

Benchmark 2017

Specific Services for Habilitative Services, Rehabilitative Services, Home Health, Hospice and Durable Medical Equipment

	Plan A	Plan B	Plan C	Plan D
Habilitative Services	Covered	Covered	Covered	Not covered
Physical Therapy	Adult coverage limited to age 21 or older; 30 visits per injury per benefit period	Adult coverage limited to age 21 or older; 30 visits per injury per benefit period	Limited to medical necessity and appropriateness of treatment	Not covered
Occupational Therapy	Adult coverage limited to age 21 or older; 30 visits per injury per benefit period	Adult coverage limited to age 21 or older; 30 visits per injury per benefit period	Limited to medical necessity and appropriateness of treatment	Not covered
Speech Therapy	Adult coverage limited to age 21 or older; 30 visits per injury per benefit period	Adult coverage limited to age 21 or older; 30 visits per injury per benefit period	Limited to medical necessity and appropriateness of treatment	Not covered
Rehabilitative Services	Covered	Covered	Covered	Covered
Physical Therapy	Covered if condition is subject to improvement	Covered	Limited to restoration of a physical function that was lost due to injury or illness	Limited to 30 visits per condition per benefit period
Occupational Therapy	Covered if condition is subject to improvement	Covered	Limited to treatment to achieve and maintain improved self-care and other customary activities of daily living	Limited to 30 visits per condition per benefit period
Speech Therapy	Covered if condition is subject to improvement	Covered	Limited to treatment for speech impairments due to injury or illness	Limited to 30 visits per condition per benefit period

Cardiac Rehab	Limited to 90 days per benefit period	Limited to 90 days per benefit period	Up to 90 consecutive days	Limited to 90 visits per benefit period
Pulmonary Rehab	Limited to one program per lifetime	Limited to one program per lifetime	Limited to one program per lifetime	Limited to one program per lifetime
Home Health Care Services	Covered	Covered	Covered	Covered
Skilled Nursing	Limited to 90 days per episode	Limited to 90 days per episode	Limited to 90 visits and up to 4 hours per episode of care	No limits indicated
Home Health Aide	Limited to 90 days per episode	Limited to 90 days per episode	Limited to 90 visits and up to 4 hours per episode of care	No limits indicated
Medical Social Services	Limited to 90 days per episode	Limited to 90 days per episode	Limited to 90 visits and up to 4 hours per episode of care	No limits indicated
Home Visit after mastectomy or removal of testicle	Limited to 90 days per episode	Limited to 90 days per episode	Limited to 90 visits and up to 4 hours per episode of care	No limits indicated
Drugs and meds administered during visit	Limited to 90 days per episode	Limited to 90 days per episode	Limited to 90 visits and up to 4 hours per episode of care	No limits indicated
Incidental medical supplies	Limited to 90 days per episode	Limited to 90 days per episode	Limited to based on medically necessary plan of care	No limits indicated
Postpartum Home Visit	Covered	Covered	Covered	Covered
Dietician services	Limited to 90 days per episode	Limited to 90 days per episode	Covered	No limits indicated
Durable Medical Equipment	Covered	Covered	Covered Definition: intended for repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a	Covered

			person in the absence of illness or injury; meets plan criteria for medically necessity; prostheses excluded	
Oxygen and Equipment	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Covered	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs
Positive Airway Pressure Equipment	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Covered	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs
Apnea Monitors	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Covered	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs
Asthma Equipment	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Covered	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs
Bilirubin Lights	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs	Covered for infants under 3	Limited to: the least expensive medically necessary DME adequate to meet the member's medical needs
Hospice Services	Covered	Covered	Covered	Covered
Physician care	Covered	Covered	Covered	Covered

Intermittent skilled nursing care	Covered	Covered	Covered	Covered
PT, OT, and speech and respiratory therapy (if required to maintain the comfort and manage the pain of the terminally ill member)	Covered	Covered	Covered	Not covered
Medical social services	Covered	Covered	Covered	Covered
Short-term IP care including respite care, plan for pain control, and acute and chronic pain management	Covered	Covered	Covered	Covered
Palliative drugs	Covered	Covered	Covered	Not covered
Medical supplies and appliances	Covered	Covered	Covered	Covered
Counseling and bereavement services	Covered	Covered	Covered	Covered
Nutritional guidance	Not covered	Not covered	Covered	Covered
Non-custodial home health visits	Covered	Covered	Limited to 90 visits and up to 4 hours per visit	Covered
Lab tests and x-rays	Covered	Covered	Covered	Covered
Medically necessary ground ambulance	Covered	Covered	Covered	Covered
Home visits within service area	Not covered	Not covered	Limited to 90 visits and up to 4 hours per visit	Covered