Mastectomy care and reconstruction	Covered	Covered	Covered							
Preventive Health	Covered	Covered	Covered							
Emergency Medical Services	Covered	Covered	Covered							
Diagnostic Laboratory	Covered	Covered	Covered							
Radiology	Covered	Covered	Covered							
Preadmission Testing	Covered	Covered	Covered							
Home Health Care - Up to 200 visits per calendar year	Covered, 25 visits per calendar year	Covered, 25 visits per calendar year	Covered, 50 visits per calendar year	Covered	Covered	Covered, 40 visits per calendar year	200 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year	Covered, 40 visits per calendar year
Maternity Care	Covered	Covered	Covered							
Chemotherapy	Covered	Covered	Covered							
Hemodialysis	Covered	Covered	Covered							
Outpatient Physical Therapy - Up to 90 visits per condition per calendar year	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 60 total Physical or Occupational Therapy visits per calendar year	Covered	Covered, 30 visits per calendar year	Covered, 20 visits per calendar year for Physical, Occupational, and Speech Therapy combined	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
Hospice Care - Up to 210 days	Covered, primarily through home care	Covered, primarily through home care	Covered, \$15,000 per year max	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Skilled Nursing Facility Care - When preceded by hospital stay of at least 3 days and further hospitalization would be required	Not Covered	Covered for up to 30 days	Covered for up to 14 days	Covered	Covered for up to 45 days	Covered for up to 45 days	Covered	Covered for up to 200 days	Covered for up to 200 days	Covered for up to 200 days
Diabetic Treatment	Covered	Covered	Covered							
Inpatient Mental Health Care - 30 days per calendar year (combined with Alcohol & Substance Abuse)	Covered	Covered	Covered							
Outpatient Mental Health Care - Up to 30 non-emergency visits and 3 emergency visits per calendar year	Covered	Covered	Covered							
Inpatient Alcoholism & Substance Abuse - Up to 30 days per calendar year for detoxification (combined with Mental Health)	Covered	Covered, 30 days per calendar year (7 days for detoxification)	Covered, 30 days per calendar year (7 days for detoxification)	Covered, 30 days per calendar year (7 days for detoxification)						
Ambulance	Covered	Covered	Covered							
Private Duty Nursing - Up to \$5,000 per calendar year, \$10,000 lifetime - all care settings, only subject to medical necessity	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care	Not Covered but skilled care in the home covered if medically necessary and in lieu of facility care

Exhibit 8
New York State
Essential Health Benefits Study
Coverage of Individual Direct Pay Mandated Benefits in the 10 Benchmark Plans

Current New York Mandated Benefit for Individual Direct Pay Contracts	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	BCBS Basic	BCBS Standard	GEHA	Empire Plan	CDPHP HMO	IHA HMO	Largest non-Medicaid HMO	3 Largest Small Group Products		
							HIP PRIME	Oxford EPO	Oxford HMO	Oxford Direct
Durable Medical Equipment - includes durable medical equipment, prosthetics, orthotics, medical supplies	Covered	Covered	Covered	Covered	Covered	Covered	Coverage available via optional rider	Covered by rider for standard DME and medical supplies up to \$1,500 per calendar year. Orthotics not covered. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.	Covered by rider for standard DME and medical supplies up to \$1,500 per calendar year. Orthotics not covered. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.	Covered by rider for standard DME and medical supplies up to \$1,500 per calendar year. Orthotics not covered. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.
Inpatient Physical Rehabilitation	Covered when medically necessary	Covered when medically necessary	Covered when medically necessary	Covered when medically necessary	Covered when medically necessary	Covered when medically necessary	Covered when medically necessary			
Blood and Blood Products	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prescription Drugs	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prescription Drugs - Enteral formulas	Covered with a prescription	Covered with a prescription	Covered with a prescription	Not Covered	Covered in Rx Rider	Covered in Rx Rider	Covered in Rx Rider			
Prescription Drugs - Cancer drugs	Covered	Covered	Covered	Covered	Covered in Rx Rider	Covered in Rx Rider	Covered in Rx Rider			
Prescription Drugs - Contraceptives	Covered	Covered	Covered	Covered	Covered in Rx Rider	Covered in Rx Rider	Covered in Rx Rider			
Bone Density Measurements, Testing, Drugs and Devices	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Experimental or Investigational Services recommended by an external appeals agent	Not Covered	Not Covered	Not Covered	Covered	Covered when an exception is made	Covered when an exception is made	Covered when an exception is made			
Eating Disorders - Coverage of Eating Disorder Care Centers	Unknown	Unknown	Unknown	Covered subject to medical necessity and provider requirements	Covered subject to medical necessity and provider requirements	Covered subject to medical necessity and provider requirements	Covered subject to medical necessity and provider requirements	Covered subject to medical necessity and provider requirements	Covered subject to medical necessity and provider requirements	Covered subject to medical necessity and provider requirements

APPENDICES

Appendix A
 New York State
 Essential Health Benefits Study
 Summary of Covered Services for Potential Benchmark Plans

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
Inpatient Hospital Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Hospital Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preadmission Testing	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Emergency Medical Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Maternity Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Including newborn care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Midwifery Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Skilled Nursing Care Facility	Not Covered	Covers all charges for 30 days.	Covered, 14 Day Max	Covered	Covered, 45 Day Limit	Covered, 45 Day Limit	Covered, unlimited days	Covered, 200 days per calendar year. Riders are available for unlimited coverage.	Covered, 200 days per calendar year. Riders are available for unlimited coverage.	Covered, 200 days per calendar year. Riders are available for unlimited coverage.
Hospice	Covered, primarily through home care	Covered, primarily through home care	Covered, \$15,000 per year max	Covered	Covered, 210 day limit	Covered	Covered, 210 day limit	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)	Covered, 210 days per calendar year combined inpatient/outpatient days. (One outpatient visit, either facility based or at home, equals 1 day.)
Home Health Care Services	Covered, 25 visits per calendar year	Covered, 25 visits per calendar year	Covered, 50 visits per calendar year	Covered	Covered	Covered, 40 visits per calendar year	200 visits per calendar year	Covered, 40 visits per calendar year.	Covered, 40 visits per calendar year.	Covered, 40 visits per calendar year.
Therapy Treatments										
- Chemotherapy	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Radiation	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Renal Dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered. R for out of network coverage.	Covered. R for out of network coverage at in network rates when travelling	Covered. R for out of network coverage at in network rates when travelling	Covered. R for out of network coverage at in network rates when travelling
Second Surgical Opinion	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Second Opinion - Cancer	Unknown	Unknown	Unknown	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Physician Office Visits	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preventive & Primary Care: Adults	Covered	Covered	Covered	Covered	Covered	Covered	Covered. R for changes due to ACA	Base Coverage and R .	Base Coverage and R .	Base Coverage and R .
- Routine exams	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Immunizations	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Bone Density Testing	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Prostate Cancer Screening	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Allergy Testing	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Mammography	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Cervical Cytology	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preventive & Primary Care: Children	Covered	Covered	Covered	Covered	Covered	Covered	Covered. R for changes due to ACA	Base Coverage and R .	Base Coverage and R .	Base Coverage and R .
- Well-child Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Immunizations/Vaccines	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Routine check-ups	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Chiropractic Services	Covered. One office visit per year, 12 manipulation visits per year	Covered. One office visit per year, 20 manipulation visits per year	Covered, 12 Office Visits per year	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Mastectomy, Lumpectomy, lymph node dissection	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Base Coverage and R .	Base Coverage and R .	Base Coverage and R .
Breast Reconstructive Surgery	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
External Mastectomy Protheses	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Diagnostic Laboratory Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Radiology & Imaging Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Ambulatory Patient Services (Awaiting HHS definition)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Surgical Services										
- Physician's Office	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Surgical Centers	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Chronic Disease Management	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered

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Essential Health Benefits Study
Summary of Covered Services for Potential Benchmark Plans**

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
Eating Disorders - Comprehensive Care Centers	Dietary counseling covered	Dietary counseling covered	Dietary counseling covered	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Yes, subject to medical necessity and provider requirements	Covered	Covered	Covered	Covered
Diabetes Equipment, Supplies and Self Education	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Durable Medical Equipment	Covered	Covered	Covered	Covered	Covered	Covered	Coverage available via OR	Covered by R for standard DME and medical supplies up to \$1,500 per calendar year. OR with unlimited coverage available. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.	Covered by R for standard DME and medical supplies up to \$1,500 per calendar year. OR with unlimited coverage available. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.	Covered by R for standard DME and medical supplies up to \$1,500 per calendar year. OR with unlimited coverage available. Motorized equipment, electronic and neuromuscular stimulators, and myoelectric prosthesis are not covered benefits.
Prostheses	Covered	Covered	Covered	Covered	Covered	Covered	Coverage available via OR	Covered for Internal and External Prosthetic Devices.	Covered for Internal and External Prosthetic Devices.	Covered for Internal and External Prosthetic Devices.
Orthotics	Covered	Covered	Covered	Covered	Covered	Covered	Coverage available via OR	Not Covered	Not Covered	Not Covered
Habilitative Services (awaiting HHS definition)										
Rehabilitation Services (Awaiting HHS definition)							Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.	Covered with visit limits. The visit limits referenced below refer to a combined visit limit for OT, PT and SP.
- Physical Therapy	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 60 total Physical or Occupational Therapy visits per calendar year	Covered	Covered, 30 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Occupational Therapy	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 60 total Physical or Occupational Therapy visits per calendar year	Covered	Covered, 30 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.
- Speech Therapy	Covered, 50 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 75 visits per calendar year for Physical, Occupational and Speech Therapy combined	Covered, 30 visits per calendar year	Covered	Covered, 20 visits per calendar year	Covered, 20 PT/OT/ST visits combined per calendar year	Covered, Inpatient 90 days, Outpatient 90 days	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.	Covered, 60 consecutive inpatient days per condition per lifetime and 60 consecutive outpatient visits per condition/lifetime.

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Summary of Covered Services for Potential Benchmark Plans

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
MENTAL HEALTH/SUBSTANCE ABUSE										
Mental Health Treatment Services								R	R	R
- Inpatient Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	R -- Covered, 30 inpatient days per calendar year. OR -- unlimited MH coverage.	R -- Covered, 30 inpatient days per calendar year. OR -- unlimited MH coverage.	R -- Covered, 30 inpatient days per calendar year. OR -- unlimited MH coverage.
- Outpatient Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, R -- 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, R -- 30 outpatient visits per calendar year. This number includes office and facility visits.	Covered, R -- 30 outpatient visits per calendar year. This number includes office and facility visits.
Chemical Dependence Services										
- Inpatient Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, 30 days per calendar year.	Covered, 30 days per calendar year.	Covered, 30 days per calendar year.
- Outpatient Services	Covered	Covered	Covered	Covered, unlimited visits, up to 20 family counseling visits per calendar year	Covered	Covered, unlimited visits, up to 20 family counseling visits per calendar year	Covered	Covered, 60 visits, including 20 family counseling visits per calendar year. This number includes office and facility visits.	Covered, 60 visits, including 20 family counseling visits per calendar year. This number includes office and facility visits.	Covered, 60 visits, including 20 family counseling visits per calendar year. This number includes office and facility visits.
- Detoxification Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, 7 days of inpatient detoxification per calendar year.	Covered, 7 days of inpatient detoxification per calendar year.	Covered, 7 days of inpatient detoxification per calendar year.
- Rehab	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered, 7 days of inpatient detoxification per calendar year.	Covered, 7 days of inpatient detoxification per calendar year.	Covered, 7 days of inpatient detoxification per calendar year.
PRESCRIPTION DRUG BENEFITS										
- Prescription Drugs	Covered	Covered	Covered	Covered	Covered with RX Rider	Covered with RX Rider	Coverage available via OR RX rider	Coverage available via OR RX rider	Coverage available via OR RX rider	Coverage available via OR RX rider
- Enteral Formula	Covered when prescribed	Covered when prescribed	Covered when prescribed	Covered when prescribed	Covered under RX Rider with prior approval	Covered under RX Rider with prior approval	Coverage provided under OR RX rider	Coverage provided under OR RX rider	Coverage provided under OR RX rider	Coverage provided under OR RX rider
- Off label Cancer Drugs	Unknown	Unknown	Unknown	Covered	Covered under RX Rider with prior approval	Covered under RX Rider with prior approval	Coverage provided under OR RX rider	Coverage provided under OR RX rider	Coverage provided under OR RX rider	Coverage provided under OR RX rider
- Non-Prescription Drugs	Not Covered	Not Covered	Not Covered except for some OTC Smoking cessation drugs	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered
TRANSPORTATION SERVICES										
- Emergency Transportation (Ambulance)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Emergency Transportation (Air Ambulance)	Covered	Covered	Covered, if medically necessary	Covered, if medically necessary	Covered, if medically necessary	Covered, if medically necessary	Covered if medically necessary	Covered	Covered	Covered
- Non-Emergency Transport	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Covered, non-emergent ambulance services (e.g. inter-facility transports, air or ground) covered if preauthorized.	Covered, non-emergent ambulance services (e.g. inter-facility transports, air or ground) covered if preauthorized.	Covered, non-emergent ambulance services (e.g. inter-facility transports, air or ground) covered if preauthorized.

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Summary of Covered Services for Potential Benchmark Plans

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
VISION SERVICES	(essential benefit for children)									
- Vision services related to specific medical condition	Covered	Covered	Covered	Not Covered	Covered when related to diabetes	Covered	Covered	Covered	Covered	Covered
- Routine Vision Services	Coverage available through OR .	Coverage available through OR .	Coverage for 1 routine vision exam per year	Not Covered	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults.	Covered, 1 refractive exam every 12 months	Coverage available via OR Optical rider	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults. OR -\$50 reimbursement every 12 months for a comprehensive exam including refraction.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults. OR -\$50 reimbursement every 12 months for a comprehensive exam including refraction.	Covered, one vision screening examination (without refraction) within a 12 month period. This screening is performed by the PCP for both children and adults. OR -\$50 reimbursement every 12 months for a comprehensive exam including refraction.
Appliances (e.g. glasses and contact lenses)	Coverage available through OR .	Coverage available through OR .	Coverage available through OR .	Not Covered	Not Covered	Covered	Coverage available via OR Optical rider	OR --Groups that purchase the vision rider may also purchase a \$70-200 benefit for one set of appliances.	OR --Groups that purchase the vision rider may also purchase a \$70-200 benefit for one set of appliances.	OR --Groups that purchase the vision rider may also purchase a \$70-200 benefit for one set of appliances.
DENTAL SERVICES	(essential benefit for children)									
- Emergency Dental Services (e.g., treatment of accidental injuries to sound natural teeth)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Routine Dental Services	Covered, two exams/cleanings per year	Covered, two exams/cleanings per year, x-rays, restorations/simple extractions	Covered, two exams/cleanings per year and restorations/simple extractions	Covered	Covered	Covered	Not covered	Covered by OR . There are 2 levels of coverage and Oxford has a provider network in place for dental services.	Covered by OR . There are 2 levels of coverage and Oxford has a provider network in place for dental services.	Covered by OR . There are 2 levels of coverage and Oxford has a provider network in place for dental services.
Oral Surgery (inpatient and outpatient)	Covered, oral or maxillofacial surgery for specific conditions listed	Covered, oral or maxillofacial surgery for specific conditions listed	Covered, oral or maxillofacial surgery for specific conditions listed	Covered	Covered	Covered	Not covered	Covered	Covered	Covered
OTHER SERVICES										
Hearing Related Services										
- Testing	Children are covered. Adults are only covered when related to illness, injury, or when related to prescribing or fitting hearing aids.	Children are covered. Adults are only covered when related to illness, injury, or when related to prescribing or fitting hearing aids.	Children are covered. Adults are only covered when related to illness, injury, or when related to prescribing or fitting hearing aids.	Not Covered	Covered	Covered	Covered	Covered for Children. R --Covered for adults.	Covered for Children. R --Covered for adults.	Covered for Children. R --Covered for adults.
- Hearing Aids	Covered, \$1,500 every 3 years for adults, \$1,500 per year for children	Covered, \$1,500 every 3 years for adults, \$1,500 per year for children	Covered	Covered, up to \$1,500 per aid/ear every 4 years	Not Covered	Not Covered	Not covered	R --Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years. OR --coverage available up to \$5,000.	R --Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years. OR --coverage available up to \$5,000.	R --Covered. Coverage for hearing aids is limited to (a) \$1500 and (b) a single purchase including repair and replacement every 3 years. OR --coverage available up to \$5,000.
- Cochlear Implants	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered
Infertility Services										
- Diagnosis and treatment of infertility	Covered, limited to \$3,000 per person per calendar year	Covered	Covered	Covered	Covered	Covered	Covered per NYS Mandate	R --Covered for basic infertility services.	R --Covered for basic infertility services.	R --Covered for basic infertility services.
- Assisted reproductive technology procedures	Not Covered	Not Covered	Not Covered	Covered, if approved as a Qualified Procedure by UHC up to \$50,000 lifetime	Only Artificial Insemination covered	Not Covered	Artificial Insemination covered	Not covered	Not covered	Not covered
Family Planning/ Reproductive Health Services										

R- Rider required for all contracts
OR- Optional Rider available

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Summary of Covered Services for Potential Benchmark Plans**

TYPE OF SERVICE	Federal Health Benefit Plans			NYS Employee Plans (NYSHIP)			Commercial Plans			
	Basic Option	Standard Option	GEHA	Empire Plan	CDPHP	Independent Health	Largest non-Medicaid HMO (HIP Prime)	3 Largest Small Group Products		
								Oxford HMO	Oxford EPO	Oxford Direct
- Contraceptives	Covered	Covered	Covered	Covered	R--Covered	R--Covered	Covered	R--Covered	R--Covered	R--Covered
- Voluntary sterilization	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Abortion (medically necessary)	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.	Covered	Covered	Covered	Covered	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.	Covered, therapeutic abortions and non-therapeutic abortions in cases of rape, incest, or fetal malformation.
- Abortion (elective)	Not Covered	Not Covered	Not Covered	Covered	Covered	Covered	Covered	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.	Covered subject to benefit limits. Benefits may be excluded based on religion.
Foot Care Services										
- Foot Care related to a specific medical condition	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Routine Foot Care (Such as cutting, trimming, or removal of corns, calluses, etc.)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered
- Foot Orthotics / Shoe Inserts	Covers functional foot orthotics when prescribed by a physician	Covers functional foot orthotics when prescribed by a physician	Not Covered	Covers functional foot orthotics when prescribed by a physician	Not Covered	Not Covered	Not Covered	Not covered.	Not covered.	Not covered.
Organ Transplants			Covered		Covered	Covered		Covered	Covered	Covered
Smoking Cessation	Covered	Covered	Covered	Prescription aids covered in prescription drug benefit	Up to 4 physician visits per year, prescription (generics only) and over the counter drugs if physician prescribed, limited to 2 12-week cycles per year	Program includes telephonic counseling, smoking cessation classes and over the counter and prescribed drugs, limited to 1 6-month course of treatment per year	Covered	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the prescription drug rider.	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the prescription drug rider.	Not specifically covered. Some services may be covered under the base coverage (e.g. counseling) and prescription drug coverage may be available under the prescription drug rider.
Misc. Services										
-Allergy Shots	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
- Acupuncture	Covered	Covered, up to 24 visits per year	Covered, limit of 20 procedures per year (medically necessary by MD or DO)	Not Covered	Covered for emesis after surgery or chemotherapy or for persistent nausea in pregnancy	Covered through wellness account	Not Covered	OR	OR	OR
- Weight Loss Programs	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
- Gym membership	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered through wellness account	Not Covered	OR. If a member completes 50 gym visits within a 6-month period, then Oxford will reimburse \$200. If the member's spouse (or Domestic Partner if the Group has purchased this coverage) completes 50 gym visits within a 6-month period, then Oxford will reimburse \$100.	OR. If a member completes 50 gym visits within a 6-month period, then Oxford will reimburse \$200. If the member's spouse (or Domestic Partner if the Group has purchased this coverage) completes 50 gym visits within a 6-month period, then Oxford will reimburse \$100.	OR. If a member completes 50 gym visits within a 6-month period, then Oxford will reimburse \$200. If the member's spouse (or Domestic Partner if the Group has purchased this coverage) completes 50 gym visits within a 6-month period, then Oxford will reimburse \$100.
Autism Spectrum Disorders (Effective Nov. 1, 2012)	Does not cover ABA services	Does not cover ABA services	Does not cover ABA services	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered	Will be covered

ABA determination for autism based on CCIIO Bulletin on December 16, 2011, page 5.