

State of Illinois

Comparison of Benchmark Options

Grouped into the 10 categories of Essential Health Benefits required by the ACA

Benefit	Small Group Plans			State Plans			HMO	Federal Plans		
	UnitedHealthcare Choice Plus Plan	BCBS BlueAdvantage	BCBS BlueEdge	CIGNA QCHP	HA HMO	HMO IL	Blue Advantage Entrepreneur	BCBS Plan Standard	BCBS Plan Basic	GEHA Plan Standard
<b>1. Ambulatory patient services</b>										
a. Primary care to treat illness/injury	√	√	√	√	√	√	√	√	√	√
b. Specialist visits	√	√	√	√	√	√	√	√	√	√
c. Outpatient surgery	√	√	√	√	√	√	√	√	√	√
d. Acupuncture	NC	NC	NC	√	NC	NC	medically necessary only	limit 24 visits / yr	√	limit 20 visits / yr
e. Chiropractic	limit 20 visits / year	limit \$1,000 / year	limit \$1,000 / year	limit 30 visits / year	√	√	√	limit 12 visits / yr	limit 20 visits / yr	limit 12 visits / yr
f. Chemotherapy services	√	√	√	√	√*	√*	√	√	√	√
g. Radiation therapy	√	√	√	√	√*	√*	√	√	√	√
h. Infertility treatment services	artificial insemination (AI)/intrauterine insemination (IUI) limit to 4 attempts /live birth; IVF limit to 4 attempts / live birth	artificial insemination (AI) and IVF limit to 4 attempts / live birth from the first 4 allows 2 additional attempts	artificial insemination (AI) and IVF limit to 4 attempts / live birth from the first 4 allows 2 additional attempts	includes AI and ART	coverage extent not mentioned. Assumed to include ART and AI, consistent with all other plans	coverage extent not mentioned. Assumed to include ART and AI, consistent with all other plans	includes AI and ART	excludes assisted reproductive technology	excludes assisted reproductive technology	excludes assisted reproductive technology limit \$3,000 / yr
i. Sterilization	√	√	√	√	√	√	√	√	√	√
j. Home health care	limit 60 visits / year	√	√	√	√	√	√	limit 25 visits / yr	limit 25 visits / yr	limit 50 visits / yr
k. Foot care	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only
m. Medical contraceptives	√	√	√	√*	√	√	√	√	√	√
n. Dental - diagnostic & preventive	NC	NC	NC	NC	NC	NC	NC	limit 2 visits / yr limited benefit	limit 2 visits / yr	limit 2 visits / yr
o. Dental - basic	NC	NC	NC	NC	NC	NC	NC	limited benefit	NC	limited benefit
p. Dental - major	NC	NC	NC	NC	NC	NC	NC	NC*	NC*	NC*
<b>2. Emergency services</b>										
a. Emergency room - facility	√	√	√	√	√	√	√	√	√	√
b. Emergency room - physician	√	√	√	√	√	√	√	√	√	√
c. Ambulance service - ground and air	√	√	√	√	√	√	√	√	√	√
<b>3. Hospitalization</b>										
a. Inpatient medical and surgical care	√	√	√	√	√	√	√	√	√	√
b. Organ & tissue transplants	√	√	√	√	√	√	√	limited to organs specified	limited to organs specified	limited to organs specified
c. Bariatric surgery	NC	medically necessary only	medically necessary only	√	NC*	NC*	medically necessary only	√	√	√
d. Anesthesia	√	√	√	√	√	√	√	√	√	√
e. TMJ services	limit \$3,000 / year	√	√	NC	NC	NC	√	√	√	√
f. Breast reconstruction (non-cosmetic)	√	√	√	√	√*	√*	√	√	√	√
g. Blood transfusions	√*	√	√	√	√*	√*	√	√	√	√
h. Hospice / respite care	Respite covered when with hospice	Respite covered when with hospice	Respite covered when with hospice	Respite not mentioned, assume covered	Respite covered when with hospice	Respite covered when with hospice	Respite covered when with hospice	respite limit 7 consecutive days every 30 days	respite limit 7 consecutive days every 30 days	limit \$15,000
<b>4. Maternity and newborn care</b>										
a. Pre- & postnatal care	√	√	√	√	√	√	√	√	√	√
b. Delivery & inpatient maternity services	√	√	√	√	√	√	√	√	√	√
c. Newborn child coverage	√	√	√	√	√	√	√	√	√	√
<b>5. Mental health and substance use disorder services, including behavioral health treatment</b>										
a. Inpatient hospital - mental/behavioral health	limit 30 days per year	√	√	√	√	√	√	√	√	√
b. Outpatient hospital - mental/behavioral health	limit 20 visits per year	√	√	(No residential treatment)	(No residential treatment)	(No residential treatment)	√	√	√	√
c. Inpatient hospital - chemical dependency	limit 30 days per year	√	√	√	√	√	√	√	√	√
d. Outpatient hospital - chemical dependency	limit 20 visits per year	√	√	(No residential treatment)	(No residential treatment)	(No residential treatment)	√	√	√	√
e. Detoxification	√	√	√	√*	√	√	√	√	√	√
f. Counseling or training in connection with family, sexual, marital, or occupational issues	√	√*	√*	NC	NC	NC	NC	NC	NC	NC
<b>6. Prescription drugs</b>										
a. Retail	√	√	√	√	√	√	√	√	√	√
b. Mail order	√	√	√	√	√	√	√	√	√	√
c. Generic	√	√	√	√	√	√	√	√	√	√
d. Brand	√	√	√	√	√	√	√	√	√	√
e. Specialty	√	√	√	√	√	√	√	√	√	√
f. Insulin/needles for diabetics	√	√	√	√	√	√	√	√	√	√
g. Tobacco cessation drugs	√	√*	√*	√*	√*	√*	√*	√	√	√
h. Contraceptives	√	√	√	√	√	√	√	√	√	√
i. Fertility drugs	√	√	√*	√*	√*	√*	√	NC	NC	NC
j. Growth hormone therapy	NC	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only	medical conditions only
<b>7. Rehabilitative and habilitative services and devices</b>										
a. Inpatient rehabilitation	√	√	√	√	√	√	√*	√	√	√
b. Physical, speech & occupational therapy (outpatient)	20 visits / year for PT 20 visits / year for OT 20 visits / year for ST	√	√	√	60 visits / year	60 visits / year	60 visits / year for PT/OT/ST 20 add'l visits / year for ST	75 visits / yr	50 visits / yr	limit 60 visits / yr combined for PT & OT 30 visits / yr for ST
c. Massage therapy	NC	NC*	NC*	NC	NC	NC	NC*	NC	NC	NC*
d. Durable medical equipment	Limit \$2,500 eligible expenses / year	√	√	√	√	√	√	√	√	√
e. Prosthetics	√	√	√	√	√	√	√	√	√	√
f. Orthotics	√	√	√	√	√*	√*	√	√	√	√
g. Vision hardware - adults	NC	NC	NC	NC	NC	NC	NC	medical condition or accident only	medical condition or accident only	medical condition or accident only
h. Hearing aids - adults	limit \$2,500/year, single purchase/ 3 years	NC	NC	\$600 / 3 years	\$600 / 3 years	\$600 / 3 years	limit \$1,000 / 3 yrs	limit \$1,250 per ear / 3 yrs	limit \$1,250 per ear / 3 yrs	limit \$250 per ear / 5 yrs
i. Cochlear Implants	limit 30 visits of post-cochlear implant aural therapy.	√*	√	√*	√*	√*	√	√	√	√
j. Skilled nursing	limit 60 days / year	√	√	√	limit 120 days/yr	limit 120 days/yr	√	limit 30 days but only with Medicare Part A	NC	limit 14 days, \$700 limit per day

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k. Habilitative services (not currently defined)	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT, OT, ST and other services to enhance ability to function for congenital, genetic, or early acquired disorders	Limited to PT/ST/OT for conditions such as autism	Limited to PT/ST/OT for conditions such as autism	Limited to PT/ST/OT for conditions such as autism	
<b>8. Laboratory services</b>											
a. Lab tests, x-ray services, & pathology	√	√	√	√	√	√	√	√	√	√	
b. Imaging / diagnostics (e.g., MRI, CT scan, PET scan)	√	√	√	√	√	√	√	√	√	√	
<b>9. Preventive and wellness services and chronic disease management</b>											
a. Preventive care	√	√	√	√	√	√	√	√	√	√	
b. Immunizations	√	√	√	√	√	√	√	√	√	√	
c. Colorectal cancer screening	√	√	√	√	√	√	√	√	√	√	
d. Screening mammography	√	√	√	√	√	√	√	√	√	√	
e. Routine eye exams (separate office visit) - adults	√	NC *	NC *	NC	1 x / year	1 x / year	1 x / year	NC	NC	NC	
f. Routine hearing exams (separate office visit) - adults	√	NC *	NC *	\$150 / year	\$150 / 3 years	\$150 / 3 years	NC	limited to injury or illness	limited to injury or illness	limited to injury or illness	
g. Nutritional counseling	√	√	√	√	√	√	√	√	√	\$250 limit / yr	
h. Diabetes education	√	√	√	√	√ *	√ *	√	√	√	√	
i. Smoking cessation program	√	√	√	√	√	√	√	√	√	2 attempts / yr, 4 sessions / attempt	
j. Allergy testing & injections	√	√	√	√	√	√	medically necessary only	√	√	\$500 / yr for testing	
k. Diabetes - medically necessary equip. & supplies	√	√	√	√	√ *	√ *	√	√	√	√	
l. Screening pap tests	√	√	√	√	√	√	√	√	√	√	
m. Prostate cancer screening	√	√	√	√	√	√	√	√	√	√	
<b>10. Pediatric services, including oral and vision care</b>											
a. Preventive care - physician services	√	√	√	√	√	√	√	√	√	√	
b. Immunizations	√	√	√	√	√	√	√	√	√	√	
c. Metabolic formula & low protein food for inborn errors of metabolism	√	√	√	NC	NC	NC	√	√	√	√ *	
d. Routine eye exams (separate office visit)	√ 1 exam / 2 years	NC *	NC *	NC	1 x / year	1 x / year	1 x / year	NC	NC	NC	
e. Routine hearing exams (separate office visit)	√	\$150 / year	NC *	\$150 / year	\$150 / 3 years	\$150 / 3 years	\$150 / year	limited to injury or illness	limited to injury or illness	limited to injury or illness	
f. Hearing aids	√ limit \$2,500/year, single purchase/3 years	√ \$600 / 3 years	NC *	√ \$600 / 3 years	√ \$600 / 3 years	√ \$600 / 3 years	√ \$600 / 3 years	√ limit \$1,000 / 3 yrs	√ limit \$1,250 per ear / yr	√ limit \$1,250 per ear / yr	√ limit \$250 per ear / 5 yrs
g. Dental - diagnostic & preventive	NC	NC	NC	NC	NC	NC	NC	√ limit 2 visits / yr limited benefit	√ limit 2 visits / yr	√ limit 2 visits / yr	
h. Dental - basic	NC	NC	NC	NC	NC	NC	NC	√ limited benefit	NC	√ limited benefit	
i. Dental - major	NC	NC	NC	NC	NC	NC	NC	NC *	NC *	NC *	

√ Covered benefit. Any limits on the benefit are noted.  
 NC Not a covered benefit  
 \* Assumption since not specifically stated

The data provided in this chart is subject to change as additional federal guidance is provided with regard to EHB

**State of Illinois**  
**Mandated Benefit Coverage by Benchmark Option**

Plan Type / Funding			Small Group Plans			State Plans			HMO	Federal Plans		
			PPO Fully Insured	PPO Fully Insured	PPO Fully Insured	PPO Self Funded	HMO Fully Insured	HMO Fully Insured	HMO Fully Insured	PPO Self Funded	PPO Self Funded	PPO Self Funded
Condition	Description	Affected Insurers	United Healthcare Choice Plus Plan	BCBS Blue Advantage	BCBS BlueEdge	CIGNA QCHP	HA HMO	HMO IL	Blue Advantage EntrePreneur	BCBS Plan Standard	BCBS Plan Basic	GEHA Plan Standard
Alcoholism	Requires coverage for the inpatient treatment of alcoholism. For group policies of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009)* and with the Illinois Mental Health Parity Public Act 97-0437 (Effective August 18, 2011).	Health insurance policies that provide IP hospital coverage	√	√	√	√	√	√	√	√	√	√
Alcoholism and Substance Abuse	Requires coverage of diagnosis, detoxification, and treatment of medical complications of alcoholism to be the same as for any other illness. Alcohol rehabilitation must be covered but may be limited as specified in the Rule. Can be either inpatient or outpatient basis. Rehabilitation services must be included. For group contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009)* and with the Illinois Mental Health Parity Public Act 97-0437 (Effective August 18, 2011).	HMO	√	√	√	√*	√	√	√	√	√	√
Amino Acid-Based Elemental Formulas	Requires coverage of non-prescription and specialized amino acid-based elemental formulas administered either by feeding tube or orally when prescribed by a physician as medically necessary for treatment of eosinophilic disorders and short bowel syndrome. The law does not designate a benefit level.	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√	√	√*
Autism Spectrum Disorders	Requires coverage for diagnosis and treatment of autism spectrum disorders for individuals under age 21. Effective December 12, 2008, group policies and contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009).* Effective August 18, 2011, group policies and contracts of 51 or more employees, benefits must comply with the Illinois Mental Health Parity Public Act 97-0437	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	NC*	NC*	NC*
Breast Cancer Pain	Requires coverage for all medically necessary pain medication and pain therapy related to breast cancer on the same terms and conditions generally applicable to coverage for other conditions.	HMO Group health insurance policies	√	√*	√*	√*	√*	√*	√*	√*	√*	√*
Breast Exam	Requires coverage of a complete and thorough physical examination of the breast at least every 3 years for women age between ages of 20 and 40; then annually for women age 40 and older. The law does not specify a benefit level. Coverage is required once a nationally recognized exam code is approved.	HMO Group health insurance policies	√	√	√	√*	√	√	√	√*	√*	√*



Plan Type / Funding			Small Group Plans			State Plans			HMO	Federal Plans		
			PPO Fully Insured	PPO Fully Insured	PPO Fully Insured	PPO Self Funded	HMO Fully Insured	HMO Fully Insured	HMO Fully Insured	PPO Self Funded	PPO Self Funded	PPO Self Funded
Condition	Description	Affected Insurers	United Healthcare Choice Plus Plan	BCBS Blue Advantage	BCBS BlueEdge	CIGNA QCHP	HA HMO	HMO IL	Blue Advantage EntrePreneur	BCBS Plan Standard	BCBS Plan Basic	GEHA Plan Standard
Contraceptives	Requires coverage for all outpatient contraceptive services and all outpatient contraceptive drugs and devices approved by the Food and Drug Administration. May not impose greater copays, deductible or waiting periods.	HMO and group health insurance policies that provide coverage for OP services and prescription drugs	√	√	√	√*	√	√	√	√	√	√
Criminal Sexual Assault	Coverage for criminal sexual assault must be at the same benefit levels as any other emergency or accident care situation.	HMO	√	√	√	√*	√*	√*	√	√*	√*	√*
Dental Adjunctive Services	Requires coverage for anesthesia and other charges incurred in conjunction with dental care provided in a hospital or ambulatory surgical treatment center to: • a young child (under age 6); • a person with a medical condition that requires hospitalization for the procedure; or • a disabled individual. Does not require coverage of dental services.	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√	√	√*
Diabetes Self Management	Requires coverage for outpatient self-management training and education, and specified equipment and supplies for Type 1 diabetes, Type 2 diabetes and gestational diabetes mellitus. Equipment must be covered to the extent durable medical equipment is covered by the policy. Pharmaceuticals and supplies must be covered to the extent there is coverage for pharmaceuticals and supplies in the policy or in an attached rider. See the law for list of covered supplies and equipment. Law was amended by P.A. 97-281 to expand definition of diabetes self-management training to include services that allow the patient to maintain A1c level within the range of nationally recognized standards of care.	HMO Group health insurance policies	√	√	√*	√	√*	√*	√	√*	√*	√*
Emergency Ambulance Transportation	The evidence of coverage must include coverage for emergency transportation by ground or air ambulance.	HMO	√	√	√	√	√	√	√	√	√	√
Emergency Care Services	The group contract and evidence of coverage must include a specific description of benefits available for emergencies 24 hours a day, 7 days a week. No HMO may limit emergency services within the service area to contracted providers.	HMO	√	√	√	√	√	√	√	√	√	√
External Review	Requires health insurers and HMOs to provide (1) an internal appeals process for all denied claims and (2) external independent review for claims or pre-authorization requests denied due to medical necessity, appropriateness, health care setting, level of care, or effectiveness. P.A. 97-0574 expanded External Review Law to include review of claims denied due to pre-existing condition or rescission of health policy. The amended law requires that the Illinois Department of Insurance assign the independent review organization (IRO) for each external review request.	HMO Group health insurance policies	√	√	√	√*	√	√	√	√	√	√

Plan Type / Funding			Small Group Plans			State Plans			HMO	Federal Plans		
			PPO Fully Insured	PPO Fully Insured	PPO Fully Insured	PPO Self Funded	HMO Fully Insured	HMO Fully Insured	HMO Fully Insured	PPO Self Funded	PPO Self Funded	PPO Self Funded
Condition	Description	Affected Insurers	United Healthcare Choice Plus Plan	BCBS Blue Advantage	BCBS BlueEdge	CIGNA QCHP	HA HMO	HMO IL	Blue Advantage EntrePreneur	BCBS Plan Standard	BCBS Plan Basic	GEHA Plan Standard
Fibrocystic Breast Condition	No contract or evidence of coverage may deny or exclude coverage for fibrocystic breast condition in the absence of a breast biopsy demonstrating an increased disposition to the development of breast cancer unless the enrollee's medical history is able to confirm a chronic, relapsing, symptomatic breast condition.	HMO	√	√*	√*	√*	√*	√*	√*	√*	√*	√*
HPV Vaccine	Requires coverage for the human papillomavirus vaccine. The law does not specify the benefit. September 23, 2010- Under the federal Affordable Care Act, coverage must be provided for HPV vaccine without any cost-sharing for the enrollee when delivered by in-network providers if the enrollee is covered by a non-grandfathered plan.	HMO Group health insurance policies	√	√	√	√	√	√	√	√	√	√*
Habilitative Services for children	Requires coverage for medically necessary habilitative services for children under age 19 who have a congenital, genetic or early acquired disorder diagnosed by a physician licensed to practice medicine in all its branches. The law specifies types of health care providers whose services must be covered. Denials based on medical necessity are subject to independent external review. For group policies and contracts of 51 or more employees, benefits must comply with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Effective October 3, 2009)* and with the Illinois Mental Health Parity Public Act 97-0437 (Effective August 18, 2011).*	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√*	√*	√*
Infertility	Requires coverage for the diagnosis and treatment of infertility, including coverage for IVF, GIFT, ZIFT.	HMO and group health insurance policies for more than 25 full time employees	√	√	√	√	√*	√*	√	NC excludes ART and fertility drugs	NC excludes ART and fertility drugs	NC excludes ART and fertility drugs
Mammograms	Requires coverage for (1) a baseline mammogram for women ages 35 to 39 and (2) an annual mammogram for women age 40 or older. Requires coverage for medically necessary mammograms for women under age 40 who have a family history of breast cancer or other risk factors. Effective March 27, 2009 - includes digital mammography and requires coverage be provided at no cost to the insured. Cost of mammograms shall not be applied to an annual or lifetime maximum benefit. September 23, 2010- Under the federal Affordable Care Act, coverage for screening mammography for women, with or without clinical breast examination must be provided every 1-2 years for women aged 40 and older without any cost-sharing for the enrollee when delivered by in-network providers if the enrollee is covered by a non-grandfathered plan.  Coverage includes a comprehensive ultrasound screening of an entire breast or breasts when a mammogram demonstrates medical necessity as described.	HMO Group health insurance policies	√	√	√	√*	√	√	√	√	√	√







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Condition	Description	Affected Insurers	United Healthcare Choice Plus Plan	BCBS Blue Advantage	BCBS BlueEdge	CIGNA QCHP	HA HMO	HMO IL	Blue Advantage EntrePreneur	BCBS Plan Standard	BCBS Plan Basic	GEHA Plan Standard
Multiple Sclerosis Preventative Physical Therapy	Requires coverage for medically necessary preventative physical therapy for insureds diagnosed with multiple sclerosis if prescribed by a physician. Coverage must be the same as physical therapy under the policy for other conditions. Coverage limitations, deductibles, coinsurance features, etc. must be provided the same as any other illness.	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√*	√*	√*
Organ Transplants	Sets forth guidelines under which experimental or investigational organ transplantation procedures can be denied. No contract or evidence of coverage may deny reimbursement for an organ transplant as experimental or investigational unless supported by appropriate, required documentation.	HMO Group health insurance policies	√	√	√	√	√	√	√	√	√	√
Organ Transplants – Immunosuppressive Drugs	A policy that covers immunosuppressant drugs may not limit, reduce, or deny coverage of those drugs if, prior to the limitation, reduction or denial of coverage: 1) the insured was using the drug; 2) the insured was covered under the policy; and 3) the drug was covered under the policy.	HMO Group health insurance policies	√	√*	√*	√*	√*	√*	√*	√*	√*	√*
Osteoporosis	Requires coverage for medically necessary bone mass measurement and the diagnosis and treatment of osteoporosis on the same terms and conditions that generally apply to other medical conditions. September 23, 2010- Under the federal Affordable Care Act, coverage for routine screening for women age 65 and older (or beginning at age 60 for women at increased risk for osteoporotic fractures) must be provided without any cost-sharing for the enrollee when delivered by in-network providers if the enrollee is covered by a non-grandfathered plan.	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√	√	√
Outpatient Rehabilitative Therapy	Coverage must include, but is not limited to, speech, physical and occupational therapy for up to 60 treatments per year.	HMO	√	√*	√*	√*	√	√	√	√	√ only up to 50 visits	√
Ovarian Cancer Testing	Requires coverage for surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer.	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√*	√*	√*
Pap Smears	Requires coverage for an annual cervical smear or pap smear for females. September 23, 2010- Under the federal Affordable Care Act, coverage for cervical cancer screening for women who have been sexually active and have a cervix must be provided without any cost-sharing for the enrollee when delivered by in-network providers if the enrollee is covered by a non-grandfathered plan.	HMO Group health insurance policies	√	√	√	√	√	√	√	√	√	√
Prescription Inhalants	Requires coverage of prescription inhalants for persons with asthma or other life-threatening bronchial ailments, as often as needed, if medically appropriate and prescribed by the attending physician. Policy restrictions, placed on refill limitations, do not apply.	HMO an group insurance policies that provide coverage for prescription drugs.	√	√*	√*	√*	√*	√*	√	√*	√*	√*

Plan Type / Funding			Small Group Plans			State Plans			HMO	Federal Plans		
			PPO Fully Insured	PPO Fully Insured	PPO Fully Insured	PPO Self Funded	HMO Fully Insured	HMO Fully Insured	HMO Fully Insured	PPO Self Funded	PPO Self Funded	PPO Self Funded
Condition	Description	Affected Insurers	United Healthcare Choice Plus Plan	BCBS Blue Advantage	BCBS BlueEdge	CIGNA QCHP	HA HMO	HMO IL	Blue Advantage EntrePreneur	BCBS Plan Standard	BCBS Plan Basic	GEHA Plan Standard
Preventive Health Services (Including Well Child Care)	Requires coverage of preventive health services as appropriate for the patient population, including a health evaluation program and immunizations to prevent or arrest the further manifestation of human illness or injury. September 23, 2010- Under the federal Affordable Care Act, coverage for (1) preventive health services with rating of A or B in current recommendations of the United State Preventive Service Task Force; (2) immunizations for routine use as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and (3) preventive care and screening for infants, children and adolescents as recommended by the Health Resources and Services Administration must be provided without any cost-sharing for the enrollee when delivered by in-network providers if the enrollee is covered by a non-grandfathered plan.	HMO	√	√	√	√	√	√	√	√	√	√
Prostate Specific Antigen Testing	Requires coverage for an annual digital rectal examination and a prostate specific antigen test for male insureds upon recommendation of a physician for asymptomatic men age 50 and over, African American men age 40 and over, men age 40 and over with family history.	HMO Group health insurance policies	√	√	√	√	√	√	√	√	√	√
Prosthetic and Orthotic Devices	For policies issued or renewed on or after December 1, 2010, requires coverage for prosthetic and customized orthotic devices that is no less favorable than the terms and conditions applicable to substantially all medical and surgical benefits provided under the plan or coverage.	HMO Group health insurance policies	√	√	√	√*	√*	√*	√	√	√	√
Reconstructive Breast Surgery	Coverage requirements include reconstruction of the breast upon which the mastectomy is performed, surgery and reconstruction of the other breast to produce a symmetrical appearance and prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas. Written notice of the availability of this coverage must be delivered to the enrollee upon enrollment and annually thereafter.	HMO	√	√	√	√	√*	√*	√	√	√	√
Shingles Vaccine	Requires coverage for federally approved shingles vaccine when ordered by a physician for an enrollee who is age 60 or older. September 23, 2010- Under the federal Affordable Care Act, coverage for shingles vaccine for people age 60 years and older must be provided without any cost-sharing for the enrollee when delivered by in-network providers if the enrollee is covered by a non-grandfathered plan.	HMO Group health insurance policies	√	√	√	√	√	√	√	√	√	√*
Under the Influence	Prohibits exclusion of coverage for emergency or other medical, hospital or surgical expenses incurred as a result of and related to an injury acquired while the individual is intoxicated or under the influence of a narcotic.	Managed care plans	√	√*	√*	√*	√*	√*	√*	√*	√*	√*

\* Group policies subject to the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 may not impose financial requirements (e.g., deductibles, co-payments, or coinsurance) or treatment limitations (e.g., limits on the frequency of treatment, number of visits, or days of coverage) for the treatment of mental health or substance use disorders that are more restrictive than those applied to medical and surgical benefits. For example, a group policy that did not contain a limit on the number of outpatient visits for medical/surgical benefits could not limit the number of outpatient visits for mental health or substance use disorder benefits.