

Essential Health Benefits Overview

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Essential Health Benefits (EHB) Overview

- The California Health Benefit Exchange (HBEX) retained Milliman to analyze and compare the health services covered by the ten EHB California benchmark plans.
- Milliman is the largest health benefits consulting firm in the United States.
- We have extensive knowledge of the health insurance industry in California, including both commercial and public sectors.
- We have many years experience partnering with the California Health Benefits Review Program (CHBRP) analyzing proposed California benefit mandates.

Essential Health Benefits – Potential California Benchmark Plans

- Three largest Federal Employees Health Benefits Program (FEHBP)
 - Government Employees Health Association (GEHA)
 - Blue Cross Blue Shield Basic (BCBS Basic)
 - Blue Cross Blue Shield Standard (BCBS Standard)
- Three largest California State Employee Plans (CalPERS)
 - Blue Shield Basic HMO
 - Anthem Blue Cross PERS Choice PPO (Choice)
 - Kaiser HMO
- Three largest California Commercial Small Group Products *
 - Small Group Anthem Blue Cross (Solution 2500) PPO
 - Small Group Kaiser HMO
 - Small Group Blue Shield (Spectrum PPO Plan 1500 Value)
- Largest California Commercial Group HMO
 - Large Group Kaiser Traditional HMO

* Unconfirmed. These were the products included in our analysis.

Essential Health Benefits – Potential California Benchmark Plans

- Outstanding Issue - we still need to confirm the identification of the small group benchmark plans, including riders.

Essential Health Benefits – Analysis of Services Covered

- Table 1: Summary of Coverage Status of Potential California Essential Health Benefits Benchmark Plans
- Table 2: Services with Coverage or Limit Differences Between Potential California Essential Health Benefit Benchmark Plans with Additional Detail on Limits
- Table 3: Services with Coverage Differences not due to California State Mandates
- Table 4: Services with Coverage Differences Potentially due to California State Mandates

Essential Health Benefits – Analysis of Services Covered

- All of the potential benchmark plans are comprehensive - covering standard facility and professional services, and prescription drugs
- In addition, we determined the following services are covered in all benchmark plans:
 - Anesthesia for Dental Procedures
 - Medically Necessary Abortions
 - TMJ Surgery
 - Reconstructive Surgery
 - Inpatient Detoxification Treatment
 - Oral Contraceptives
 - Cancer Screenings
 - HIV/AIDS Vaccine (When Available)

Essential Health Benefits – Benefits Excluded from Some Potential Benchmark Plans and not from Others

- The following are examples of services excluded from some plans, but not others, and may have a cost impact:
 - Assisted Reproductive Technology (e.g., in-vitro fertilization)
 - Hearing aids and surgically implanted hearing devices
 - Acupuncture
 - Chiropractic services

Essential Health Benefits – Coverage with Varying Limits

- The following services have variability in applicable limits among the potential benchmark plans, for example, a limited number of visits per year:
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Acupuncture
 - Chiropractic services
 - Skilled Nursing Facility

Essential Health Benefits – Accountable Care Act-Required Services not Commonly Covered in Potential Benchmark Plans

- Pediatric Dental and Vision Services
 - State can set benchmark to Federal Employees Dental and Vision Insurance Program or CHIP.
 - US HHS proposes that *non-medically* necessary orthodontic benefits are not covered.
- Habilitative Services
 - Not commonly described in the benchmark plans.

Essential Health Benefits – Relationship with State-Mandated Benefits

- Section 1401 of the ACA
 - Federal premium subsidies are only applied to the portion of the premium cost attributable to the Essential Health Benefits package.
 - Benefits beyond the Essential Health Benefits must be paid fully by the policyholder.
- California could choose the benchmark that covers most state-mandated benefits, thus including them in the EHB package and requiring them to be covered by all qualified health plans.

Essential Health Benefits – Caveats

- Milliman's review was based on each plan's Evidence of Coverage, as provided by HBEX. Milliman's analysis has not been reviewed by the carriers or plan sponsors.
- This presentation and accompanying tables have been prepared by Milliman for HBEX. They are not to be relied on by third parties.
- This is a working draft, subject to potential changes in benchmark plans and coverage interpretations for specific services. We welcome any comments and clarifications.

California Health Benefit Exchange: Comparison of Potential Essential Health Benefit Benchmarks

TABLE 1: Summary of Coverage Status of Potential California Essential Health Benefits Benchmark Plans (1)

	Federal Plans			California State Employee Plans			Commercial Small Group Plans (2)			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	CalPERS Blue Shield Basic HMO	CalPERS - Choice	CalPERS - Kaiser HMO	Small Group - Anthem PPO - CDI	Small Group - Kaiser HMO - DMHC	Small Group - Blue Shield PPO - CDI	Commercial Large Group - Kaiser HMO - DMHC
Ambulatory Patient Services										
Ambulatory Patient Services Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Acupuncture	Covered with Limits	Covered with Limits	Covered with Limits	Not Covered	Covered with Limits	Covered	Covered	Covered with Limits	Mandated to Offer - Not Covered	Covered with Limits
Chiropractic	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered with Limits	Not Covered	Covered	Not Covered	Covered with Limits	Not Covered
Anesthesia For Dental Procedures	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Voluntary Sterilization	Covered	Covered	Covered	Covered	Covered	Covered	Not Specified	Not Specified	Covered	Not Specified
Assisted Reproductive Technology (ART)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered	Not Covered
Infertility Services (Non-ART)	Covered with Limits	Covered	Covered	Covered	Not Covered	Covered	Covered with Limits	Mandated to Offer - Not Specified	Mandated to Offer - Not Specified	Covered
Emergency Services										
Emergency Services Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Hospitalization										
Hospitalization Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Skilled Nursing Facility	Covered with Limits	Not Covered	Not Covered	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits
Hospice Care	Covered with Limits	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Covered with Limits	Covered
Bariatric Surgery	Covered with Limits	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Christian Science	Covered with Limits	Not Specified	Not Specified	Not Covered	Not Covered	Not Covered	Not Specified	Not Covered	Not Specified	Not Covered
Maternity and Newborn Care										
Maternity and Newborn Care Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Prenatal Diagnosis of Genetic Disorders	Not Specified	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Natural Childbirth Classes	Not Specified	Not Specified	Not Specified	Not Specified	Covered	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified
Alternative Birthing Centers	Not Specified	Not Specified	Not Specified	Not Specified	Covered	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified
Mental Health and Substance use Disorder Services, Including Behavioral Health Treatment										
Mental Health and Substance use Disorder Services, Including Behavioral Health Treatment Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Smoking Cessation Counseling	Covered with Limits	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Not Specified	Covered
Alcoholism Treatment	Covered	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Covered with Limits	Covered
Autism Treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs										
Prescription Drugs Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Smoking Cessation Drugs	Covered	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Covered	Covered
Non Cancer Clinical Trials	Covered	Covered	Covered	Not Specified	Not Covered	Not Specified	Not Covered	Not Specified	Not Specified	Not Specified
Pain Medication for Terminally Ill	Covered	Covered	Covered	Covered	Covered	Covered with Limits	Covered	Covered with Limits	Covered	Covered with Limits
Rehabilitative and Habilitative Services and Devices										
Rehabilitative and Habilitative Services and Devices Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Rehabilitative	Covered	Covered	Covered	Covered	Covered with Limits	Covered	Not Specified	Covered	Covered	Covered
Habilitative	Not Covered	Not Covered	Not Covered	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified
Physical And Occupational Therapy	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered with Limits	Covered	Covered	Covered	Covered with Limits	Covered
Speech Therapy	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered with Limits	Covered	Covered	Covered	Covered with Limits	Covered
Durable Medical Equipment	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Orthotics/Prosthetics	Covered	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Covered	Covered
Prosthetic Devices for Laryngectomy	Not Specified	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered	Covered with Limits	Covered with Limits	Covered with Limits
Special Footwear for Persons Suffering from Foot Disfigurement	Not Covered	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Covered	Covered
Hearing Aids	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Not Covered	Not Covered	Not Covered	Not Covered
Surgically implanted Hearing Devices	Covered	Covered with Limits	Covered with Limits	Covered	Covered	Covered	Not Specified	Covered	Not Covered	Covered
Home Health	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered with Limits	Covered	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits
Laboratory Services										
Laboratory Services Broadly Defined	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Preventive and Wellness Services and Chronic Disease Management										
Preventive and Wellness Services and Chronic Disease Management	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Cancer Related Clinical Trials	Not Specified	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Osteoporosis	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Disease Management	Not Specified	Covered	Covered	Covered	Covered	Not Specified	Not Specified	Covered	Covered	Covered
Diabetes Education	Covered with Limits	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Phenylketonuria	Not Specified	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pediatric Services, Including Oral and Vision Care										
Pediatric Medical Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Pediatric Dental Care	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Vision Care	Covered	Covered with Limits	Covered with Limits	Covered	Covered	Covered	Not Covered	Covered	Not Covered	Covered

(1) Milliman's review was based on each plan's Evidence of Coverage. These summaries have not been reviewed by the carriers or plan sponsors.

(2) The Essential Health Benefits Bulletin (CCIO, December 16, 2011) says to identify the three largest products, and then select the largest plan from each of these products. The three small group plans above are based on the largest product from each of what are believed to be the three largest small group carriers. It is possible that under the Bulletin's logic two of the three benchmark plans could be from a single carrier, or that a product from a different carrier could be a benchmark plan. Also, the above summaries are based on EoC's that do not reflect the riders associated with any particular plan within these three largest products.

California Health Benefit Exchange: Comparison of Potential Essential Health Benefit Benchmarks

TABLE 2: Services with Coverage or Limit Differences Between Potential California Essential Health Benefit Benchmark Plans with Additional Detail on Limits

	Federal Plans			California State Employee Plans			Commercial Small Group Plans			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	CalPERS Blue Shield Basic HMO	CalPERS - Choice	CalPERS - Kaiser HMO	Small Group - Anthem PPO - CDI	Small Group - Kaiser HMO - DMHC	Small Group - Blue Shield PPO - CDI	Commercial Large Group - Kaiser HMO - DMHC
Ambulatory Patient Services										
Acupuncture	Covered - 20 visits per year	Covered - 24 visits per year	Covered - 24 visits per year	Not Covered - None	Covered - 15 visits, combined with chiropractic	Covered - None	Covered - None	Covered - Part of Pain Management program only	Mandated to Offer - Not Covered	Covered - Part of Pain Management / Nausea Treatment only
Chiropractic	Covered - 12 visits per year	Covered - 12 visits per year	Covered - 12 visits per year	Covered - None	Covered - 15 visits, combined with acupuncture	Not Covered - None	Covered - None	Not Covered	Covered - 12 visits per year combined with PT, OT, ST	Not Covered
Assisted Reproductive Technology (ART)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered - None	Not Covered	Not Covered	Not Covered
Infertility Services (Non-ART)	Covered - \$3,000 per year	Covered - None	Covered - None	Covered - None	Not Covered	Covered - None	Covered - Note	Mandated to Offer - Not Covered	Mandated to Offer - Not Specified	Covered - None
Emergency Services										
Hospitalization										
Skilled Nursing Facility	Covered - 14 days per admit	Not Covered	Not Covered	Covered - 100 days per year	Covered - 100 days combined per calendar year	Covered - 100 days per benefit period	Covered - 100 days of care per year	Covered - 100 day limit	Covered - 60 day limit	Covered - 100 days per year
Hospice Care	Covered - \$15,000 maximum limit	Covered - None	Covered - None	Covered - None	Covered - Re-Certification required after 90 days	Covered - None	Covered - None	Covered - None	Covered - Re-Certification required after 90 days	Covered - None
Bariatric Surgery	Covered - BMI greater than 40% and 18 years or older with other procedures exhausted	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Christian Science	Covered - 50 sessions per year	Not Specified	Not Specified	Not Covered	Not Covered	Not Covered	Not Specified	Not Covered	Not Specified	Not Covered
Maternity and Newborn Care										
Mental Health and Substance use Disorder Services, Including Behavioral Health Treatment										
Smoking Cessation Counseling	Covered - Two attempts per year, four counselling sessions per attempt	Covered - None	Covered - None	Covered - None	Covered - \$100 per year	Covered - None	Covered - None	Covered - None	Not Specified	Covered - None
Alcoholism Treatment	Covered - None	Covered - None	Covered - None	Covered - None	Covered - Provide medically necessary treatment to stabilize an acute substance abuse condition	Covered - None	Covered - None	Covered - None	Covered - Unless selected as an optional benefit by your employer, no benefits are provided for inpatient substance abuse services	Covered - None
Autism Treatment (1)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs										
Smoking Cessation Drugs	Covered - None	Covered - None	Covered - None	Covered - None	Covered - \$100 per year	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Non Cancer Clinical Trials	Covered - None	Covered - None	Covered - None	Not Specified	Not Specified	Not Specified	Not Covered	Not Specified	Not Specified	Not Specified
Pain Medication for Terminally Ill	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - 100 days supply	Covered - None	Covered - 100 days supply	Covered - None	Covered - 100 days supply
Rehabilitative and Habilitative Services and Devices										
Rehabilitative	Covered - None	Covered - None	Covered - None	Covered - None	Covered - Cardiac Rehab limited to 40 visits per year	Covered - None	Not Specified	Covered - None	Covered - None	Covered - None
Habilitative (2)	Not Covered	Not Covered	Not Covered	Not Specified - Only to maintain activities of daily living	Not Specified - Only to maintain activities of daily living	Not Specified - Only to maintain activities of daily living	Not Specified	Not Specified - Only to maintain activities of daily living	Not Specified	Not Specified - Only to maintain activities of daily living
Physical And Occupational Therapy	Covered - 60 combined visits with OT	Covered - 75 visits per year	Covered - 75 visits per year	Covered - None	Covered - 24 visits per year	Covered - None	Covered - None	Covered - None	Covered - 12 visits per year combined with PT, OT, ST and chiro	Covered - None
Speech Therapy	Covered - 30 visits per calendar year	Covered - 75 visits per year	Covered - 75 visits per year	Covered - None	Covered - 24 visits per year	Covered - None	Covered - None	Covered - None	Covered - 12 visits per year combined with PT, OT, ST and chiro	Covered - None
Orthotics/Prosthetics	Covered - None	Covered - None	Covered - None	Covered - None	Covered - No shoes allowed	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Prosthetic Devices for Laryngectomy	Not Specified	Covered - \$1,250 annual limit for speech generating devices	Covered - \$1,250 annual limit for speech generating devices	Covered - No Coverage for Computerized speech generating devices	Covered - No Coverage for Computerized speech generating devices	Covered - None	Covered - None	Covered - No Coverage for Computerized speech generating devices	Covered - No Coverage for Computerized speech generating devices	Covered - No Coverage for Computerized speech generating devices
Special Footwear for Persons Suffering from Foot Disfigurement	Not Covered	Covered - None	Covered - None	Covered - None	Covered - 1 pair inserts per year. No shoes allowed	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Hearing Aids	Covered - Every 5 years	Covered - \$1,250 annual limit for children under age 22, \$1,250 limit every 36 months for adults age 22 and older	Covered - \$1,250 annual limit for children under age 22, \$1,250 limit every 36 months for adults age 22 and older	Covered - \$1,000 every 36 months	Covered - One every 36 months	Covered - \$1,000 every 36 months	Not Covered	Not Covered	Not Covered	Not Covered
Surgically implanted Hearing Devices	Covered - None	Covered - \$1,250 annual limit	Covered - \$1,250 annual limit	Covered - None	Covered - None	Covered - None	Not Specified	Covered - None	Not Covered	Covered - None
Home Health	Covered - 50 per year. 2 hours per visit	Covered - 2 hours per day. 25 days per year	Covered - 2 hours per day. 25 days per year	Covered - None	Covered - 45 visits per year	Covered - None	Covered - 100 Visits of 4 hours	Covered - Two/Four hours per visit, three visits per day, 100 visits per year	Covered - 100 visits per year	Covered - 100 visits per year
Laboratory Services										
Preventive and Wellness Services and Chronic Disease Management										
HIV/AIDS, AIDS Vaccine (When Available)	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Osteoporosis	Covered - Only women over 60 who are at an increased risk	Covered - Only women over 60 who are at an increased risk	Covered - Only women over 60 who are at an increased risk	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Diabetes Education	Covered - \$250 per year	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None	Covered - None
Pediatric Services, Including Oral and Vision Care										
Pediatric Dental Care (3)	Covered - None	Covered - None	Covered - None	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Vision Care (4)	Covered - None	Covered - One Pair of eyewear per year	Covered - One Pair of eyewear per year	Covered - None	Covered - None	Covered - None	Not Covered	Covered - None	Not Covered	Covered - None

Note: Milliman's review was based on each plan's Evidence of Coverage as provided by the California Health Benefit Exchange. These summaries have not been reviewed by the carriers or plan sponsors.

- (1) The Autism Treatment mandate covering Applied Behavioral Analysis services is effective in California on July 1, 2012. CalPERS is exempt from this requirement.
- (2) Under one option in the Bulletin, whichever Benchmark Plan is chosen, habilitative must be covered under same terms as in PT/OT/ST for rehabilitative care.
- (3) Under the Bulletin, whichever Benchmark Plan is chosen, Pediatric Dental must be covered as it is in the CHIP or FEDVIP Dental Program.
- (4) Under the Bulletin, whichever Benchmark Plan is chosen, Pediatric Vision care must be covered as it is in the FEDVIP Vision Program.

California Health Benefit Exchange: Comparison of Potential Essential Health Benefit Benchmarks

TABLE 3: Services with Coverage Differences not due to California State Mandates

	Federal Plans			California State Employee Plans			Commercial Small Group Plans			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
Assisted Reproductive Technology (ART)	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	CalPERS Blue Shield Basic HMO	CalPERS - Choice	CalPERS - Kaiser HMO	Small Group - Anthem PPO - CDI	Small Group - Kaiser HMO - DMHC	Small Group - Blue Shield PPO - CDI	Commercial Large Group - Kaiser HMO - DMHC
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered	Not Covered
Christian Science	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered with Limits	Not Covered	Covered	Not Covered	Covered with Limits	Not Covered
Habilitative	Covered with Limits	Not Specified	Not Specified	Not Covered	Not Covered	Not Covered	Not Specified	Not Covered	Not Specified	Not Covered
Hearing Aids	Not Covered	Not Covered	Not Covered	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified	Not Specified
Non Cancer Clinical Trials	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental Care	Covered	Covered	Covered	Not Specified	Not Covered	Not Specified	Not Covered	Not Specified	Not Specified	Not Specified
Pediatric Vision Care	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Rehabilitative	Covered	Covered with Limits	Covered with Limits	Covered	Covered	Covered	Not Covered	Covered	Not Covered	Covered
Skilled Nursing Facility	Covered	Covered	Covered	Covered	Covered with Limits	Covered	Not Specified	Covered	Covered	Covered
Surgically implanted Hearing Devices	Covered with Limits	Not Covered	Not Covered	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits
	Covered	Covered with Limits	Covered with Limits	Covered	Covered	Covered	Not Specified	Covered	Not Covered	Covered

TABLE 4: Services with Coverage Differences Potentially due to State Mandates

	Federal Plans			California State Employee Plans			Commercial Small Group Plans			Commercial Large Group Plans
	1	2	3	4	5	6	7	8	9	10
Acupuncture	FEHBP - GEHA	FEHBP - BCBS Basic	FEHBP - BCBS Standard	CalPERS Blue Shield Basic HMO	CalPERS - Choice	CalPERS - Kaiser HMO	Small Group - Anthem PPO - CDI	Small Group - Kaiser HMO - DMHC	Small Group - Blue Shield PPO - CDI	Commercial Large Group - Kaiser HMO - DMHC
Autism Treatment	Covered with Limits	Covered with Limits	Covered with Limits	Not Covered	Covered with Limits	Covered	Covered	Covered with Limits	Mandated to Offer - Not Covered	Covered with Limits
Infertility Services (Non-ART)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prosthetic Devices for Laryngectomy	Covered with Limits	Covered	Covered	Covered	Not Covered	Covered	Covered with Limits	Mandated to Offer - Not Covered	Mandated to Offer - Not Specified	Covered
Special Footwear for Persons Suffering from Foot Disfigurement	Not Specified	Covered with Limits	Covered with Limits	Covered with Limits	Covered with Limits	Covered	Covered	Covered with Limits	Covered with Limits	Covered with Limits
	Not Covered	Covered	Covered	Covered	Covered with Limits	Covered	Covered	Covered	Covered	Covered

Note: Milliman's review was based on each plan's Evidence of Coverage as provided by the California Health Benefit Exchange. These summaries have not been reviewed by the carriers or plan sponsors.