COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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DANIEL R. JUDSON
COMMISSIONER OF INSURANCE

HEALTH INSURANCE INFORMATION SESSION

RE: Essential Health Benefit Benchmark Plan Options for 2017 [May 13, 2015]
Dental Plan Options For Benchmark Plan [Revised May 15, 2015]

DATE: MAY 15, 2015

The federal Centers for Medicare and Medicaid Services (CMS) requested that Massachusetts choose an Essential Health Benefit plan from among a list of 10 options identified by CMS for plans with effective years beginning in 2017. Attached you will find a draft summary spreadsheet updated on May 13, 2015 that replaced the previously posted May 7, 2015 spreadsheet that identifies the 2017 Essential Health Benefit plan options as well as a comparison of the dental plan options updated on May 15, 2015 that replaces the previously posted May 13, 2015 material. This spreadsheet is available on our website at www.mass.state.gov/doi.

As communicated to you earlier, the Division has scheduling an information session about the Essential Health Benefit option choices scheduled as follows:

> Division of Insurance, 1000 Washington Street, Boston Massachusetts, Room 1-E, beginning at 10:00 AM on Friday, May 15, 2015.

If you are unable to attend in-person, you may participate by telephone by calling (605) 475-3215 and using access code - 116040#. If unable to attend in-person or by phone, you may forward comments that you wish the DOI to consider to my attention at Kevin.beagan@state.ma.us or to Nancy Schwartz's attention at nancy.schwartz@state.ma.us.

If you have any questions in advance of the noted meeting, please consider contacting Kevin Beagan, Deputy Commissioner, Health Care Access Bureau at (617) 521-7323.

ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS for 2017
COMMONWEALTH OF MASSACHUSETTS

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I. Hospitalization										
Bariatric surgery	x	x	x	x	x	x	At center of excellence	x	x	x
Bone marrow transplants for breast cancer	x	x	x	x	x	x	x	x	x	x
Christian Science facility	no	no	no	no	no	no	no	pnc	pnc	30 days pmpcy
Inpatient hospice	x	x	x	x	x	x	x	30 days per admit	30 days per admit	$15000 limit, comb. with OP hospice

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Inpatient services in a general hospital	X	x	x	x	x	x	x	x	x	x
Inpatient services in a skilled nursing facility	100 days pmpcy	100 days pmpcy	100 days pmpcy	100 days pmpcy	45 days pmpcy	45 days pmpcy	45 days pmpcy	Only if member has Med Part A	no	$700 per day for 14 days only
Inpatient services in a rehab. hospital	60 days pmpcy	100 days pmpcy	60 days pmpcy	60 days pmpcy	x	x	x	no	no	x
Inpatient physician and surgical services	x	x	x	x	x	x	x	x	x	X

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Transplants	x	x	x	x	x	x	x	x	x	X [plus $10,000 transporta-tion for transplant]

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II. Emergency Room Services										
Emergency room services	x	x	x	x	x	x	x	x	x	x
Emergency transportation/ ambulance (ground or air)	x	x	x	x	x	x	x	x	x	x

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III. Ambulatory Services										
Acupuncture	no	no	no	no	no	no	no	24 visits pmpcy with lic. pract.	10 visits pmpcy with lic. pract.	20 procedures pmpcy
Allergy testing	x	x	x	x	x	x	x	x	x	100 tests
Allergy injections	x	x	x	x	x	x	x	x	x	x
Chiropractor – lab and X-ray outpatient	x	x	x	x	x	no	x	1 x-ray pmpcy	1 x-ray pmpcy	$25 pmpcy for x-rays

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Chiropractor – medical care services including spinal manipulation	x	12 visits pmpcy	x	x	20 visits pmpcy	20 visits pmpcy	20 visits pmpcy	12 visit pmpcy	20 visit pmpcy	12 visits pmpcy
Christian Science practitioners	no	no	no	no	no	no	no	pnc	pnc	50 visits pmpcy
Clinical trials to treat cancer	x	x	x	x	x	x	x	x	x	x
Dental services, preventive and restorative	no	no	no	no	no	no	no	Schedule	Schedule prevent only	Schedule
Enteral formulas	x	x	x	x	x	x	x	x	x	X

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Home health care services	x	x	x	x	x	x	x	50 visits pmpcy	25 visits pmpcy	50 visit pmpcy
Home visit – physician or other professional	x	x	x	x	x	x	x	x	x	x
Hospice for terminally ill	x	x	x	x	x [bereavement counseling $1500 per family]	x	x	7 cont. days per episode	7 cont. days per episode	$15000 limit, combined with inpatient hospice
Hypodermic syringes or needles	x	x	x	x	Thru PBM	x	x	x	x	X
Low protein foods	x	x	x	x	Thru PBM	x	x	pc	pc	pnc

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Non-emergency transportation/ambulance (ground or air)	x	x	x	x	no	x	x	related to IP only	related to IP only	related to IP only
Other practitioner office visit (nurse practitioner, nurse midwife)	x	x	x	x	x	x	x	x	x	x
Outpatient dialysis and home dialysis	x	x	x	x	x	x	x	x	x	x
Outpatient surgery physician/surgical services	x	x	x	x	x	x	x	x	x	x
Oxygen	x	x	x	x	x	x	x	x	x	x
Primary care visit to treat an injury or illness	x	x	x	x	x	x	x	x	x	x
Private duty nursing	no	no	no	no	$8000 pmpcy home only	$8000 pmpcy IP & home	no	no	no	no

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						health combined				
Radiation and chemotherapy	x	x	x	x	x	x	x	x	x	x
Removal of impacted teeth	x	x	no	x	x	x	x	x	x	x
Removal of 7 or more permanent teeth	no	x	no	no	x	x	x	schedule	no	schedule
Respiratory therapy	x	x	x	x	x	x	x	pc	pc	x
Routine eye care, adult	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	Per member 1x every 24 months	Per member 1x every 24	Per member 1x every 24 months	no	no	no

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						months				
Routine foot care	Routine with vascular condition	Routine with circula-tory disease	Routine with diabetes dx	Routine with vascular condition	Routine with vascular condition	Routine with diabetes dx	Routine with diabetes dx	Routine with vascular condition	Routine with vascular condition	Routine with vascular condition
Second opinion	x	x	x	x	x	x	x	For surgery	For surgery	For surgery
Services to treat accidental injury to sound natural teeth	no	x	no	no	x	x	x	x	x	x
Specialist visit	x	x	x	x	x	x	x	x	x	x

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Special medical formulas	x	x	x	x	Thru PBM	x	x	Medical foods for children/ certain condi-tions	Medical foods for children/ certain condi-tions	pnc

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IV. Maternity and Newborn Care										
Abortion	x	x	x	x	x	x	x	no, except if mother's life in danger	no, except if mother's life in danger	no, except if mother's life in danger
Certified nurse midwife, inpatient	x	x	x	x	Hospital or home	x	x	x	x	x
Delivery and all inpatient services for maternity care	x	x	x	x	x	x	x	x	x	x
Hearing screening for newborns	x	x	x	x	x	x	x	x	x	

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Infertility – (ART) assisted reproductive technology	x	x	x	x	5 attempts	5 attempts	5 attempts	no	no	no
Infertility services other than ART	x	x	x	x	x	x	x	x	x	x
Prenatal and postpartum care	x	x	x	x	x	x	x	x	x	x

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V. Behavioral Health										
Behavioral health inpatient services in general hospital, mental health facility or substance abuse facility	x	Limits for non-biol based	x	x	x (through Beacon)	x	x	x	x	x
Behavioral health intermediate care services	x	x	x	x	x (through Beacon)	x	x	x	x	X

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Behavioral health outpatient services	x	Limits for non-biol based	x	x	x (through Beacon)	x	x	x	x	x
Neuropsych testing	x	x	x	x	x	x	x	pc	pc	x

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VI. Prescriptions Drugs										
Generic drugs	x	x	x	x	x	x	x	x	x	x
Preferred brand drugs	x	x	x	x	x	x	x	x	x	x
Non-preferred brand drugs	x	x	x	x	x	x	x	x	x	x
Specialty drugs	x	x	x	x	x	x	x	x	x	x
Contraceptive drugs and devices	x	x	x	x	x	x	x	x	x	x
Diabetes-related supplies	x	x	x	x	x	x	x	x	x	x
Hormone replacement therapy	x	x	x	x	x	x	x	pc	pc	pc

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Oral chemotherapy	x	x	x	x	x	x	x	pc	pc	pc

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VII. Rehabilitative and Habilitative Services and Devices										
Cardiac rehabilitation Services	x	x	x	x	x	x	x	x	x	x
Cognitive rehabilitation therapy	no	no	no	no	no	30 visits pmpcy	no	x	x	pc
Coronary Artery Disease Program	Disease mgmt pro-gram	X, through integra-ted health mgmt vendor	Disease mgmt program	Disease mgmt program	x	x	x	pnc	pnc	pnc
Diabetic shoes	x	x	x	x	x	x	x	no	no	$150

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Durable medical equipment	x	x	x	x	x	x	x	x	x	x
Early intervention	x	x	x	x	x	x	x	pnc	pnc	pnc
Eyeglasses for specific conditions	1 pair after eye surg (in place of implanted intraocular lenses)	Eyeglass lenses to replace natural lens of the eye or after cataract surgery	no	1 pair after eye surg (in place of implanted intraocular lenses)	Initial pair after injury to eye or cataract surgery	First pair of lenses after cataract surgery, Contacts for keratoconus	Limited coverage for post cataract surgery, keratoconus or post retinal detachment surgery	1 pair per medical condition	1 pair per medical condition	First pair of contact lenses after surgery
Foot orthotics	no	no	no	no	x	no	Diabetic disease	x	x	no

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							only			
Hearing aids	$2000 per ear /36 months under 21	$2000 per ear /36 months under 21	$2000 per ear /36 months under 21	$2000 per ear /36 months under 21	Adult max of $1700 - every 2cy $2000 per ear pmpcy, under 21	Adult max of $1700 - every 2cy $2000 per ear pmpcy, under 21	Adult max of $1700 -every 2cy $2000 per ear pmpcy, under 21	$2500 limit child – per year adult – per 3 yrs	$2500 limit child – per year adult – per 3 yrs	$500 pm each 5 years
Personal emergency response system	no	no	no	no	$50 install/$40 pmpm rental fee	$50 install/ $40 pmpm rental fee	no	pnc	pnc	pnc
Prosthetic devices	x	x	x	x	x	x	x	x	x	x
Rehabilitation and habilitation services for autism, including ABA	x	x	x	x	x	x	x	no	no	no

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Short-term physical therapy	60 visits pmpcy, PT, OT combined	60 visits pmpcy, PT, OT combined	60 visits pmpcy, PT, OT combined	60 visits pmpcy, PT, OT combined	x	30 visits pmpcy	90 consecutive days per illness/injury	75 visit pmpcy, PT, OT, ST com-bined	50 visit pmpcy, PT, OT, ST com-bined	60 visits pmpcy, PT, OT, ST combined
Short-term occupational therapy					x	30 visits pmpcy	90 consecutive days per illness/injury			
Short term speech therapy	x	x	x	x	x	x	x			

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Speech generating or communication device	x	no	x	x	no	no	x	$1250 pmpcy	$1250 pmpcy	no
Wigs, as result of cancer	1 wig pmpcy	1 wig pmpcy	1 wig pmpcy	1 wig pmpcy	x	x	x	$350 per lifetime	$350 per lifetime	no

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VIII. Laboratory Services										
Cytologic screening	x	x	x	x	x	x	x	x	x	x
Diagnostic test (X-ray and laboratory tests)	x	x	x	x	x	x	x	x	x	x
Imaging (CT and PET Scans, MRIs)	x	x	x	x	x	x	x	x	x	x
Human leukocyte antigen testing	x	x	x	x	x	x	x	pnc	pnc	pnc
Mammogram	x	x	x	x	x	x	x	x	x	x

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IX. Preventive and Wellness Services and Chronic Disease Management										
Diabetes education	x	x	x	x	x	x	x	x	x	$250 pmpcy
Family planning	x	x	x	x	x	x	x	x	x	x
Fitness program	3 months or 10 classes pmpcy	3 months in quail-fied health club	3 months or 10 classes pmpcy	3 months or 10 classes pmpcy	$100 per family per year	no	no	Specific programs	Specific programs	pnc
Nutritional counseling	x	x	x	x	3 visits for adults at high risk of	3 visits per cy for non-	3 visits per cy for certain	x	x	x

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					cardiovascular disease, diabetes, eating disordersor cleft palate	diabetes or non-eating - disorder	conditions, doesn't apply to diabetes or eating disorder diagnoses			
Preventive care/ screening/immunization	x	x	x	x	x	x	x	x	x	X
Smoking cessation, treatment	x	X smoking cessa-tion aids upon complet ion of	x	x	300 mins per year for counsel-ing	x	x	x	x	x

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		program discounted program								
Smoking cessation, Rx	x	x	x	x	Rx thru PBM	x	x	x	x	
Weight loss program	3 months per policy pcy	3 months pmpcy	3 months per policy pcy	3 months per policy pcy	morbidly obese; when under care of MD	no	no	pnc	pnc	no

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X. Pediatric Services, Including Oral and Vision Care										
Dental for children	Limited to members under 18 with cleft palate/cleft lip	X (CHIP benefit)	Limited to members under 18 with cleft palate/cleft lip	Limited to members under 18 with cleft palate/cleft lip	no	no	no	schedule for preventive	schedule for preventive	schedule for preventive
Eye glasses for children	no	no	no	no	no	no	no	no	no	no
Lead poisoning screening	x	x	x	x	x		x	x	x	x
Eye exam for children	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	no	no	no
Cleft palate/cleft lip	x	x	x	x	x	x	x	pnc	pnc	pnc

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DENTAL PLAN OPTIONS FOR BENCHMARK

BENEFITS	FEDVIP	MASSACHUSETTS CHIP
Diagnostic		
Comprehensive oral evaluation – D0150	1 every 6 months	1 per lifetime
Periodic oral evaluation - D0120	1 every 6 months	2 per 12 months
Limited oral evaluation problem focused - D0140	1 every 6 months	2 per 12 months
Full-mouth radiographs D0210	1 every 60 months	1 per 36 months
Bitewing single image – D0270	1 set every 6 months	2 per 12 months
Bitewing two images – D0272	1 set every 6 months	2 per 12 months
Bitewing four images – D0274	1 set every 6 months	2 per 12 months
Vertical bitewing 7 to 8 images – D0277	1 set every 6 months	?
Periapical films D0220, D0230, D0240	x	x
Panoramic radiographic image D0330	1 image every 60 months	1 per 3 years
Cephalometric film D0340	x	x
Oral/facial photographic images D0350	x	?
Interpretation of diagnostic image D0391	x	?
Diagnostic models D0470	x	?
Detailed and extensive oral evaluation D0160	x	2 per 12 months
Oral evaluation under 3 years of age D0145	?	2 per 12 months
Preventive		
Prophylaxis D1120	1 every 6 months	2 per 12 months
Fluoride treatments D1208	2 every 12 months	x
Space maintainers D1510, D1515, D1520, D1525, D1550	< age 19	Age 0-20
Sealants D1351, D1352	1 sealant per tooth every 36 months	1 per 3 years
Restorative		
Amalgam restorations D2140, D2150, D2160, D2161	x	1 per 12 months
Resin-based composite restorations D2330, D2331, D2332, D2335	x	1 per 12 months
Re-cement inlay D2910	x	Not covered within 6 months of placement
Re-cement crown D2920	X	Not covered within 6 months of placement
Prefabricated porcelain crown – primary D2929	1 every 60 months	4 per 1 day

Prefabricated stainless steel crown – primary tooth D2930	< age 15, 1 every 60 months	4 per 1 day
Prefabricated stainless steel crown – permanent tooth D2931	< age 15, 1 every 60 months	4 per 1 day
Protective restoration D2940	x	?
Reinforcing pins D2951	x	x
Inlays D2510, D2520, D2530	x	1 per 60 months
Onlays D2542, D2543, D2544	1 per tooth every 60 months	?
Crowns D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794	Each - 1 per tooth every 60 months	Each - 1 per tooth every 60 months
Core buildup D2950	1 per tooth every 60 months	1 per tooth every 60 months
Prefabricate post and core D2954	1 per tooth every 60 months	x
Repairs D2980	x	x
Repairs D2981, D2982, D2983	x	?
Resin infiltration/smooth surface D2990	1 in 36 months	?
Endodontics		
Pulpotomy D3220, D3222,	x	x
Root canal D3310, D3320, D3330	x	1 per lifetime
Root canal D3346, D3347, D3348,	x	Not payable to original provider
D3351, D3352, D3353, D3354, , D3450, D3920	x	?
Apicoectomy D3410, D3421, D3425, D3426	x	1 per lifetime
Periodontics		
Gingivectomy and gigivoplasty D4210, D4211	Each – 1 every 36 months	1 per 36 months
Gingivectomy and gingivoplasty D4212, D4240, D4241	Each – 1 every 36 months	?
Periodontal scaling and root planing 4 or more teeth D4341	1 every 24 months	1 per 36 months
Periodontal scaling and root planing 1 to 3 teeth D4342	1 every 24 months	1 per 36 months
Periodontal maintenance D4910	x	?
Collect – apply autologous product D7921	1 in 36 months	?
Clinical crown lengthening D4249	x	?
Osseous surgery D4260, D4261	Each – 1 every 36 months	?
Bone replacement graft D4263	1 every 36 months	?
Soft tissue allograft D4275	1 every 36 months	?
D4270, D4273, D4277, D4278	x	?
Full mouth debridement to enable comp eval and dx E4355	1 per lifetime	?

Prosthodontics		
Adjust, repair dentures D5410, D5411, D5421, D5422,	x	?
Re-cement fixed partial denture D6930	x	Not covered within 6 months of placement
Fixed partial denture repair D6980	x	x
Repair D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660		Not allowed within 6 months of placement
Rebase, reline D5710, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761	Each – 1 in 36-month period 6 months after the initial installation	Each – 1 per 24 months
Implant services D6010, D6012, D6040	Each - 1 every 60 months	?
Dentures D5110, D5120, D5211, D5212, D5213, D5214, D5281	Each - 1 every 60 months	1 per 84 months
Immediate denture D5130, D5140	Each - 1 every 60 months	1 per lifetime
Most other prosthodontic	Each - 1 every 60 months	Covered under special circumstances
Occlusal guard D9940	1 in 12 months for patients 13 and older	1 per year
Exodontics		
Extractions D7140	x	x
Surgical removal of erupted teeth D7210	x	x
Surgical removal of impacted teeth D7220, D7230, D7240, D7241, D7250, D7251	x	x
Alveoplasty D7310, D7311, D7320, D7321	x	1 per 6 months
Vestibuloplasty D7340, D7350	?	x
Frenulectomy D7960	?	x
Excision of hyperplastic tissue D7970	?	x
Excision of benign lesion D7411	?	x
Tooth reimplantation and stabilization of accidentally evulsed or displaced tooth D7270		