



# COMMONWEALTH OF MASSACHUSETTS

## Office of Consumer Affairs and Business Regulation

### DIVISION OF INSURANCE

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<http://www.mass.gov/doi>

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AND BUSINESS REGULATION

**DANIEL R. JUDSON**  
COMMISSIONER OF INSURANCE

## HEALTH INSURANCE INFORMATION SESSION

RE: Essential Health Benefit Benchmark Plan Options for 2017

DATE: MAY 7, 2015

This notice is a follow-up to the Division of Insurance's ("Division") email notice dated Monday, May 4, 2015 regarding communication from the federal Centers for Medicare and Medicaid Services (CMS) to request that Massachusetts choose an Essential Health Benefit plan from among a list of 10 options identified by CMS for plans with effective years beginning in 2017. The Division has been requested to identify our EHB by June 1, 2015. Attached you will find a draft summary spreadsheet that identifies the 2017 Essential Health Benefit plan options. This spreadsheet is available on our website at [www.mass.state.gov/doi](http://www.mass.state.gov/doi).

Please note that the Division has scheduled an information session about the Essential Health Benefit option choices. As with other sessions that we have held at the Division this session is open to all interested parties; if you are aware of someone who may be interested to participate, please feel free to pass along to those parties. The session will take place as follows:

Division of Insurance, 1000 Washington Street, Boston Massachusetts, Room 1-E, beginning at 10:00 AM on Friday, May 15, 2015.

If you are unable to attend in-person, you may participate by telephone by calling (605) 475-3215 and using access code - 116040#. If unable to attend in-person or by phone, you may forward comments that you wish the DOI to consider to my attention at [Kevin.beagan@state.ma.us](mailto:Kevin.beagan@state.ma.us) or to Nancy Schwartz's attention at [nancy.schwartz@state.ma.us](mailto:nancy.schwartz@state.ma.us).

If you have any questions in advance of the noted meeting, please consider contacting Kevin Beagan, Deputy Commissioner, Health Care Access Bureau at (617) 521-7323.

**ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS for 2017  
COMMONWEALTH OF MASSACHUSETTS**

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<b>I. Hospitalization</b>										
Bariatric surgery	x	x	x	x	x	x	At center of excellence	x	x	x
Bone marrow transplants for breast cancer	x	x	x	x	x	x	x	x	x	x
Christian Science facility	no	no	no	no	no	no	no	pnc	pnc	30 days pmpcy
Inpatient hospice	x	x	x	x	x	x	x	30 days per admit	30 days per admit	\$15000 limit, comb. with OP hospice

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Inpatient services in a general hospital	X	x	x	x	x	x	x	x	x	x
Inpatient services in a skilled nursing facility	100 days pmpcy	100 days pmpcy	100 days pmpcy	100 days pmpcy	45 days pmpcy	45 days pmpcy	45 days pmpcy	Only if member has Med Part A	no	\$700 per day for 14 days only
Inpatient services in a rehab. hospital	60 days pmpcy	100 days pmpcy	60 days pmpcy	60 days pmpcy	x	x	x	no	no	x
Inpatient physician and surgical services	x	x	x	x	x	x	x	x	x	X

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Transplants	x	x	x	x	x	x	x	x	x	X [plus \$10,000 transportation for transplant]

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## II. Emergency Room Services

Emergency room services	x	x	x	x	x	x	x	x	x	x
Emergency transportation/ ambulance (ground or air)	x	x	x	x	x	x	x	x	x	x

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III. Ambulatory Services										
Acupuncture	no	no	no	no	no	no	no	24 visits pmpcy with lic. pract.	10 visits pmpcy with lic. pract.	20 procedures pmpcy
Allergy testing	x	x	x	x	x	x	x	x	x	100 tests
Allergy injections	x	x	x	x	x	x	x	x	x	x
Chiropractor – lab and X-ray outpatient	x	x	x	x	x	no	x	1 x-ray pmpcy	1 x-ray pmpcy	\$25 pmpcy for x-rays

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Chiropractor – medical care services including spinal manipulation	x	12 visits pmpcy	x	x	20 visits pmpcy	20 visits pmpcy	20 visits pmpcy	12 visit pmpcy	20 visit pmpcy	12 visits pmpcy
Christian Science practitioners	no	no	no	no	no	no	no	pnc	pnc	50 visits pmpcy
Clinical trials to treat cancer	x	x	x	x	x	x	x	x	x	x
Dental services, preventive and restorative	no	no	no	no	no	no	no	Schedule	Schedule prevent only	Schedule
Enteral formulas	x	x	x	x	x	x	x	x	x	X

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Home health care services	x	x	x	x	x	x	x	50 visits pmpcy	25 visits pmpcy	50 visit pmpcy
Home visit – physician or other professional	x	x	x	x	x	x	x	x	x	x
Hospice for terminally ill	x	x	x	x	x [bereave ment counseling \$1500 per family]	x	x	7 cont. days per episode	7 cont. days per episode	\$15000 limit, combined with inpatient hospice
Hypodermic syringes or needles	x	x	x	x	Thru PBM	x	x	x	x	X
Low protein foods	x	x	x	x	Thru PBM	x	x	pc	pc	pnc

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Non-emergency transportation/ambulance (ground or air)	x	x	x	x	no	x	x	related to IP only	related to IP only	related to IP only
Other practitioner office visit (nurse practitioner, nurse midwife)	x	x	x	x	x	x	x	x	x	x
Outpatient dialysis and home dialysis	x	x	x	x	x	x	x	x	x	x
Outpatient surgery physician/surgical services	x	x	x	x	x	x	x	x	x	x
Oxygen	x	x	x	x	x	x	x	x	x	x
Primary care visit to treat an injury or illness	x	x	x	x	x	x	x	x	x	x
Private duty nursing	no	no	no	no	\$8000 pmpcy home only	\$8000 pmpcy IP & home	no	no	no	no

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						health combined				
Radiation and chemotherapy	x	x	x	x	x	x	x	x	x	x
Removal of impacted teeth	x	x	no	x	x	x	x	x	x	x
Removal of 7 or more permanent teeth	no	x	no	no	x	x	x	schedule	no	schedule
Respiratory therapy	x	x	x	x	x	x	x	pc	pc	x
Routine eye care, adult	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	Per member 1x every 24 months	Per member 1x every 24	Per member 1x every 24 months	no	no	no

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						months				
Routine foot care	Routine with vascular condition	Routine with circulatory disease	Routine with diabetes dx	Routine with vascular condition	Routine with vascular condition	Routine with diabetes dx	Routine with diabetes dx	Routine with vascular condition	Routine with vascular condition	Routine with vascular condition
Second opinion	x	x	x	x	x	x	x	For surgery	For surgery	For surgery
Services to treat accidental injury to sound natural teeth	no	x	no	no	x	x	x	x	x	x
Specialist visit	x	x	x	x	x	x	x	x	x	x

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Special medical formulas	x	x	x	x	Thru PBM	x	x	Medical foods for children/certain conditions	Medical foods for children/certain conditions	pnc

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#### IV. Maternity and Newborn Care

Abortion	x	x	x	x	x	x	x	no, except if mother's life in danger	no, except if mother's life in danger	no, except if mother's life in danger
Certified nurse midwife, inpatient	x	x	x	x	Hospital or home	x	x	x	x	x
Delivery and all inpatient services for maternity care	x	x	x	x	x	x	x	x	x	x
Hearing screening for newborns	x	x	x	x	x	x	x	x	x	

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Infertility – (ART) assisted reproductive technology	x	x	x	x	5 attempts	5 attempts	5 attempts	no	no	no
Infertility services other than ART	x	x	x	x	x	x	x	x	x	x
Prenatal and postpartum care	x	x	x	x	x	x	x	x	x	x

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V. Behavioral Health										
Behavioral health inpatient services in general hospital, mental health facility or substance abuse facility	x	Limits for non-biol based	x	x	x (through Beacon)	x	x	x	x	x
Behavioral health intermediate care services	x	x	x	x	x (through Beacon)	x	x	x	x	X

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Behavioral health outpatient services	x	Limits for non-biol based	x	x	x (through Beacon)	x	x	x	x	x
Neuropsych testing	x	x	x	x	x	x	x	pc	pc	x

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VI. Prescriptions Drugs										
Generic drugs	x	x	x	x	x	x	x	x	x	x
Preferred brand drugs	x	x	x	x	x	x	x	x	x	x
Non-preferred brand drugs	x	x	x	x	x	x	x	x	x	x
Specialty drugs	x	x	x	x	x	x	x	x	x	x
Contraceptive drugs and devices	x	x	x	x	x	x	x	x	x	x
Diabetes-related supplies	x	x	x	x	x	x	x	x	x	x
Hormone replacement therapy	x	x	x	x	x	x	x	pc	pc	pc

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Oral chemotherapy	x	x	x	x	x	x	x	pc	pc	pc

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### VII. Rehabilitative and Habilitative Services and Devices

Cardiac rehabilitation Services	x	x	x	x	x	x	x	x	x	x
Cognitive rehabilitation therapy	no	no	no	no	no	30 visits pmpcy	no	x	x	pc
Coronary Artery Disease Program	Disease mgmt program	X, through integrated health mgmt vendor	Disease mgmt program	Disease mgmt program	x	x	x	pnc	pnc	pnc
Diabetic shoes	x	x	x	x	x	x	x	no	no	\$150

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Durable medical equipment	x	x	x	x	x	x	x	x	x	x
Early intervention	x	x	x	x	x	x	x	pnc	pnc	pnc
Eyeglasses for specific conditions	1 pair after eye surg (in place of implanted intraocular lenses)	Eyeglass lenses to replace natural lens of the eye or after cataract surgery	no	1 pair after eye surg (in place of implanted intraocular lenses)	Initial pair after injury to eye or cataract surgery	First pair of lenses after cataract surgery, Contacts for keratoconus	Limited coverage for post cataract surgery, keratoconus or post retinal detachment surgery	1 pair per medical condition	1 pair per medical condition	First pair of contact lenses after surgery
Foot orthotics	no	no	no	no	x	no	Diabetic disease	x	x	no

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Hearing aids	\$2000 per ear /36 months under 21	\$2000 per ear /36 months under 21	\$2000 per ear /36 months under 21	\$2000 per ear /36 months under 21	Adult max of \$1700 - every 2cy \$2000 per ear pmpcy, under 21	Adult max of \$1700 - every 2cy \$2000 per ear pmpcy, under 21	Adult max of \$1700 -every 2cy \$2000 per ear pmpcy, under 21	\$2500 limit child – per year adult – per 3 yrs	\$2500 limit child – per year adult – per 3 yrs	\$500 pm each 5 years
Personal emergency response system	no	no	no	no	\$50 install/\$40 pmpm rental fee	\$50 install/\$40 pmpm rental fee	no	pnc	pnc	pnc
Prosthetic devices	x	x	x	x	x	x	x	x	x	x
Rehabilitation and habilitation services for autism, including ABA	x	x	x	x	x	x	x	no	no	no

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Short-term physical therapy	60 visits pmpcy, PT, OT combined	60 visits pmpcy, PT, OT combined	60 visits pmpcy, PT, OT combined	60 visits pmpcy, PT, OT combined	x	30 visits pmpcy	90 consecutive days per illness/injury	75 visit pmpcy, PT, OT, ST combined	50 visit pmpcy, PT, OT, ST combined	60 visits pmpcy, PT, OT, ST combined
Short-term occupational therapy					x	30 visits pmpcy	90 consecutive days per illness/injury			
Short term speech therapy	x	x	x	x	x	x	x			

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	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	OPTION 3 Three largest state employee plans in Massachusetts			OPTION 4 Three largest federal employee health plans		
	HMO Blue New England \$2000 Deductible	TAHMO Advantage Plan	Preferred Blue PPO \$2000 Deductible	HMO Blue New England \$2000 Deductible	Unicare Community Choice	Tufts Navigator	Harvard Pilgrim Independence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
Speech generating or communication device	x	no	x	x	no	no	x	\$1250 pmpcy	\$1250 pmpcy	no
Wigs, as result of cancer	1 wig pmpcy	1 wig pmpcy	1 wig pmpcy	1 wig pmpcy	x	x	x	\$350 per lifetime	\$350 per lifetime	no

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VIII. Laboratory Services										
Cytologic screening	x	x	x	x	x	x	x	x	x	x
Diagnostic test (X-ray and laboratory tests)	x	x	x	x	x	x	x	x	x	x
Imaging (CT and PET Scans, MRIs)	x	x	x	x	x	x	x	x	x	x
Human leukocyte antigen testing	x	x	x	x	x	x	x	pnc	pnc	pnc
Mammogram	x	x	x	x	x	x	x	x	x	x

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**IX. Preventive and Wellness Services and Chronic Disease Management**

Diabetes education	x	x	x	x	x	x	x	x	x	\$250 pmpcy
Family planning	x	x	x	x	x	x	x	x	x	x
Fitness program	3 months or 10 classes pmpcy		3 months or 10 classes pmpcy	3 months or 10 classes pmpcy	\$100 per family per year	no	no	Specific programs	Specific programs	pnc
Nutritional counseling	x	x	x	x	3 visits for adults at high risk of cardiovascular	3 visits per cy for non-diabetes or non-	3 visits per cy for certain conditions, doesn't	x	x	x

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					disease, diabetes, eating disorders or cleft palate	eating - disorder	apply to diabetes or eating disorder diagnoses			
Preventive care/ screening/immunization	x	x	x	x	x	x	x	x	x	X
Smoking cessation, treatment	x	X smoking cessation aids upon completion of program discount	x	x	300 mins per year for counsel-ing	x	x	x	x	x

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		ed program								
Smoking cessation, Rx	x	x	x	x	Rx thru PBM	x	x	x	x	
Weight loss program	3 months pmpcy	3 months pmpcy	3 months pmpcy	3 months pmpcy	morbidly obese; when under care of MD	no	no	pnc	pnc	no

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**X. Pediatric Services, Including Oral and Vision Care**

Dental for children	Limited to members under 18 with cleft palate/cleft lip	x	Limited to members under 18 with cleft palate/cleft lip	Limited to members under 18 with cleft palate/cleft lip	no	no	no	schedule for preventive	schedule for preventive	schedule for preventive
Eye glasses for children	no	no	no	no	no	no	no	no	no	no
Lead poisoning screening	x	x	x	x	x		x	x	x	x
Eye exam for children	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	no	no	no
Cleft palate/cleft lip	x	x	x	x	x	x	x	pnc	pnc	pnc

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