

Benefits provided by potential benchmark major medical plans											
Grouped in the 10 categories of Essential Health Benefits required by the ACA (1)											
Terms:											
MB - Maine mandated benefit											
MO - Maine mandated offer											
FB - Federally mandated benefit											
Benefits (2)	State Employee Health Plan	FEHBP BCBS Standard Option	FEHBP BCBS Basic Option	FEHBP GEHA Standard Option	Anthem HMO Maine (3)	Anthem Blue Choice (3)	Aetna Maine Small Group PPO (3)	Harvard Pilgrim Best Buy HSA PPO Plan (3)	Maine Mandate	Federal Mandate	
1. Ambulatory patient services											
a.	Primary care to treat illness/injury	√	√	√	√	√	√	√	MB	FB	
b.	Specialist visits	√	√	√	√	√	√	√	MB	-	
c.	Outpatient surgery	√	√	√	√	√	√	√	-	-	
e.	Chiropractic (therapeutic, adjustive, manipulative)	√	max for manipulative (osteo & chiro): 12 visits/yr	max for manipulative (osteo & chiro): 12 visits/yr	max: 12 visits/yr	max for manipulative (osteo & chiro): 40 visits/yr	max for manipulative (osteo & chiro): 40 visits/yr	√	max: 20 visits/yr	MB	-
f.	Chemotherapy services	√	√	√	√	√	√	√	√	HMO/MB	-
g.	Radiation therapy	√	√	√	√	√	√	√	√	MB	-
h.	Anesthesia	√	√	√	√	√	√	√	√	-	-
i.	Walk-in center services	√	√	√	-	√	√	√	√	-	-
j.	Home health care	√	max: 25 2-hr visits/yr	max: 25 2-hr visits/yr	max: 25 visits/yr	√	√	max: 90 visits/yr	√	HMO/MB SG/MO	-
k.	AIDS/HIV parity	√				√	√	√	√	MB	-
l.	Access to clinical trials	√	√	√	√	√	√	√	√	MB	FB
m.	Hospice	√	√	√	√	√	√	√	√	MB	-

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n.	Genetic evaluation & counseling	Only if required to plan treatment of previously diagnosed patient	For women whose family history shows increased risk of certain genetic mutations	For women whose family history shows increased risk of certain genetic mutations	-	Only if required to plan treatment of previously diagnosed patient	Only if required to plan treatment of previously diagnosed patient	-	-	-	-
2. Emergency services											
a.	Emergency room care	√	√	√	√	√	√	√	√	HMO/MB	FB
b.	Ambulance service	√	√	√	√	√	√	√	√	HMO/MB	-
c.	Urgent care centers/facilities	√	√	√	√			√	√	-	-
3. Hospitalization											
a.	Inpatient medical and surgical care	√	√	√	√	√	√	√	√	HMO/MB	FB
b.	Bariatric surgery	criteria must be met	criteria must be met	criteria must be met	criteria must be met	criteria must be met	criteria must be met	criteria must be met	criteria must be met	-	-
c.	Organ & tissue transplants	organs specified	organs specified	organs specified	organs specified	organs specified	organs specified	organs specified	√	-	-
d.	Chemotherapy services	√	√	√	√	√	√	√	√	HMO/MB	-
e.	Radiation therapy	√	√	√	√	√	√	√	√	MB	-
f.	Anesthesia	√	√	√	√	√	√	√	√	MB	-
g.	Breast reconstruction	√	√	√	√	√	√	√	√	MB	FB
h.	Breast reduction, symptomatic varicose vein surgery	√	criteria must be met	criteria must be met	-				√	MO	-
4. Maternity and newborn care											
a.	Pre- & postnatal care	√	√	√	√	√	√	√	√	MB	FB
b.	Delivery & inpatient maternity services	√	√	√	√	√	√	√	√	MB	FB
c.	Newborn child coverage	√	√	√	√	√	√	√	√	MB	FB

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d.	Lamaze	√	-	-	-	√	-	-	-	-	-
5. Mental health and substance use disorder services, including behavioral health treatment											
a.	Benefits for treating alcoholism & drug dependency	√	√	√	√	√	√	√	√	MB	FB
b.	Benefits for mental health serices	√	√	√	√	√	√	√	√	MB	FB
c.	Coverage for autism spectrum disorders up to age 5	√	criteria must be met; certain procedures	criteria must be met; certain procedures	-	√	√	√	√	MB	-
6. Prescription drugs											
a.	Retail	√	√	√	√	√	√	√	√	MB	-
b.	Mail service (home delivery)	√	√	√	√	√	√	√	√	-	-
c.	Off-label use for cancer & HIV/AIDS	√	-	-	-	√	√	√	√	MB	-
d.	Contraceptives	√	√	√	√	√	√	√	√	MB	FB
k.	Home infusion therapy	√	√	√	-	√	√	√	√	-	-
7. Rehabilitative and habilitative services and devices											
a.	Physical, speech & occupational therapy	max: 60 consecutive days/yr	combined max: 75 visits/yr	combined max: 75 visits/yr	PT/OT: 60 visits/yr.max; speech: 30 visits/yr max	combined max: 60 visits/yr	combined max: 60 visits/yr	√	max: 40 visits/yr	-	-
b.	Cardiac rehabilitation	√	√	√	√	√	√	√	√	MO	-
c.	Pulmonary rehabilitation	√	√	√	√	√	√	√	√	-	-
d.	Durable medical equipment	√	√	√	√	√	√	max: \$2,500/yr	√	MB	FB
e.	Prosthetics - arm or leg	√	√	√	√	√	√	√	√	HMO/MB	FB

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f.	Skilled nursing & rehab	100 days/yr	only for Medicare PT. A copays: 30 days/yr maximum	only for Medicare PT. A copays: 30 days/yr maximum	only for Medicare PT. A copays: 14 days/yr maximum	max: 100 days/yr	√	max: 60 days/yr	max: 100 days/yr	-	-
8. Laboratory services											
a.	Lab tests & xray services	√	√	√	√	√	√	√	√	MB	-
b.	Imaging/diagnostics (e.g., MRI, CT scan, PET scan)	√	√	√	√	√	√	√	√	MB	-
9. Preventive and wellness services and chronic disease management											
a.	Preventive care	√	√	√	√	√	√	√	√	MB	FB
b.	Immunizations	√	√	√	√	√	√	√	√	MB	FB
c.	Colorectal cancer screening	√	√	√	√	√	√	√	√	MB	FB
d.	Screening mammography	√	√	√	√	√	√	√	√	MB	FB
e.	Eye care & 1 routine eye exam per 2 yrs, unless over 65 or diabetic	√	related to medical condition	related to medical condition	√	√	√	√	√	-	-
f.	Audiology/hearing tests	√	related to illness/injury	related to illness/injury	√	related to illness/injury	-	-	√	-	-
g.	Nutritional counseling	√	√	√	-	related to medical condition	related to medical condition		√	-	-
h.	Smoking cessation program	√	√	√	-	√	√	drugs excluded	primary care visits only	-	-
i.	Allergy testing & injections	√	√	√	max: \$500/yr for testing	√	√	√	√	-	-
j.	Family planning	√	√	√	√	√	√	√	√	-	-
k.	Diabetes - medically necessary equip. & supplies; education	√	√	√	-	√	√	√	√	MB	-

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l.	Screening Pap tests	√	√	√	√	√	√	√	√	MB	-
m.	Annual gynecological exam	√	√	√	√	√	√	√	√	MB	-
n.	Annual prostate cancer screening for men 50-72 yrs.	√	√	√	√	√	√	√	√	MB	FB
o.	Foot care	related to medical condition	related to medical condition	related to medical condition	related to medical condition	related to medical condition	related to medical condition		related to medical condition	-	-
10. Pediatric services, including oral and vision care											
a.	Preventive care - physician svcs	√	√	√	√	√	√	√	√	MB	FB
b.	Immunizations	√	√	√	√	√	√	√	√	MB	FB
c.	1 routine eye exam per year, to age 19	√	√	√	√	√	√	√	√	-	-
d.	Routine hearing exams, to age 19	√	√	√		√	related to injury or illness		√	-	-
e.	Dental - diagnostic & preventive	-	√	√	√	-	-	-	-	-	-
f.	Dental - basic	√	√		√	-	-	-	-	-	-
g.	Dental - major	√	certain procedures when criteria met	certain procedures when criteria met	-	related to injury or illness; certain procedures	related to injury or illness; certain procedures	related to injury or illness	Within 72 hrs of injury	-	-
h.	Metabolic formula & low protein food for inborn errors of metabolism	√	criteria must be met	criteria must be met	-	\$3,000 limit for low protein food	\$3,000 limit for low protein food	\$3,000 limit for low protein food	\$3,000 limit for low protein food	MB	-
i.	Hearing aids to age 18	√	max: \$1250 annual per ear	max: \$1250 annual per ear	-	√	√	√	√	MB	-
j.	Amino acid-based elemental infant formula, up to age 2	√	criteria must be met	criteria must be met	-	√	√	√	√	MB	-

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k.	Children's early intervention services, up to age 36 months	√	-	-	-	√	√	√	√	MB	-
Miscellaneous											
a.	Acupuncture	√	24 visits/yr maximum	√	20 visits/yr maximum	-	-	As anesthesia for surgery	-	-	-
b.	Infertility treatment services	√	√	√	\$3K max	-	-	Diagnosis & treatment of underlying medical condition	Evaluative & lab testing only	-	-
c.	TMJ services	√	surgery benefit when criteria is met	surgery benefit when criteria is met	-	-	-	-	-	-	-
d.	Biofeedback	√	-	-	-	-	-	-	-	-	-
Notes:											
1	Benefits were grouped within the Federally directed 10 Essential Health Benefit categories by BOI staff and are for discussion purposes only. The Committee may wish to alter where specific benefits fall.										
2	The chart greatly simplifies the benefits offered. For more specificity, please refer to the Certificates of Coverage for each plan listed.										
3	CMS has directed states to use the largest HMO and small group plans, as determined by Federal data for the first quarter of 2012. Since these figures are not available, BOI surveyed carriers to determine their current most popular plans and chose the plans with the greatest small group enrollment from each major carrier in Maine's small group market. Therefore, this information may change once Federal data is available.										

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