

Table 4. Detailed Comparison of Small Group Plans		
BCBS PPO Plan	Health Advantage POS Plan	Qual Choice POS
<b>Professional Services</b>	<b>Professional Services</b>	<b>Professional Services</b>
Physician Office Visits	Physician Office Visits	Physician Office Visits
Physician Hospital Visits	Physician Hospital Visits	Physician Hospital Visits
Case Management Communications made by PCP	Case Management Communications made by PCP	Case Management Communications made by PCP
Surgical Services - IP and OP	Surgical Services - IP and OP	Surgical Services - IP and OP
Qualified Assistant Surgeon Services	Qualified Assistant Surgeon Services	Qualified Assistant Surgeon Services
<b>Hospital Services</b>	<b>Hospital Services</b>	<b>Hospital Services</b>
Inpatient Services	Inpatient Services	Inpatient Services
Outpatient Services	Outpatient Services	Outpatient Services
Hospital services in connection with Dental Treatment	Hospital services in connection with Dental Treatment	Hospital services in connection with Dental Treatment
Dental Anesthesia and other services for children under 7 with an immediate need	Dental Anesthesia and other services for children under 7 with an immediate need	Dental Anesthesia and other services for children under 7 with an immediate need
<b>Ambulatory Surgical Center Services</b>	<b>Ambulatory Surgical Center Services</b>	<b>Ambulatory Surgical Center Services</b>
<b>Outpatient Diagnostics</b>	<b>Outpatient Diagnostics</b>	<b>Outpatient Diagnostics</b>
Advanced Diagnostic Imaging, subject to prior auth	Advanced Diagnostic Imaging, subject to prior auth	Advanced Diagnostic Imaging, subject to prior auth
<b>Maternity and Obstetrics, including pre and post natal care</b>	<b>Maternity and Obstetrics, including pre and post natal care</b>	<b>Maternity and Obstetrics, including pre and post natal care</b>
Certified nurse midwives	Certified nurse midwives	Certified nurse midwives
Newborn care in the hospital	Newborn care in the hospital	Newborn care in the hospital
In vitro fertilization, subject to limitations and lifetime dollar limit of \$15k	Infertility counseling, planning, testing, and voluntary sterilizations are covered. In vitro fertilization is not covered.	Infertility limited to diagnostics only
Genetic testing to determine presence of existing anomaly or disease	Genetic testing to determine presence of existing anomaly or disease	Genetic testing to determine presence of existing anomaly or disease
Complications of pregnancy	Complications of pregnancy covered under Maternity Benefit	Complications of pregnancy
<b>Therapy Services</b>	<b>Therapy Services</b>	<b>Therapy Services (PT/OT/ST)</b>
IP and OP Physical and Occupational individual therapy, OP limited to 30 visits per calendar year; Chiropractic visits are included in the 30 visit limit; ST separate 25 visit limit	PT/OT/SLP/Chiropractic limited to a total of 30 visits	Combined maximum of 30 OT/PT/ST visits per calendar year
<b>Psychiatric Conditions and Substance Abuse Services</b>	<b>Psychiatric Conditions and Substance Abuse Services</b>	<b>Mental Health and Substance Use Disorder</b>
IP limited to 7 days per calendar year	IP limited to 7 days per calendar year	Covered under MH Parity and under separate rider
OP limited to 30 visits per calendar year	OP limited to 30 visits per calendar year	
Substance abuse - treatment of drug addiction and alcoholism limited to 2 admissions per lifetime	Substance abuse limit of 2 admissions/lifetime does not apply to HA	
<b>Emergency Care Services</b>	<b>Emergency Care Services</b>	<b>Emergency Care Services</b>
<b>Durable Medical Equipment</b>	<b>Durable Medical Equipment</b>	<b>Durable Medical Equipment</b>
Medical supplies related to DME limited to 90 day supply per purchase	Medical supplies related to DME limited to 90 day supply per purchase	\$2,000 max per year
<b>Medical supplies</b>	<b>Medical supplies</b> Limited to 31 day supply per month	<b>Medical Supplies</b> - limited to 31 day supply
<b>Prosthetic and Orthotic Devices</b>	<b>Prosthetic and Orthotic Devices</b>	<b>Prosthetic and Orthotic Devices</b>
for treatment of condition arising from illness or accidental injury	for treatment of condition arising from illness or accidental injury	Covered with specific exclusions. QualChoice does not cover replacement or associated services more frequently than one time every three years, unless medically necessary due to growth, etc.
Cochlear and other implantable devices for hearing, but not hearing aids, <b>are covered with a lifetime limit of \$30,000</b>	Cochlear benefit has lifetime dollar maximum <b>of \$35,000</b>	Lifetime dollar limit on cochlear implants <b>of \$20,000</b>
<b>Diabetes Management Services</b>	<b>Diabetes Management Services</b>	<b>Diabetes Management Services</b>
One self training program	One self training program	One self training program
One eye exam	One eye exam	One eye exam
Foot care to prevent complications of diabetes mellitus	Foot care to prevent complications of diabetes mellitus	Foot care to prevent complications of diabetes mellitus
DME, medical supplies, and services for the treatment of diabetes	<b>Same as PPO, except</b> allowable charge for insulin pumps is \$4,400	DME, medical supplies, and services for the treatment of diabetes: Allowable charge for insulin pump is \$5,500
<b>Ambulance Services</b>	<b>Ambulance Services</b>	<b>Ambulance Services</b>
per trip dollar limits apply, air ambulance limited to one trip per calendar year	per trip dollar limits apply, air ambulance limited to one trip per calendar year	
<b>SNF Services</b>	<b>SNF Services</b>	<b>SNF Services</b>

limited to 30 days per calendar year	limited to 60 days per calendar year	Limited to 30 days per calendar year.
<b>Home Health</b>	<b>Home Health</b>	<b>Home Health</b>
limited to 40 visits per calendar year	limited to 50 visits per calendar year	limited to 40 visits per calendar year
<b>Hospice Care for individuals with life expectancy of less than 6 months</b>	<b>Hospice Care for individuals with life expectancy of less than 6 months</b>	<b>Hospice Care for individuals with life expectancy of less than 6 months</b>
<b>Oral Surgery</b>	<b>Oral Surgery</b>	<b>Oral Surgery</b>
only covers non-dental surgical procedures	only covers non-dental surgical procedures up to \$2,000.	for accidental injury only
<b>Reconstructive Surgery</b>	<b>Reconstructive Surgery</b>	<b>Reconstructive Surgery</b>
<b>Prescription Drugs</b>	<b>Prescription Drugs</b>	<b>Prescription Drugs</b>
<b>Organ Transplant Services</b>	<b>Organ Transplant Services</b>	<b>Organ Transplant Services</b>
PA required except for cornea and kidney transplants	PA required except for cornea and kidney transplants	PA required for all transplants
<b>Children's Preventive Services</b>	<b>Children's Preventive Services</b>	<b>Children's Preventive Services</b>
birth through 18 years of age	birth through 18 years of age	birth through 18 years of age
limited to no more than 20 visits	limited to no more than 20 visits	limited to no more than 20 visits
<b>Medical Foods and Low Protein Modified Foods</b>	<b>Medical Foods and Low Protein Modified Foods</b>	<b>Medical Foods</b> - Limited to \$2,400 per year
<b>Weight Loss surgical procedures covered, 50% of allowable charges or \$4,000 per calendar year.</b>	<b>Weight Loss surgical procedure</b> Not covered	<b>Weight loss surgical procedures</b> - Not covered
maximum reimbursement of 50% of allowable charges or \$4,000 per calendar year		
<b>Prenatal and Newborn Testing</b>	<b>Prenatal and Newborn Testing</b>	<b>Prenatal and Newborn Testing</b>
<b>Complications from Smallpox vaccine</b>	<b>Complications from Smallpox vaccine</b>	<b>Complications from Smallpox vaccine</b>
<b>Testing and Evaluation, limited to 15 hours per year</b>	<b>Testing and Evaluation, limited to 15 hours per year</b>	<b>Testing and Evaluation</b>
Psychological testing	Psychological testing	Psychological testing
Childhood development testing	Limited to children under the age of 6	Childhood and development screenings covered
neurobehavioral status exam	neurobehavioral status exam	neurobehavioral status exam
Neuropsychological testing	Neuropsychological testing	Neuropsychological testing
<b>Neurologic Rehab Facility for TBI</b>	<b>Neurologic Rehab Facility for TBI</b>	<b>Neurologic Rehab Facility for TBI</b>
<b>Preventive Health Services</b>	<b>Preventive Health Services</b>	<b>Preventive Health Services</b>
US Preventive Services Task Force A or B rated benefits	US Preventive Services Task Force A or B rated benefits	US Preventive Services Task Force A or B rated benefits
Routine immunizations	Routine immunizations	Routine immunizations