



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Blue 5 Blue Access PPO Medical Option 6 Rx Option G Anthem Ins Companies Inc (Anthem BCBS)	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
Secretary-Approved	



Alternative Benefit Plan

I. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Primary Care Visit to Treat an Injury or Illness

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Specialist visit

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Other practitioner office visit (e.g. nurse, PA)

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None



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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Outpatient facility (e.g. Amb. surgery center)

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Outpatient surgery physician/surgical services

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.



Alternative Benefit Plan

Benefit Provided:	Source:	
Private Duty Nursing	Base Benchmark Small Group	Remove
Authorization:	Provider Qualifications:	
Other	State Plan & Public Employee/Commercial Plan	
Amount Limit:	Duration Limit:	
82 visit per plan year, 164 per lifetime	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:		
Base benchmark contained a \$50,000 per benefit period (benchmark plan limit) which is equal to 82 visits per benefit period in the Indiana EHB. \$100,000 per lifetime (benchmark plan limit) is equal to 164 visits per lifetime in the Indiana EHB. Limit applies to in-home setting, service is non-covered in an inpatient setting.		
For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		

Benefit Provided:	Source:	
Urgent Care Centers or Facilities	Base Benchmark Small Group	Remove
Authorization:	Provider Qualifications:	
None	State Plan & Public Employee/Commercial Plan	
Amount Limit:	Duration Limit:	
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:		

Benefit Provided:	Source:	
Home Health Care Services	Base Benchmark Small Group	
Authorization:	Provider Qualifications:	
Other	State Plan & Public Employee/Commercial Plan	
Amount Limit:	Duration Limit:	
90 visits per plan year	None	



Alternative Benefit Plan

Scope Limit:

Member must be confined to the home for medical reasons and be physically unable to obtain needed medical services on an outpatient basis. Custodial care is not covered.

Remove

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

Home Health Care includes professional, technical, and health aide services. Does not include in home manipulation therapy.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Dialysis

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Radiation Therapy

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general



Alternative Benefit Plan

member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Remove

Benefit Provided:

Chemotherapy

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Infusion Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Renal Dialysis/Hemodialysis

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		
Benefit Provided: Allergy Treatment	Source: Base Benchmark Small Group	Remove
Authorization: Other	Provider Qualifications: State Plan & 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: For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		
Benefit Provided: Dental Services for accidental injury	Source: Base Benchmark Small Group	
Authorization: Other	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Coverage for treatment performed within 12 months of injury. Damage to teeth due to chewing or biting not considered accidental injury and is not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Benefit limited to \$3,000 of coverage. For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is		



Alternative Benefit Plan

not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Remove

Benefit Provided:

Clinical trials for cancer treatment

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Voluntary sterilization for males

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

TMJ

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Chiropractic

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

12 visits per plan year

Duration Limit:

None

Scope Limit:

Covers spinal manipulation and manual medical intervention services including OMT. Services not covered in an in home setting.

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

Visit limit is for all manipulation treatments including chiropractic and osteopathic manipulation treatment.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Emergency Department Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & 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:

Emergency Transportation (e.g. Ambulance)

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Coverage for transportation to emergency services only.

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

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services (e.g. Hospital stay)

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Inpatient physician and surgical services

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Human organ and tissue transplant services

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

Other

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Medically necessary human organ and tissue transplant services. When a human organ or tissue transplant is provided from a living donor to a covered person, both the recipient and the donor may receive the benefits of the health plan.

Remove

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

Unrelated Donor Searches is limited to \$30,000 per transplant.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Non-cosmetic reconstructive surgery

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Certain reconstructive services required to correct a deformity caused by disease, trauma, congenital anomalies, or previous therapeutic process are covered.

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Mastectomy - Reconstructive surgery

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general



Alternative Benefit Plan

member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Remove

Benefit Provided:

Anesthesia

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Prenatal and postnatal care

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Surrogate services not covered

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Delivery and all inpatient services for maternity

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Surrogate services not covered

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Add



Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment Collapse All

Benefit Provided: Mental/behavioral health outpatient services	Source: Base Benchmark Small Group	Remove
Authorization: Other	Provider Qualifications: State Plan & 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: For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		

Benefit Provided: Mental/behavioral health inpatient services	Source: Base Benchmark Small Group	Remove
Authorization: Other	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Custodial care and 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: For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		

Benefit Provided: Substance abuse disorder outpatient services	Source: Base Benchmark Small Group	
Authorization: Other	Provider Qualifications: State Plan & Public Employee/Commercial Plan	



Alternative Benefit Plan

Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	<input type="button" value="Remove"/>
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="For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment."/>		
Benefit Provided:	Source:	
<input type="text" value="Substance abuse disorder inpatient services"/>	<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Custodial care and 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:		
<input type="text" value="For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

6. Essential Health Benefit: 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:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The prescription drug benefit will offer comprehensive coverage substantially equivalent to the state essential health benefit benchmark. Formularies may vary by employer plan. All formularies will be reviewed for comprehensiveness and compliance with the CCHIO non-discriminatory benefit design checks as detailed in the ABP 5 supplemental plan review information.

Prescription supply may be limited to 30 days for retail pharmacy and up to 90 days for mail service.

Exclusions or non covered drugs may include over the counter drugs and drugs with over the counter equivalents; Drugs for weight loss; Nutritional and/or dietary supplements; drugs for the treatment of sexual or erectile dysfunction or inadequacies; fertility drugs; human growth hormone for children born small for gestational age; treatment of onchomycosis.

Exact coverage may vary by approved HIP Link employer plan. For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.



Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Skilled Nursing Facility

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

90 days per plan year

Duration Limit:

None

Scope Limit:

Custodial care is not covered.

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Physical, Speech and Occupational Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

20 visits per therapy per plan year

Duration Limit:

None

Scope Limit:

Visit limit includes both rehabilitative and rehabilitative services

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

Coverage provided for at least 20 visits for each of the following: physical therapy, occupational therapy, speech therapy.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Durable medical equipment

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment. Rental caps and time frame limitations may vary between plans.

Benefit Provided:

Vision correction after surgery or accident

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered if medically necessary.

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Inpatient rehabilitation therapy

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

60 days per benefit year

Duration Limit:

None

Scope Limit:

Pulmonary rehab in the acute inpatient setting is not covered.

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

Limit is combined for all inpatient rehabilitation types. For authorization, the member's primary coverage



Alternative Benefit Plan

provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Remove

Benefit Provided:

Prosthetics

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered if medically necessary.

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

A prosthetic device means an artificial arm or leg or any portion of limb. Covered services include the purchase, replacement or adjustment of artificial limbs when required due to a change in a beneficiaries physical condition or body size due to normal growth.

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Benefit Provided:

Othotics

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered if medically necessary.

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

Orthotic devices are covered under this benefit as braces or supports designed as part of the artificial arm or leg.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.



Alternative Benefit Plan

Benefit Provided: Medical supplies	Source: Base Benchmark Small Group	Remove
Authorization: Other	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Covered if medically necessary.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Benefit includes but may not be limited to diabetic supplies and equipment, casts, dressings, splints, and other devices used for reduction of fractures and dislocations. For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		
Benefit Provided: Hospice Services	Source: Base Benchmark Small Group	Remove
Authorization: Other	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: To be eligible for Hospice benefits, the patient must have a life expectancy of six months or less, as confirmed by the attending Physician. Covered Services will continue if the Member lives longer than six months. Housekeeping services not covered		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.		
Benefit Provided: Autism Services	Source: Base Benchmark Small Group	
Authorization: Other	Provider Qualifications: State Plan & Public Employee/Commercial Plan	



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

See below.

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

Coverage is provided for the treatment of pervasive developmental disorders. Treatment is limited to services prescribed by a physician in accordance with a treatment plan. Pervasive developmental disorder means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Cardiac Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

36 visits per plan year

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:

Coverage provided for 36 visits of cardiac therapy.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Pulmonary Therapy

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

20 visits per plan year

Duration Limit:

None



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:

Coverage provided for 20 visits per plan year.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Diagnostic test (e.g. lab work)

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Imaging (e.g. CT/PET scans, EKGs, MRIs)

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Pathology

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Covered if medically necessary.

Remove

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Radiology

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered if medically necessary.

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Add



Alternative Benefit Plan

9. Essential Health Benefit: 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).

Benefit Provided:

Preventive care, screening, immunization

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & 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:

Preventive care provided in accordance with minimum requirements.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Benefit Provided:

Diabetes education

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Coverage for palliative foot care, medical supplies, equipment, and education for diabetes care for all diabetics.

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

Diabetes Self Management Training for an individual with insulin dependent diabetes, non-insulin dependent diabetes, or elevated blood glucose levels induced by pregnancy or another medical condition when: medically necessary; ordered in writing by a physician or a podiatrist; and provided by a health care professional who is licensed, registered, or certified under state law.

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general



Alternative Benefit Plan

member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Remove

Benefit Provided:

Routine PSA test

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

1 per year

Duration Limit:

None

Scope Limit:

Coverage for individuals who are at least 50 years old or less than 50 if high risk for prostate cancer. Covered if medically necessary.

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

For authorization, the member's primary coverage provided through the employer sponsored insurance may require prior authorization. Prior authorization may include but is not limited to provision of general member information, a justification of services rendered for the medical needs of the member and a planned course of treatment, if applicable, as related to the number of services provided and duration of treatment.

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> 10. Essential Health Benefit: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Available to enrollees age 20 and under		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: This benefit will be provided by Medicaid if the service or treatment is not covered on the employer plan or if the employer plan limits coverage of any medically necessary 1905(a) benefit to the EPSDT population.		
		<input type="button" value="Add"/>



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> 13. 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="Non-emergency care when traveling outside the U.S."/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This benefit is in the Indiana EHB base benchmark and may be included in HIP Link approved plans. This benefit is not considered an essential health benefit for the ABP and health plans will not be disqualified from HIP Link if they do not offer this coverage. This services is not permissible under federal Medicaid rules."/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Transplant Services- Transportation and Lodging"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This benefit has a \$10,000 dollar limit that cannot be converted to a service limit. It is not considered an essential health benefit. HIP Link employer plans may offer this benefit but the \$10,000 of coverage for this benefit is not required for HIP Link."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All



Alternative Benefit Plan

<input type="checkbox"/> 15. 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 <input type="checkbox"/>
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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.

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