

**Table 3. Comparison of Benefits Identified by CCIIO as Highly Variable among State and Federal Plan Options**

Benefit	BCBS PPO	HMO Partners Open Access POS	QualChoice POS	Federal BCBS Standard	Federal BCBS Basic	Federal QualChoice	State and Public School Employee
<b>Habilitative Services*</b>	PT/OT/ST covered for habilitative purposes, limited to 30 visits for PT/OT and 25 visits for ST	PT/OT/ST covered for habilitative purposes excluding maintenance, limited to 30 days for all therapy services in aggregate	PT/OT/ST covered for rehabilitative purposes only, therapies for developmental delay are generally not covered	PT/OT/ST covered, excluding maintenance or palliative therapy, limited to 75 visits	PT/OT/ST covered, excluding maintenance or palliative therapy, limited to 50 visits	PT/OT/ST covered for rehabilitative as a result of illness or injury, no maintenance or palliative therapy is covered	PT/OT/ST covered for treatment of development delay and rehabilitative purposes, subject to coinsurance with no limits
<b>Pediatric Dental</b>	Covered for children under 7 when immediate dental care in a hospital setting is required	Not covered	Not specified. Dental is generally not covered unless available under rider.	Covered according to charge schedule	Covered according to charge schedule	Coverage for accident or injury only, available under FEDVIP	Not covered, unless required as result of injury or illness
<b>Pediatric Vision</b>	Vision treatment only covered as result of accident or traumatic injury. Orthoptic training only covered under separate policy.	Vision treatment only covered as result of accident or traumatic injury. Orthoptic training only covered under separate policy.	Not specified. Vision is generally not covered except as result of accident or injury.	Option vision plan available as Non-EHB benefit available to plan members	Option vision plan available as Non-EHB benefit available to plan members	Available through FEDVIP	Vision screening only
<b>In Vitro Fertilization</b>	Covered under \$15,000 lifetime limit	Covered**	Covered**	Not covered	Not covered	Not covered	Not covered
<b>ABA for Autism</b>	Covered**	Covered**	Covered**	Not specified	Not specified	Not specified	Covered

\*Habilitative services are defined as including those services to support the creation of skills or function and/or the maintenance of skills or function

\*\*Indicates an Arkansas insurance mandate that is presumed to be covered by Arkansas small group plans

<b>Benefit</b>	<b>BCBS PPO</b>	<b>HMO Partners Open Access POS</b>	<b>QualChoice POS</b>	<b>Federal BCBS Standard</b>	<b>Federal BCBS Basic</b>	<b>Federal QualChoice</b>	<b>State and Public School Employee</b>
<b>Mental Health and Substance Abuse Treatment</b>	Covered, limited to 7 IP days and 30 OP visits with further limits related to Substance Abuse	Covered, limited to 7 IP days and 30 OP visits	Available under a Mental Health Parity Rider	Covered for diagnostics, inpatient, outpatient, and other professional services	Covered for diagnostics, inpatient, outpatient, and other professional services	Covered subject to prior authorization	Covered, including behavioral health for outpatient, residential, inpatient, and day treatment programs
<b>Acupuncture</b>	Not covered	Not covered	Not covered	Covered as anesthesia	Covered as anesthesia	Covered as anesthesia	Not covered
<b>Bariatric Surgery</b>	Weight loss surgical procedures covered under the lesser of 50% of allowable charges or \$4,000 per calendar year	Not covered	Not covered	Covered	Covered	Covered	Available through pilot program only.
<b>Preventive and Basic Dental</b>	Not covered	Not covered	Not covered, dental coverage rider may be available	Covered according to charge schedule	Covered according to charge schedule and copay	Not covered	Not covered
<b>Hearing Aids</b>	Generally not covered, auditory implants only	Generally not covered, auditory implants only	Generally not covered, auditory implants only	Covered up to \$1,250 per ear	Covered up to \$1,250 per ear	Covered	Covered, limited to \$1,400 per ear every 3 years
<b>Smoking Cessation</b>	Not covered	Not covered	Not covered	Treatment, counseling, and classes are covered	Treatment, counseling, and classes are covered	Covered	Covers approved medications for individuals in an approved cessation program

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