



Alternative Benefit Plan

OMB Control Number: 0938-1148
 OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations **ABP1**

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Targeting Criteria (select all that apply):

- Income Standard.
- Disease/Condition/Diagnosis/Disorder.
- Other.

Other Targeting Criteria (Describe):

Enrollment in the Iowa Marketplace Choice Plan will be mandatory for those persons who have income from 101 to 133% of the Federal Poverty Level (FPL) so long as they do not have access to cost-effective employer sponsored insurance (ESI) and do not have an exempt individual status as defined by 42 CFR sec.440.315.

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

Enrollment in the Iowa Marketplace Choice Plan will be mandatory for those persons who have income from 101 to 133% of the Federal Poverty Level (FPL) so long as they do not have access to cost-effective employer sponsored insurance (ESI) and do not have an exempt individual status as defined by 42 CFR sec.440.315. Persons who have access to cost-effective ESI will be enrolled in their ESI as the primary payer. Any eligible services not provided by the member's employer sponsored plan will be covered under the Iowa Wellness Plan. Persons with income up to 133% of the FPL who have an exempt individual status will be initially enrolled in the Medicaid State Plan but will be notified of their option of receiving benefits in the Iowa Wellness Plan.

PRA Disclosure Statement

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V.20130724



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Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

No

These assurances must be made by the state/territory if the Adult eligibility group is included in the ABP Population.

- The state/territory shall enroll all participants in the "Individuals at or below 133% FPL Age 19 through 64" (section 1902(a)(10)(A)(i)(VIII)) eligibility group in the Alternative Benefit Plan specified in this state plan amendment, except as follows: A beneficiary in the eligibility group at section 1902(a)(10)(A)(i)(VIII) who is determined to meet one of the exemption criteria at 45 CFR 440.315 will receive a choice of a benefit package that is either an Alternative Benefit Plan that includes Essential Health Benefits and is subject to all 1937 requirements or an Alternative Benefit Plan that is the state/territory's approved Medicaid state plan not subject to 1937 requirements. The state/territory's approved Medicaid state plan includes all approved state plan programs based on any state plan authority, and approved 1915(c) waivers, if the state has amended them to include the eligibility group at section 1902(a)(10)(A)(i)(VIII).
- The state/territory must have a process in place to identify individuals that meet the exemption criteria and the state/territory must comply with requirements related to providing the option of enrollment in an Alternative Benefit Plan defined using section 1937 requirements, or an Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan that is not subject to section 1937 requirements.
- Once an individual is identified, the state/territory assures it will effectively inform the individual of the following:
- a) Enrollment in the specified Alternative Benefit Plan is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan defined subject to section 1937 requirements at any time and instead receive an Alternative Benefit Plan defined as the approved state/territory Medicaid state plan that is not subject to section 1937 requirements; and
 - c) What the process is for transferring to the state plan-based Alternative Benefit Plan.
- The state/territory assures it will inform the individual of:
- a) The benefits available as Alternative Benefit Plan coverage defined using section 1937 requirements as compared to Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan and not subject to section 1937 requirements; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan subject to 1937 requirements differs from the Alternative Benefit Plan defined as the approved Medicaid state/territory plan benefits.

How will the state/territory inform individuals about their options for enrollment? (Check all that apply)

- Letter
- Email
- Other



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Provide a copy of the letter, email text or other communication text that will be used to inform individuals about their options for enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

After the state receives a member survey from the member, the state will determine whether the member has an exempt individual status as defined at 45 CFR 440.315. Iowa will then mail the member a letter informing them of their enrollment options.

Please describe the state/territory's process for allowing individuals in the Section 1902(a)(10)(A)(i)(VIII) eligibility group who meet exemption criteria to disenroll from the Alternative Benefit Plan defined using section 1937 requirements and enroll in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan.

Members will simply need to call the Iowa Medicaid Member Services unit and request to change plans. The member can change plans at any time. Iowa would like to clarify, however, that the ABP defined using the section 1937 requirements does not actually cover all the 1937 requirements. Exemptions to the 1937 requirements are included in the Iowa Marketplace Choice Plan Special Terms and Conditions document, and include waiver of NEMT services. Iowa's attestations about this ABP are not meant to indicate that the ABP will comply with the requirements of 1937, only that the benefit plan is defined statutorily in section 1937.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Chose to enroll in Alternative Benefit Plan coverage subject to section 1937 requirements or defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Where will the information be documented? (Check all that apply)

- In the eligibility system.
- In the hard copy of the case record.
- Other

Describe:

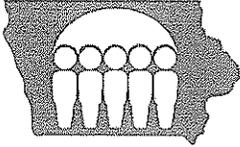
Iowa will keep all correspondence regarding the member (whether sent from or received by Iowa) in a secure computer system.

What documentation will be maintained in the eligibility file? (Check all that apply)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other

Describe:

Only eligibility information will be in the member's eligibility file. Iowa has other systems that maintain correspondence and documentation about the member.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date

«Name»

«Address_Line_1»

«Address_Line_2»

«City_State_Zip»

Dear <<Name>>

Based on information we've received from you or your provider you have been enrolled in the Iowa Medicaid State Plan. This plan will provide you with additional benefits and services to help manage your health care. Services through the Iowa Medicaid State Plan include:

- Inpatient/Outpatient mental health and substance abuse services
- Nursing Facility services
- Intensive psychiatric rehabilitation
- Behavioral Health Intervention Services
- Community Support Services
- Peer Support
- Residential substance abuse treatment
- Durable Medical Equipment (DME)
- Non-Emergency Medical Transportation
- Prescription medications
- Home-based habilitation
- Day habilitation
- Prevocational habilitation
- Supported employment habilitation

You may disenroll from the Medicaid State Plan and reenroll with your previously assigned plan at any time. The previously assigned plan covers fewer services and may require you to pay more out of pocket for the care you receive. If you wish to reenroll with your previously assigned plan, please call Iowa Medicaid Member Services Center at 1-800-338-8366 or in the Des Moines area at 515-256-4606.

If you have questions or want more information about your health plan please call the Iowa Medicaid Member Services Center at 1-800-338-8366 or in the Des Moines area at 515-256-4606 between the hours of 8:00a.m.– 5p.m., Monday – Friday.

Iowa Medicaid Member Services

Form 470-5195 (11/13)

Call or write the **Member Services Call Center** at:

PO Box 36510, Des Moines, Iowa 50315 – (800) 338-8366; (515) 256-4606 (local in the Des Moines area)
Please visit our website at www.ime.state.ia.us or e-mail us at IMEMemberServices@dhs.state.ia.us

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315



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- The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in either Alternative Benefit Plan coverage subject to section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Other information related to benefit package selection assurances for exempt participants (optional):

PRA Disclosure Statement

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V.20130807



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Enrollment Assurances - Mandatory Participants

ABP2c

These assurances must be made by the state/territory if enrollment is mandatory for any of the target populations or sub-populations.

When mandatorily enrolling eligibility groups in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent Plan) that could have exempt individuals, prior to enrollment:

- The state/territory assures it will appropriately identify any individuals in the eligibility groups that are exempt from mandatory enrollment in an Alternative Benefit Plan or individuals who meet the exemption criteria and are given a choice of Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, not subject to section 1937 requirements.

How will the state/territory identify these individuals? (Check all that apply)

- Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)

Describe:

Iowa has created a referral form to be used by providers or other entities with a relationship with the member. The form will ask for attestation of the conditions that qualify a person as an exempt individual. When providers submit this form, Iowa will review the form to determine whether the individual meets the criteria of an exempt individual.

- Self-identification

Describe:

Iowa will utilize a self-attestation method of screening via affirmative answers to two questions on the single-streamlined application regarding receipt of Social Security income and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living. If an individual answers affirmatively to either or both questions, they will receive a questionnaire to assess whether they may have an exempt individual status as described 42 CFR 440.315. When the member completes/returns the questionnaire, the responses will be reviewed to calculate (based on a weighted scoring algorithm) whether or not the member meets the criteria of an exempt individual. The member can return this form at any time for a determination of their status. If the member does not return the form, s/he will remain in the Marketplace Choice plan.

- Other

- The state/territory must inform the individual they are exempt or meet the exemption criteria and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

- The state/territory assures that for individuals who have become exempt from enrollment in an Alternative Benefit Plan, the state/territory must inform the individual they are now exempt and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

How will the state/territory identify if an individual becomes exempt? (Check all that apply)

- Review of claims data
- Self-identification



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- Review at the time of eligibility redetermination
- Provider identification
- Change in eligibility group
- Other

How frequently will the state/territory review the Alternative Benefit Plan population to determine if individuals are exempt from mandatory enrollment or meet the exemption criteria?

- Monthly
- Quarterly
- Annually
- Ad hoc basis
- Other

Describe:

Self identification will be done at enrollment and annual re-enrollment. However, persons may self-identify at any time by completing the questionnaire or contacting the Iowa Medicaid Enterprise for assistance in doing so. Additionally, provider/entity referrals may be made at any time.

- The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:

If an exempt individual contacts the Iowa Medicaid Enterprise requesting to be disenrolled from the ABP, the IME will disenroll and provide him or her with the other Alternative Benefit Plan available to the member. Coverage in the new plan will be effective on the 1st of the following month.

Other Information Related to Enrollment Assurance for Mandatory Participants (optional):

If an individual is determined by Iowa to be exempt as defined by 45 CFR 440.315, the member will be enrolled in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan and will have the option to change coverage to the Alternative Benefit Plan known as the Iowa Wellness Plan.

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Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
- The state/territory offers benefits based on the approved state plan.
- The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

Please briefly identify the benefits, the source of benefits and any limitations:

Iowa will use benefits from the base benchmark plan offered in the Marketplace which is the largest small group plan in IA's small group market plus dental coverage from the Medicaid State Plan. Through the existing Medicaid provider network, Iowa will also provide medically necessary emergent and stabilization dental services including services treating infection, acute pain, or trauma and related diagnostic services. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.



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Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment 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 open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

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Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Yes

The state/territory has completed and attached to this submission Attachment 4.18-F to indicate the Alternative Benefit Plan's cost-sharing provisions that are different from those otherwise approved in the state plan.

An attachment is submitted.

Other Information Related to Cost Sharing Requirements (optional):

Through its Marketplace Choice Plan 1115 waiver, Iowa is waiving the 'Comparability' requirements of SSA 1902(a)(17). Specifically, this will permit Iowa to charge Marketplace Choice plan members only one copay, \$8 for non-emergent use of the emergency department and no other cost-sharing. This copay will be implemented in Year 2 of the Marketplace Choice plan waiver.

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Benefits Description **ABP5**

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option. Yes

Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

An attachment is submitted.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Wellmark Alliance Select Copayment Plus Plan

Iowa Marketplace Choice Plan

The "Benefit Provided" field lists the name of each benefit the same way it was described in the Section 1115 Waiver. If the name (but same benefit) was different in Iowa's default plan documents (Wellmark Alliance Select PPO Copayment Plus Plan), this benefit name is stated in the "other description" field in all of ABP5, if applicable for that particular benefit.

Prior Authorizations were not listed in the default benchmark plan (Alliance Select PPO Copayment Plus Plan) documents. Since EHB5 is based on this benchmark plan, it states "None" for all Prior Authorizations. However, QHP's do list additional benefits that require prior authorization.

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary Approved

A	B	C	D
Marketplace SPA for CMS		Benefits Compare Medicaid and Wellmark Alliance Select Copayment Plus Plan (Alliance Select Plan) Iowa's Default Plan	
1			
2			
3	Service categories aligned with ACA Essential Health Benefits		
4	Medicaid		Marketplace Plan
5	Medicaid State Plan	Limits - Notes	Alliance Select Plan
6	1. Ambulatory Services		
7	Primary Care Illness/Injury Physician Services	✓	✓
8	Specialty Physician Visits	✓	✓
	Home Health Services	✓	✓
		<p>Alliance Select: Custodial home care is not covered. Custodial home care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Some examples of custodial care are assistance in walking and getting in and out of bed; aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions; preparation of special diets; and supervision of medication that can usually be self-administered. In order for care to be approved, must be approved by physician.</p> <p>Medicaid: covers home custodial care</p>	
9	Chiropractors	✓	✓
10	Surgery - Outpatient	✓	✓
11	Second Surgical Opinion	✓	✓
12	Allergy Testing & Injections	✓	✓
13	Chemotherapy- Outpatient	✓	✓
14	IV Infusion Services	✓	✓
15	Radiation Therapy - Outpatient	✓	✓
16			

	A	B	C	D
		Medicaid State Plan	Limits - Notes	Alliance Select Plan
5	Dialysis-Outpatient	✓	Alliance Select: Covered as an inpatient in a hospital setting or in a Medicare approved dialysis center.	✓
17	Dental Treatment for Accidental Injury	✓	Alliance Select: Dental services resulting from accident. Care must be completed within 12 months of injury.	✓
18	Anesthesia-Outpatient	✓	Alliance Select: Ambulatory anesthesia is used for surgical procedures where the patient does not need to stay overnight in the hospital. The same anesthetics that are used in the operating room setting are used in the ambulatory setting, including general, regional and local anesthetics. Sedation anesthetics are also given in the ambulatory setting	✓
19	Urgent Care/Walkin Centers	✓	Alliance Select: used for sudden illness or injury and who need to see a doctor right away. Clinics are often called minor emergency, urgent care, or immediate care centers.	✓
20	Genetic Testing	✓	Alliance Select: Testing for purely informational purposes is not covered. Covered: Tests, screenings, imagings, and evaluation procedures as medically necessary. Includes genetic testing in the following situations: The member is an appropriate candidate for a test under medically recognized standards, and the outcome of the test is expected to result in a covered course of treatment. Medicaid: covers some codes with Prior Authorization. Many codes are not allowed.	✓
21				

	A	B	C	D
		Medicaid State Plan	Limits - Notes	Alliance Select Plan
5	Infertility Diagnosis and Treatment	X	<p>Alliance Select: Covered: Infertility treatment limited to diagnosis (only); benefits will end beginning on the day any non covered procedures (treatments) are received. Not covered: Artificial insemination and in vitro fertilization; including forms of in vitro fertilization, or any treatment related to those procedures. Infertility treatment if the result of voluntary sterilization, collection or purchase of semen or oocytes, or reversal of tubal ligation or vasectomy.</p>	✓
22	Hospice Care - Outpatient	✓	<p>Alliance Select: Terminally ill patients that have a life expectancy of six months or less. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this benchmark plan), must receive hospice care concurrently with curative care.</p>	✓
23	Access to clinical trials	X	<p>Alliance Select: Covered. Medicaid: Not covered.</p>	✓
24	TMJ / TMD	✓	<p>Alliance Select: Surgical and non-surgical medical treatment of TMJ dysfunction is covered if a Physician administers and it is medically necessary.</p>	✓
25	Hearing Exam (Adult)	✓	<p>Alliance Select: Exam covered only in case of an illness or injury. Hearing aids are not covered.</p>	✓
26				✓
27	2. Emergency Services			
28	Emergency Room Services	✓		✓
29	Emergency Transportation-Ambulance and Air Ambulance	✓	<p>Both: Have to meet medical necessity requirements.</p>	✓
30	3. Hospitalization			
31	General Inpatient Hospital Care	✓		✓
32	Inpatient Physician Services	✓		✓
33	Inpatient Surgical Services	✓		✓

A		B	C	D
		Medicaid State Plan	Limits - Notes	Alliance Select Plan
5	Non-Cosmetic Reconstructive Surgery	✓		✓
34	Transplant Organ and Tissue	✓	<p>Alliance Select: Covered services includes certain bone marrow/stem cell transfers, heart, heart and lung, kidney, liver, lung, pancreas, and small bowel. Expenses of transporting a living donor, expenses related to the purchase of any organ, services or supplies related to mechanical or non-human organs associated with transplant are not covered.</p> <p>Medicaid: kidney, cornea, skin, bone, certain bone marrow, liver, heart, lung, pancreas, heart/lung, pancreas/kidney. ETP required for small bowel.</p>	✓
35	Congenital Abnormalities Correction	✓	<p>Alliance Select: (CoOp plan) To correct a congenital disease or anomaly resulting in functional defect in an insured under 22 years of age. A functional defect is one that interferes with the ability to perform activities of daily living.</p>	✓
36	Anesthesia-inpatient	✓		✓
37	Bariatric Surgery	✓	<p>Alliance Select: Weight reduction programs or supplies including dietary, supplements, foods, equipment, lab testing, examinations, and prescription drugs are not covered.</p> <p>Medicaid: Requires prior authorization from the IME</p>	✓
38	Chemotherapy-inpatient	✓		✓
39	Radiation Therapy - Inpatient	✓		✓
40	Breast Reconstruction	✓		✓
41	Hospice Care - Inpatient	✓	<p>Alliance Select: Terminally ill patient and have life expectancy of six months or less. Inpatient services in a hospice facility.</p>	✓
42				

A	B	C	D
	Medicaid State Plan	Limits - Notes	Alliance Select Plan
5	✓	<p>Alliance Select: Limited to 15 days per lifetime for inpatient hospice respite care (can take place in a nursing home, nursing facility, or hospital). Hospice respite care must be used in increments of not more than 5 days at a time.</p> <p>Medicaid: covers up to 5 consecutive days of respite at a time. No limit on the number of stays, however states "only on an occasional basis"</p>	✓
43	✓	<p>Alliance Select: Covered as an inpatient in a hospital setting or in a Medicare approved dialysis center.</p>	✓
44			
45	✓	<p>Alliance Select: Minimum maternity stay requirements of 48 hours for vaginal delivery unless attending provider and mother choose otherwise. Includes delivery and complications of pregnancy. Minimum maternity stay of 96 hours following a cesarean section unless attending provider and mother choose otherwise. Includes delivery and complications of pregnancy. Not covered-maternity services and newborn care if the mother is a surrogate mother.</p> <p>Medicaid: Member is required to report pregnancy and becomes eligible for benefits under the Medicaid State Plan.</p>	✓
46	✓		✓
47	✓		✓
48	✓		✓
49	✓	<p>Alliance Select: Residential treatment services are not covered.</p>	✓
50	✓		✓
51	✓	<p>Alliance Select: Residential treatment services are not covered.</p>	✓

A		B	C		D
		Medicaid State Plan	Limits - Notes		Alliance Select Plan
5	Substance Abuse Outpatient Treatment	✓			✓
52					
53	6. Prescription Drugs				
54	Prescription Drugs	✓			✓
55	7. Rehabilitative and Habilitative Services and Devices				
	Physical Therapy, Occupational Therapy, Speech Therapy -All are considered Rehab/Hab services	✓	Alliance Select: Occupational is only for upper extremities. Not covered-Occupational therapy supplies, inpatient OT/PT in absence of separate medical condition requiring hospitalization. Speech therapy for stuttering or stammering not covered. Medicaid: No limit.		✓
56	Durable Medical Equipment	✓	Alliance Select: Orthotics, wigs or hair pieces, pools, whirlpools, spas, common first aid supplies and health club memberships are not covered.		✓
57	Prosthetic Devices	✓			✓
58	Cardiac Rehabilitation	✓			✓
59	Skilled Nursing	✓	Alliance Select: Limited to 120 days per benefit year Medicaid: Requires PA for Services past 14 days but no limit per year.		✓
60					
61	8. Laboratory Services				
62	Pulmonary Rehabilitation	✓			✓
63	Lab Tests	✓			✓
64	X-Rays	✓			✓
65	Imaging/Diagnostics MRI CT PET	✓			✓
66	Diagnostic Genetic Tests	✓	Medicaid: Need prior authorization		✓
	Pathology	✓			✓
67					
68	Sleep Studies	✓			✓

	A	B	C	D
		Medicaid State Plan	Limits - Notes	Alliance Select Plan
5	9. Preventive Wellness Chronic Disease Management			
69	Diabetes - med necessary equip & supplies education	✓	Alliance Select: Diabetes education 10 hours in the first year and 2 hours follow-up annually	✓
70	Prostate cancer screening	✓	Alliance Select: Limited to men age 50-64 years. Limited to one exam per year.	✓
71	Foot Care	✓	Alliance Select: Services covered provided they are medically necessary. Routine foot care (i.e. removal of corns and calluses, clipping nails, treatment of flat feet of fallen arches, etc.) are not covered. Medicaid: Must be related to medical condition	✓
72				
73	10. Pediatric Services including oral & vision			
74	EPSDT Ages 19 and 20	N/A	Age 19 and 20 will receive EPSDT services.	N/A
75	11. Non-essential Health Benefit Services			
76				
77				
78	Other Base Benchmark Benefits Not Covered Newborn child coverage	✓	Alliance Select: Newborn care is not covered if mother is a surrogate mother. This service is covered under the base benchmark plan but is not applicable for the new adult group population that is for ages 19-64. The adult member must enroll the newborn child for coverage.	✓
79				
80	Other 1937 Covered Benefits that are not Essential Health Benefits Dental Coverage	✓	Medically necessary emergent and stabilization dental services including services treating infection, acute pain, or trauma and related diagnostic services.	
81				
82				

	A	B	C	D
		Medicaid State Plan	Limits - Notes	Alliance Select Plan
5				
83				



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services		Collapse All <input type="checkbox"/>
Benefit Provided: <input style="width: 95%;" type="text" value="Primary Care Illness/Injury Physician Services"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Primary Care Visit to Treat an Injury or Illness"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Speciality Physician Services"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Home Health Services"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="Custodial home care that provides assistance with daily living activities is not covered....."/>		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Custodial home care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Some examples of custodial care are assistance in walking and getting in and out of bed; aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions; preparation of special diets; and supervision of medication that can usually be self-administered. In order for care to be approved, must be approved by physician.

Remove

Benefit Provided:

Chiropractic Care

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Surgery - Outpatient

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Outpatient Facility Fee, i.e. Ambulatory Surgery Center

Benefit Provided:

Second Surgical Opinion

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan



Alternative Benefit Plan

Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="Allergy Testing and Injections"/>	Source: <input style="width: 90%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%; height: 20px;" type="text" value="Diagnostic Test (X-ray and Lab work)"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="Chemotherapy-Outpatient"/>	Source: <input style="width: 90%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 90%;" type="text" value="IV Infusion Services"/>	Source: <input style="width: 90%;" type="text" value="Base Benchmark Small Group"/>	



Alternative Benefit Plan

Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Outpatient Infusion Therapy		

Benefit Provided: Radiation Therapy - Outpatient	Source: Base Benchmark Small Group	Remove
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Dialysis-Outpatient	Source: Base Benchmark Small Group	Remove
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Covered as an inpatient in a hospital setting or in a Medicare approved dialysis center (outpatient).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Renal Dialysis/Hemodialysis		



Alternative Benefit Plan

<p>Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Dental Services for Accidental Injury</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Base Benchmark Small Group</div>	<div style="border: 1px solid black; padding: 2px; background-color: #f0f0f0;">Remove</div>
<p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Selected Public Employee/Commercial Plan</div>	
<p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">Care must be completed within 12 months of</div>	
<p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">See Other Information below for Covered and Not Covered services.</div>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Duration limit continued: injury. Treatment must have occurred while the member was covered under this group health plan.</p> <p>Covered Services: Anesthesia (general) and hospital or ambulatory surgical facility services related to covered dental services if: Based on a determination by a licensed dentist and treating physician, have one or more medical conditions that would create significant or undue medical risk in the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical facility. Impacted teeth removal (surgical) as an inpatient or outpatient of a facility only when a medical condition exists (such as hemophilia) that requires hospitalization. Facial bone fracture reduction. Incisions of accessory sinus, mouth, salivary glands, or ducts. Jaw dislocation manipulation. Orthodontic services required for surgical management of cleft palate. Treatment of abnormal changes in the mouth due to injury or disease.</p> <p>Not Covered: General dentistry including, but not limited to, diagnostic and preventive services, restorative services, endodontic services, periodontal services, indirect fabrications, dentures and bridges, and orthodontic services unrelated to accidental injuries or surgical management of cleft palate. Injuries associated with or resulting from the act of chewing. Maxillary or mandibular tooth implants (osseo integration).</p> </div>		

<p>Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Anesthesia-outpatient</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">Base Benchmark Small Group</div>
<p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Selected Public Employee/Commercial Plan</div>
<p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>
<p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Ambulatory anesthesia is used for surgical procedures where the patient does not need to stay overnight in the hospital. The same anesthetics that are used in the operating room setting are used in the ambulatory setting, including general, regional and local anesthetics. Sedation anesthetics are also given in the ambulatory setting.

Remove

Benefit Provided:

Urgent Care/Walkin Centers

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Used for sudden illness or injury and who need to see a doctor right away. Clinics are often called minor emergency, urgent care, or immediate care centers.

Benefit Provided:

Genetic Testing

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Genetic testing for purely informational purposes is not covered.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Covered: Tests, screenings, imaging, and evaluation procedures as medically necessary. Includes genetic testing in the following situations: The member is an appropriate candidate for a test under medically recognized standards, and the outcome of the test is expected to result in a covered course of treatment.
Diagnostic Test (X-ray and Lab work)

Benefit Provided:

Infertility Diagnosis and Treatment

Source:

Base Benchmark Small Group



Alternative Benefit Plan

<p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Covered: Infertility treatment limited to diagnosis (only); benefits will end beginning on the day any non covered procedures (treatments) are received."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Not covered: Artificial insemination and in vitro fertilization; including forms of in vitro fertilization, or any treatment related to those procedures. Infertility treatment if the result of voluntary sterilization, collection or purchase of semen or oocytes, or reversal of tubal ligation or vasectomy."/></p>	<p>Provider Qualifications: <input type="text" value="Selected Public Employee/Commercial Plan"/> <input type="button" value="Remove"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<p>Benefit Provided: <input type="text" value="Hospice Care - Outpatient"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Terminally ill patients that have a life expectancy of six months or less."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Terminally ill patients that have a life expectancy of six months or less. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this benchmark plan), must receive hospice care concurrently with curative care."/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="Selected Public Employee/Commercial Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<p>Benefit Provided: <input type="text" value="Access to clinical trials"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/></p> <p>Provider Qualifications: <input type="text" value="Selected Public Employee/Commercial Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text"/>		<input type="button" value="Remove"/>
Benefit Provided: <input style="width: 100%; height: 20px;" type="text" value="TMJ / TMD"/>	Source: <input style="width: 100%; height: 20px;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Provider Qualifications: <input style="width: 100%; height: 20px;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text" value="Covered Service. Surgical and non-surgical medical treatment of TMJ dysfunction is covered if a Physician administers the treatment and it is medically necessary."/>		
Benefit Provided: <input style="width: 100%; height: 20px;" type="text" value="Hearing Exam - Adult"/>	Source: <input style="width: 100%; height: 20px;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Provider Qualifications: <input style="width: 100%; height: 20px;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%; height: 20px;" type="text" value="Exam only covered in case of illness or injury. Hearing aids are not covered."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text" value="Diagnostic Test (X-ray and Lab work)"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
Benefit Provided: Emergency Room Services	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Emergency Transportation-Ambulance and Air Ambulan	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

General Inpatient Hospital Care

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Inpatient Physician Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Inpatient Surgical Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text"/>		<input type="button" value="Remove"/>
Benefit Provided: <input style="width: 100%; height: 20px;" type="text" value="Non-cosmetic Reconstructive Services"/>	Source: <input style="width: 100%; height: 20px;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Provider Qualifications: <input style="width: 100%; height: 20px;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 100%; height: 20px;" type="text" value="Transplant Organ and Tissue"/>	Source: <input style="width: 100%; height: 20px;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Provider Qualifications: <input style="width: 100%; height: 20px;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	
Scope Limit: <input style="width: 100%; height: 40px;" type="text" value="Covered services includes certain bone marrow/stem cell transfers, heart, heart and lung, kidney, liver, lung, pancreas, and small bowel. Expenses of transporting a living donor, expenses related to the purchase of any organ, services"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%; height: 20px;" type="text" value="Scope Limit continued: or supplies related to the purchase of any organ, services, or supplies related to mechanical or non-human organs associated with transplant are not covered."/>		
Benefit Provided: <input style="width: 100%; height: 20px;" type="text" value="Congenital abnormalities correction"/>	Source: <input style="width: 100%; height: 20px;" type="text" value="Base Benchmark Small Group"/>	
Authorization: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Provider Qualifications: <input style="width: 100%; height: 20px;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	Duration Limit: <input style="width: 100%; height: 20px;" type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Reconstructive Surgery"/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Anesthesia-inpatient"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Bariatric Surgery - Morbid Obesity Treatment"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%; height: 20px;" type="text" value="Weight reduction programs or supplies including dietary supplements, foods, equipment, lab testing, examinations and prescription drugs are not covered."/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>	
Benefit Provided: <input style="width: 95%;" type="text" value="Chemotherapy - inpatient"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>



Alternative Benefit Plan

Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Radiation Therapy - inpatient"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Breast Reconstruction"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Hospice Care - Inpatient"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	



Alternative Benefit Plan

<p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Terminally ill patient and have a life expectancy of six months or less."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Inpatient services in a hospice facility. Terminally ill patients that have a life expectancy of six months or less. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this population), must receive hospice care concurrently with curative care."/></p>	<p>Provider Qualifications: <input type="text" value="Selected Public Employee/Commercial Plan"/> <input type="button" value="Remove"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<p>Benefit Provided: <input type="text" value="Hospice Respite - Inpatient"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Duration continued: hospice respite care (can take place in a nursing home or hospital). Hospice respite care must be used in increments of not more than 5 days at a time."/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="Selected Public Employee/Commercial Plan"/></p> <p>Duration Limit: <input type="text" value="Limited to 15 days per lifetime for inpatient ..."/></p>
<p>Benefit Provided: <input type="text" value="Dialysis-inpatient"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Covered as an inpatient in a hospital setting or in a Medicare approved dialysis center (outpatient)."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Renal Dialysis/Hemodialysis"/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="Selected Public Employee/Commercial Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>



Alternative Benefit Plan

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Maternity/Preg-Pre&Post Care-deliv,inpat nutrition

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

Minimum maternity stay requirement of 48 hours

Scope Limit:

Maternity services and newborn care not covered if mother is a surrogate mother. Would not cover a person for surrogate only purposes. If individual meets requirements for coverage under the new adult group she would be covered in that group.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Duration continued: for vaginal delivery unless attending provider and mother choose otherwise. Includes delivery and complications of pregnancy. Minimum maternity stay of 96 hours following a cesarean section unless attending provider and mother choose otherwise. Includes delivery and complications of pregnancy. Not covered-maternity services and newborn care if the mother is a surrogate mother. Delivery and all Inpatient Services for Maternity Care

Benefit Provided:

Midwife Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

<input type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Benefit Provided: Mental Health/Behavioral Health Inpatient Treatmen</td> <td style="width: 50%; padding: 5px;">Source: Base Benchmark Small Group</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="padding: 5px;">Authorization: None</td> <td style="padding: 5px;">Provider Qualifications: Selected Public Employee/Commercial Plan</td> <td></td> </tr> <tr> <td style="padding: 5px;">Amount Limit: None</td> <td style="padding: 5px;">Duration Limit: None</td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Scope Limit: Residential treatment services are not covered.</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> </table>		Benefit Provided: Mental Health/Behavioral Health Inpatient Treatmen	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>	Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan		Amount Limit: None	Duration Limit: None		Scope Limit: Residential treatment services are not covered.			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Benefit Provided: Mental Health/Behavioral Health Inpatient Treatmen	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>														
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan															
Amount Limit: None	Duration Limit: None															
Scope Limit: Residential treatment services are not covered.																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Benefit Provided: Mental Health/Behavioral Health Outpatient Treatme</td> <td style="width: 50%; padding: 5px;">Source: Base Benchmark Small Group</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="padding: 5px;">Authorization: None</td> <td style="padding: 5px;">Provider Qualifications: Selected Public Employee/Commercial Plan</td> <td></td> </tr> <tr> <td style="padding: 5px;">Amount Limit: None</td> <td style="padding: 5px;">Duration Limit: None</td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Scope Limit: Residential treatment services are not covered.</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td> </tr> </table>		Benefit Provided: Mental Health/Behavioral Health Outpatient Treatme	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>	Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan		Amount Limit: None	Duration Limit: None		Scope Limit: Residential treatment services are not covered.			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Benefit Provided: Mental Health/Behavioral Health Outpatient Treatme	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>														
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan															
Amount Limit: None	Duration Limit: None															
Scope Limit: Residential treatment services are not covered.																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Benefit Provided: Substance Abuse Inpatient Treatment</td> <td style="width: 50%; padding: 5px;">Source: Base Benchmark Small Group</td> <td></td> </tr> <tr> <td style="padding: 5px;">Authorization: None</td> <td style="padding: 5px;">Provider Qualifications: Selected Public Employee/Commercial Plan</td> <td></td> </tr> <tr> <td style="padding: 5px;">Amount Limit: None</td> <td style="padding: 5px;">Duration Limit: None</td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Scope Limit: Residential Facility services not covered.</td> </tr> </table>		Benefit Provided: Substance Abuse Inpatient Treatment	Source: Base Benchmark Small Group		Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan		Amount Limit: None	Duration Limit: None		Scope Limit: Residential Facility services not covered.					
Benefit Provided: Substance Abuse Inpatient Treatment	Source: Base Benchmark Small Group															
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan															
Amount Limit: None	Duration Limit: None															
Scope Limit: Residential Facility services not covered.																



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="button" value="Remove"/>
<input type="text"/>		
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Substance Abuse Outpatient Treatment"/>	<input type="text" value="Base Benchmark Small Group"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Residential Facility services not covered."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The prescription drug benefit will meet the Essential Health Benefit requirements and cover at least the greater of: 1) one drug in every category and class or 2) the same number of drugs in each category and class as the base benchmark.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All <input type="checkbox"/>
Benefit Provided: <input style="width: 95%;" type="text" value="Physical Therapy,Occupational Therapy,Speech Thera"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="Occupational only for upper extremities. Not covered-Occupational therapy supplies, inpatient"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%;" type="text" value="Scope continued: OT/PT in absence of separate medical condition requiring hospitalization. Speech therapy for stuttering or stammering not covered."/>		
<input style="width: 95%;" type="text" value="PT, OT and ST are considered hab/rehab services."/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Durable Medical Equipment"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	
Scope Limit: <input style="width: 95%;" type="text" value="Orthotics, wigs or hair pieces, pools, whirlpools, spas, common first aid supplies and health club memberships are not covered."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Prosthetics"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark Small Group"/>	
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Selected Public Employee/Commercial Plan"/>	
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Durable Medical Equipment"/>	
Benefit Provided: <input style="width: 90%;" type="text" value="Cardiac Rehabilitation"/>	Source: <input style="width: 90%;" type="text" value="Base Benchmark Small Group"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Selected Public Employee/Commercial Plan"/>
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>
Scope Limit: <input style="width: 90%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%;" type="text" value="Outpatient Rehabilitation Services"/>	
Benefit Provided: <input style="width: 90%;" type="text" value="Skilled Nursing"/>	Source: <input style="width: 90%;" type="text" value="Base Benchmark Small Group"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Selected Public Employee/Commercial Plan"/>
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="Limited to 120 days per benefit year"/>
Scope Limit: <input style="width: 90%;" type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 90%; height: 20px;" type="text"/>	
Benefit Provided: <input style="width: 90%;" type="text" value="Pulmonary Rehabilitation"/>	Source: <input style="width: 90%;" type="text" value="Base Benchmark Small Group"/>
Authorization: <input style="width: 90%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Selected Public Employee/Commercial Plan"/>



Alternative Benefit Plan

Amount Limit:	Duration Limit:	Remove
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
		Add



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Lab Tests

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Diagnostic Tests (X-ray and lab work)

Benefit Provided:

X-rays

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Diagnostic Tests (X-ray and lab work)

Benefit Provided:

Imaging - MRI, CT and PET

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit:

None

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Must be administered by a sleep specialist.

Add



Alternative Benefit Plan

Essential Health Benefit 9: Preventive and wellness services and chronic disease management Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

<p>Benefit Provided:</p> <input type="text" value="Diabetes - med necessary equip & supplies educatio"/>	<p>Source:</p> <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="None"/>	<p>Provider Qualifications:</p> <input type="text" value="Selected Public Employee/Commercial Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="Diabetes education 10 hours in the first year and 2 hours follow-up annually."/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="Durable Medical Equipment"/>		

<p>Benefit Provided:</p> <input type="text" value="Prostate cancer screening"/>	<p>Source:</p> <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="None"/>	<p>Provider Qualifications:</p> <input type="text" value="Selected Public Employee/Commercial Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="one exam per year"/>	
<p>Scope Limit:</p> <input type="text" value="Men 50-64 years"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value=""/>		

<p>Benefit Provided:</p> <input type="text" value="Foot Care"/>	<p>Source:</p> <input type="text" value="Base Benchmark Small Group"/>	
<p>Authorization:</p> <input type="text" value="None"/>	<p>Provider Qualifications:</p> <input type="text" value="Selected Public Employee/Commercial Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit:

Services covered provided they are medically necessary. Routine foot care (i.e. removal of corns and calluses, clipping nails, treatment of flat feet of fallen arches, etc.) are not covered.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: Base Benchmark Small Group	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Age 19 and 20 will receive EPSDT services.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Newborn Child Coverage"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This service is covered under the base benchmark plan but is not applicable for the new adult group population that is for ages 19-64. The adult member must enroll the newborn child for coverage."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Dental Coverage"/>	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Medically necessary emergent and stabilization dental services including services treating infection, acute pain, or trauma and related diagnostic services."/>	
Other:	<input type="text"/>	
		<input type="button" value="Add"/>



Alternative Benefit Plan

Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130808



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

 No Yes

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

Through an Alternative Benefit Plan.

Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Per 42 CFR 440.345, please describe how the additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit.

Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider:

State/territory provides additional EPSDT benefits through fee-for-service.

State/territory contracts with a provider for additional EPSDT services.

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances



Alternative Benefit Plan

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
- Fee-for-service.
- Other service delivery system.

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

All EPSDT benefits not provided by the qualified health plans will be provided in a manner consistent with the state plan.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

Other Service Delivery Model

Name of service delivery system:

Premium Assistance as described in 42 CFR § 435.1015.

Provide a narrative description of the model:

Iowa will utilize a premium assistance model; health insurance for this population will be purchased through a Qualified Health Plan (QHP) in the Iowa Marketplace. Members will have a choice of at least two pre-selected QHPs.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130718



Alternative Benefit Plan

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Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

 Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The state assures that employer sponsored insurance (ESI) coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will be enrolled in the Iowa Wellness Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package in the alternative benefits plan known as the Iowa Wellness plan. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums.

 No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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General Assurances **ABP10**

Economy and Efficiency of Plans

The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

No

Please describe your approach below:

Coverage will be managed by the Qualified Health Plan (QHP) and will be provided in accordance with the federal and state requirements of a QHP on the Marketplace.

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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Payment Methodology**ABP11****Alternative Benefit Plans - Payment Methodologies**

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

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