

Table 4. Detailed Comparison of Small Group Plans		
ABCBS PPO Plan	Health Advantage POS Plan	Qual Choice POS
Professional Services	Professional Services	Professional Services
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
Hospital Services	Hospital Services	Hospital Services
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
Ambulatory Surgical Center Services	Ambulatory Surgical Center Services	Ambulatory Surgical Center Services
Outpatient Diagnostics	Outpatient Diagnostics	Outpatient Diagnostics
Advanced Diagnostic Imaging, subject to prior auth	Advanced Diagnostic Imaging, subject to prior auth	Advanced Diagnostic Imaging, subject to prior auth
Maternity and Obstetrics, including pre and post natal care	Maternity and Obstetrics, including pre and post natal care	Maternity and Obstetrics, including pre and post natal care
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
Therapy Services	Therapy Services	Therapy Services (PT/OT/ST)
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; Chiropractic services are included in this limit.
Psychiatric Conditions and Substance Abuse Services	Psychiatric Conditions and Substance Abuse Services	Mental Health and Substance Use D
IP limited to 7 days per calendar year	IP limited to 7 days per calendar year	Covered under MH Parity and under separate rider; for small group this is limited to 10 visits/days per calendar year.
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	
Emergency Care Services	Emergency Care Services	Emergency Care Services
Durable Medical Equipment	Durable Medical Equipment	Durable Medical Equipment
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
Medical supplies	Medical supplies Limited to 31 day supply per month	Medical Supplies - limited to 31 day
Prosthetic and Orthotic Devices	Prosthetic and Orthotic Devices	Prosthetic and Orthotic Devices
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, are covered with a lifetime limit of \$30,000	Cochlear benefit has lifetime dollar maximum of \$35,000	Lifetime dollar limit on cochlear implants of \$20,000
Diabetes Management Services	Diabetes Management Services	Diabetes Management Services
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	Same as PPO, except 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
Ambulance Services	Ambulance Services	Ambulance Services
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	\$1,000 annual limit
SNF Services	SNF Services	SNF Services
limited to 30 days per calendar year	limited to 60 days per calendar year	Limited to 30 days per calendar year.
Home Health	Home Health	Home Health
limited to 40 visits per calendar year	limited to 50 visits per calendar year	limited to 40 visits per calendar year
Hospice Care for individuals with life expectancy of less than 6 months	Hospice Care for individuals with life expectancy of less than 6 months	Hospice Care for individuals with life expectancy of less than 6 months
Oral Surgery	Oral Surgery	Oral Surgery
only covers non-dental surgical procedures	only covers non-dental surgical procedures up to \$2,000.	for accidental injury only
Reconstructive Surgery	Reconstructive Surgery	Reconstructive Surgery
Prescription Drugs	Prescription Drugs	Prescription Drugs
Organ Transplant Services	Organ Transplant Services	Organ Transplant Services
PA required except for cornea and kidney transplants	PA required except for cornea and kidney transplants	PA required for all transplants
Children's Preventive Services	Children's Preventive Services	Children's Preventive Services
birth through 18 years of age limited to no more than 20 visits	birth through 18 years of age limited to no more than 20 visits	birth through 18 years of age limited to no more than 20 visits
Medical Foods and Low Protein Modified Foods	Medical Foods and Low Protein Modified Foods	Medical Foods - Limited to \$2,400 per year; not correct --- the benefit is unlimited after 1st \$2,400
Weight Loss surgical procedures covered, 50% of allowable charges or \$4,000 per calendar year.	Weight Loss surgical procedure Not covered	Weight loss surgical procedures - Not covered
maximum reimbursement of 50% of allowable charges or \$4,000 per calendar year		
Prenatal and Newborn Testing	Prenatal and Newborn Testing	Prenatal and Newborn Testing
Complications from Smallpox vaccine	Complications from Smallpox vaccine	Complications from Smallpox vaccine
Testing and Evaluation, limited to 15 hours per year	Testing and Evaluation, limited to 15 hours per year	Testing and Evaluation
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
Neurologic Rehab Facility for TBI	Neurologic Rehab Facility for TBI	Neurologic Rehab Facility for TBI
Preventive Health Services	Preventive Health Services	Preventive Health Services
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