Health Care Benefits Builder

Use the healthcare benefits builder to demonstrate that lower cost plans will have a higher actuarial value due to reduced waste and that benefit design can be effectively used to partner with beneficiaries for higher value decision-making.

Product of Pacific Business Group on Health w/Inside Workplace Wellness

	High-Value Core Plan AV=Highest %	Buy-Up Plan (Same as high-value plan except:) AV=X%	Signature Additions (Can be added to either plan design)
Hospitalization & Surgery Care you receive as a hospital patient including room and board. Also includes surgeries performed in outpatient facilities and care received in a skilled nursing facility.	**Access and Coverage:** + Narrow network of high-value care hospitals. + Pre-authorization is used to avoid procedures and services that are deemed "low-value" or "wasteful" care (all evidence based). + Certain surgeries (e.g., hip/knee replacements, spine surgery, and bariatric surgery) must be performed at designated COE. + Second opinion services are required for all cancers and some other conditions. + No patient cost share for COEs or birthing centers. **0**	**Access and Coverage:** + Tiered network option (i.e., broader network of hospitals) is available for higher patient cost share; high-value network is available at a reduced cost share. Still no OON coverage. + Certain surgeries (e.g., hip/knee replacements, spine surgery, and bariatric surgery) can be performed at designated COEs with waived cost share, but the use of COE is not mandatory. + Second opinion services are available, but not required. **4**	**Private Hospital Rooms** **1** **Gender confirmation surgery** **1** **Critical illness cost share protection** **2**
Doctor's Office Visits Primary or specialty care you receive in a doctor's office or clinic. This includes pediatric care.	**Access and Coverage:** + Narrow network of high-value doctors. + Pre-authorization is used to avoid procedures and services that are deemed "low-value" or "wasteful" care (all evidence-based). + Second opinion services are required for all cancers and some other conditions. + Members must select a PCP. Referrals to specialists must be approved except for women's health, mental health therapists/counselors, and general pediatrics. + No cost share for PCP visits. **0**	**Access and Coverage:** + Tiered network option (i.e., broader network of doctors) is available for higher cost share; high-value network is available at reduced cost share. Still no OON coverage. + Second opinion service is available, but not required. + Members are encouraged to select a PCP. Primary care use is encouraged via waived cost share. No PCP referral necessary to see a specialist. **3**	**Acupuncture and Chiropractics** **1** **Out of Network Coverage @ 50% (doctors and other medical providers and hospitals)** **5**
Emergency Services Visits to the emergency room, including transport by ambulance and urgent care services.	**Access and Coverage:** + All cost share waived for ER visits that lead to admission. + Cost share for visits that don't result in an admission varies based on medical necessity (condition-based) and proximity of urgent care options. + No coverage for non-medically necessary OON ER use. + Ambulance covered for conditions deemed medically necessary, other cost share varies by medical necessity. **0**	**Access and Coverage:** + Lower cost share for all other ER use (no differential based on medical necessity or proximity to urgent care). + Ambulance covered in all instances. **2**	
Prescription Drugs	**Access and Coverage:** + Waste-free formulary excludes no-added-value, high-cost drugs. + Some medications require a second opinion. + Clinical indication based on FDA aproval will be enforced via pre-authorization. + Infusion services must be obtained in an infusion center, doctor's office, or at home unless it is determined that it is medically necessary to administer them in a hospital setting. + Use of coupon cards is banned. Accumulator programs will be applied. + Chronic care maintainance drugs have no cost share. + Select OTC drugs are covered. **0**	**Access and Coverage:** + Broader formulary available for higher cost share (waste-free alternatives have lower cost share). + Less stringent pre-authorization for specialty drugs (cost share differentials apply). + Infusion services have reduced cost share at an infusion center, doctor's office, or at home, but use of those settings is not mandatory. **3**	**Open Drug Formulary: No Restrictions** **4**
Dental Care	**Access and Coverage:** + Narrow network of providers. + Six month cleaning and annual x-rays covered in full. + Covers fillings, extractions, root canals, crowns, and non-cosmetic implants at 50%. + $1,500 max per year. **0**	**Access and Coverage:** + Broader network of providers, tiered for value. + $2,000 max per year. **1**	**$3,000 Lifetime Orthodontia Benefit** **1** **Custom night guard annually** **1**

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Preventive Services	**Access and Coverage:** + Annual physical, screening, and immunizations based on age and gender in accordance with Preventative Task Force recommendations. + Recommended immunizations. No coverage for travel vaccines. + Weight loss and smoking cessation programs available with cost share based on outcomes. + Generic birth control and condoms covered in full, cost share for other options. **0**	**Access and Coverage:** + Cost share for weight management and smoking cessation programs is not outcome based (i.e., employer contribution is covered regardless of patient outcomes). + Immunizations and recommended travel vaccines are covered. + All birth control at no cost. **1**	
Rehabilitative & Habilitative Services & Devices Rehabilitative services help to recover skills like speech therapy after a stroke. Habilitative services help to develop skills like speech therapy for children. Also includes durable medical equipment like prosthetics.	**Access and Coverage:** + Rehabilitative and habilitative services are covered within a narrow network of contracted providers. + Specialized case managers will be assigned to coordinate habilitative services with schools and community resources. + Includes durable medical equipment and hearing aids up to $1,500 through preferred vendors. + Coverage is available as long as the patient continues to make progress or treatment is needed to maintain function. **0**	**Access and Coverage:** + Rehabilitative and habilitative services are covered with a broader network of providers. + Utilization management is lighter. + Case manager is optional and his/her recommendations are optional. + Hearing aids up to $3,000 through preferred vendors. **2**	Custom Orthotics **1** Hearing aids up to $5,000 **1**
Diagnostic Testing Laboratory, radiology, and other testing to help a doctor diagnose an injury, illness, or condition or to monitor the effectiveness of a treatment.	**Access and Coverage:** + Mandatory pre-authorization for most diagnostics including genetic testing unless ordered by a COE. + Narrow network of high-value providers for diagnostics must be used. + Site of care rules must be followed for high cost services (e.g., MRIs and genetic testing). **0**	**Access and Coverage:** + Broader network of providers. + Utilization management is lighter and pre-authorization is not required for most tests. + Patient has more flexibility in which site of care they choose. Variable cost share will apply. **2**	
Mental Health Care Inpatient and outpatient care provided to evaluate, diagnose, and treat a mental health condition or substance abuse disorder. Includes behavioral health treatment, counseling, and psychotherapy.	**Access and Coverage:** + Behavioral health navigators help members get connected to treatment. + Limit of 52 visits per year, unless ordered by a psychiatrist. + Psychiatrists are covered as specialists. + Hospitalization is as described above. **0**	**Access and Coverage:** + OON providers are covered at in-network rates. + No limit on number of visits. No psychiatrist order necessary. **2**	Cover OON MH provders with in-network coverage **2**
Maternity/ Fertility & Reproduction	**Access and Coverage:** + Narrow network of high-value hospitals with no OON benefit. + No hospital cost share if birthing center is used. + No infertility coverage. **0**	**Access and Coverage:** + Tiered network option (i.e., broader network of hospitals) is available with a higher cost share. Still no OON coverage. + Fertility COE must be used with benefits capped at $20,000. **2**	$50,000 Fertility Benefit cap at COE **2**
Vision Care Routine services to correct your vision with glasses or contact lenses.	**Access and Coverage:** + Narrow network of providers. + Bi-annual eye exam (every other year). + Specialist cost share applies. + Prescription glasses or contact allowance of $150 per year. **0**	**Access and Coverage:** + Annual eye exam. + Broader network of providers, tiered for value. + Prescription glasses or contact allowance of $250 per year. **1**	Prescription glasses or contact allowance of $400 per year **1** Lasik surgery **1**

Abbreviation Key

COE Center of Excellence
OON Out of Network
ER Emergency Room
PA Prior Authorization
AV Actuarial Value
OTC Over-the-counter
UM Utilization Management
DME Durable Medical Equipment
PCP Primary Care Provider