

Comparison of Potential 2017 EHB Benchmark Plans for Nevada

	Small Group Market Plans			Large Group and Governmental Plans						
BENEFITS	SHL Platinum	HPN Gold POS	HPN Platinum	CCSD HPN HMO 20	PEBP HHP HMO	PEBP HPN HMO	PEBP Self Fund PPO	FEHBP BC/BS Stdrd Op	FEHBP BC/BS Basic Op	GEHA Benefit Plan
Primary Care Visit (illness/injury)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Specialist Visit	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Other Practioner Office Visit	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Facility Fee	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Surgery Physician/Surgical	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Hospice Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	\$15,000
Infertility Treatment	6 cycles per lifetime	6 cycles per lifetime	6 cycles per lifetime	6 cycles per lifetime	6 cycles per lifetime	6 cycles per lifetime	Not covered	Not covered	Not covered	Not covered
Urgent Care Centers or Facilities	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Home Health Care Services	60 visits/year	60 visits/year	Unlimited	Unlimited	30 visits/year	Unlimited	60 visits/year	50 visits/year	25 visits/year	50 visits/year
Emergency Room Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Emergency Transportation/Ambulance	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient Hospital Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Inpatient Physician & Surgical Services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Bariatric Surgery	1 per lifetime	1 per lifetime	1 per lifetime	1 per lifetime	1 per lifetime	1 per lifetime	Unlimited	Unlimited	Unlimited	Unlimited
Skilled Nursing Faciltiy	100 days /year	100 days /year	100 days /year	100 days /year	100 days /year	100 days /year	60 days/year	75 days/year	50 days/year	14 days/year
Prenatal and Postnatal Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Delivery and All Inpatient Maternity Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Mental/Behavioral Health Outpatient	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Mental/Behavioral Health Inpatient	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Substance Abuse Disorder Outpatient	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Substance Abuse Disorder Inpatient	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Generic Drugs	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preferred Brand Drugs	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Non-Preferred Brand Drugs	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Specialty Drugs	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Outpatient Rehabilitation Services	60 visits/year*	60 visits/year*	60 visits/year*	60 visits/year*	60 visits/year	60 visits/year*	Unlimited	75 visits/year	50 visits/year	30 visits/year*
Habilitation Services	60 visits/year*	60 visits/year*	60 visits/year*	60 visits/year*	60 visits/year	60 visits/year*	Not covered	Not covered	Not covered	30 visits/year*
Chiropractic Care	20 visits/year	20 visits/year	20 visits/year	20 visits/year	20 visits/year	60 visits/year	Unlimited	12 visits/year	20 visits/year	12 visits/year
Durable Medical Equipment	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	Unlimited	Unlimited	Unlimited	Unlimited
Hearing Aids	1 hearing aid / 3 years	1 hearing aid / 3 years	1 hearing aid / 3 years	1 hearing aid / 3 years	Not Covered	1 hearing aid / 3 years	Unlimited	\$2500/ 3 years	\$2500/ 3 years	1 hearing aid/ 5 years
Diagnostic Test (X-ray, Lab Work)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Imaging (CT/PET Scans, MRIs)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preventive Care/Screening/Immunization	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered	20 visits/year	Not Covered	Unlimited	24 visits/year	10 visits/year	20 visits per year
Weight Loss Programs	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	prior to bariatric	prior to bariatric	Not covered
Routine Eye Exam for Children	1 exam per year	1 exam per year	1 exam per year	Not Covered	Not Covered	Not Covered	Covered	Not covered	Not covered	Not covered
Eye Glasses for Children	1 pair of glasses/ year	1 pair of glasses/ year	1 pair of glasses/ year	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered
Dental Check-Up for Children	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Covered	Not covered	Not covered	Not covered
Inpatient respite services	5 days each 90 day hospice period	5 days each 90 day hospice period	5 days each 90 day hospice period	5 days each 90 day hospice period	8 days/ year	5 days each 90 day hospice period	Not covered	30 days/ year	30 days/ year	Not covered
Outpatient respite services	5 days each 90 day hospice period	5 days each 90 day hospice period	5 days each 90 day hospice period	5 days each 90 day hospice period	37 hours/ year	5 days each 90 day hospice period	Not covered	Not covered	Not covered	Not covered
Hospice bereavement services	5 group therapy sessions within 6 months of date of death of Hospice patient	5 group therapy sessions within 6 months of date of death of Hospice patient	5 group therapy sessions within 6 months of date of death of Hospice patient	5 group therapy sessions within 6 months of date of death of Hospice patient	6 visits for family members	5 group therapy sessions within 6 months of date of death of Hospice patient	Unlimited	Not covered	Not covered	Not covered
Post-cataract frames, lenses and contacts	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery	1 pair of glasses or contacts/ surgery
Prosthetic and orthotic devices	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	1 device/ 3 years	Unlimited	Unlimited	Unlimited	Unlimited
TMJ	Unlimited	Unlimited	Unlimited	Unlimited	1 annual surgery and max of two lifetime.	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

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Coverage for autism spectrum disorders	250 visits or 750 hours per year	250 visits or 750 hours per year	250 visits or 750 hours per year	250 visits or 750 hours per year	515 hours/ year	250 visits or 750 hours per year	\$36,000/ year	Not covered	Not covered	Not covered
Special food products	1 thirty day supply every 3 months	1 thirty day supply every 3 months	1 thirty day supply every 3 months	1 thirty day supply every 3 months	1 thirty day supply every 3 months	1 thirty day supply every 3 months	\$2,500/ year	Unlimited	Unlimited	Not covered
Wigs for hair loss due to cancer treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	\$350 per lifetime	\$350 per lifetime	Not covered
Speech-generating devices	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	\$1,250/ year	\$1,250/ year	Not covered
Surgery for placement of penile prostheses to treat erectile dysfunction	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Covered	Covered	Not covered
Christian Science Practitioners	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	50 sessions/ year
Christian Science Facilities	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	30 days/year
Genetic Testing	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Not Covered	Testing & counseling for Amniocentesis, CVS, AFP, and apo E	Not covered	Not covered	Not covered
Medically necessary gender transition-related hormonal therapy	Covered	Covered	Covered	Covered	Not Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered

*Rehabilitation combined with habilitation