



## Essential Health Benefits Benchmark Options Pricing Information

Prepared for the New Hampshire Insurance Department by Compass Health Analytics, Inc.

Table 1 below and the attached detailed Table 2 summarize the analysis of relative costs for the three plans chosen by the Joint Health Care Reform Oversight Committee as candidates for the Essential Health Benefits benchmark plan under the Affordable Care Act. The three plans analyzed were:

- HMO Blue New England
- Matthew Thornton Blue
- Government Employees Health Association (GEHA)

As required, costs were assessed on an allowed basis, that is, without applying patient cost sharing structures. In addition, morbidity, provider network contracts, and other factors affecting relative premiums were held constant across the plans. This focuses the comparison solely on the covered benefits contained in the candidate plans. The HMO Blue New England product was used as the basis of relativity calculations (i.e., its total allowed cost is set to 100% in the included tables and all percentages are relative to its cost). Detailed benefit descriptions were evaluated for the three plans and instances where the benefits differed in scope and/or duration were identified and priced. Since the benefits covered by the plans are quite similar, the benefit differences and the estimated cost of those differences are quite small. For example, HMO Blue New England covers medically necessary home health visits without limit and GEHA covers up to 25 medically necessary home health visits per year. Since very few people use more than 25 home health visits per year, the cost of the difference in this benefit is less than 0.015%.

Table 1 below summarizes the relative cost of the total health benefits for each plan, with HMO Blue New England set to 100%. As shown, Matthew Thornton Blue is 0.24% less expensive on an allowed basis than HMO Blue New England and the GEHA benefit plan is 2.54% more expensive on an allowed basis than HMO Blue New England. In addition, an approximate dollar comparison is shown assuming the HMO Blue New England plan costs \$500 per member per month (PMPM).

**Table 1**

**Analysis of Benchmark Plan Options for the Essential Health Benefit Package in New Hampshire**  
Benefit Richness Differential Among Potential Benchmark Plans

Potential Benchmark Plan	Allowed Benefit Relativities	Example PMPM Allowed Costs
HMO Blue New England	100.00%	\$500.00
Matthew Thornton Blue	99.76%	\$498.79
GEHA Benefit Plan	102.54%	\$512.70

The attached Table 2 displays pricing detail for each benefit component for which there was a difference in coverage (duration or scope). Benefit components that are the same for all three plans are not shown in the table. Descriptions of the columns in Table 2 follow:

A – Benefit category (only benefit categories for which benefits are not the same for all three plans are displayed)

B – NH State Mandate – indicates whether the benefit is mandated to be covered by New Hampshire statute

C – Coverage for each benefit category is shown for HMO Blue New England

D – Coverage for each benefit category is shown for Matthew Thornton Blue

E – Coverage for each benefit category is shown for the GEHA plan

F – Indicates whether the Matthew Thornton Blue benefits are equal (=), less rich (-), or more rich (+) compared to HMO Blue New England

G – Displays the relative value of the benefit differences (not the absolute value of the benefits) between Matthew Thornton Blue and HMO Blue New England

H – Indicates whether the GEHA benefits are equal (=), less rich (-), or more rich (+) compared to HMO Blue New England (M) indicates that this is a NH state mandated benefit that is not covered by the GEHA plan

I – Displays the relative value of the benefit differences (not the absolute value of the benefits) between GEHA and HMO Blue New England

# Analysis of Three Benchmark Plan Options for the Essential Health Benefit Package in New Hampshire

Showing Only Benefits with Differences in Coverage Scope and/or Duration Across the Candidate Benchmark Plans

- = HMO Blue New England & comparison plan are the same
- Comparison plan is less rich than HMO Blue New England
- + Comparison plan is more rich than HMO Blue New England
- M** Mandated Benefit not Covered by the GEHA plan

A	B	C	D	E	F	G	H	I
Benefit	NH State Mandate	HMO Blue New England	Matthew Thornton Blue Option	GEHA Option	C compared to D	C to D relativity	C compared to E	C to E relativity
<b>Inpatient Hospital</b>								
1 Inpatient Hospice (includes OP Hospice)	NO	covered	covered	covered - combined IP/OP max of \$15K	=	0.000%	-	0.000%
<b>Outpatient Hospital</b>								
2 Chiropractic Manipulation	YES	covered	covered - up to 12 visits per year	covered - up to 12 visits per year	-	-0.125%	-	-0.125%
3 Physical Therapy	NO, except in context of PART INS 1901.06, (f), g., 3. and for early intervention and autism	covered - up to 20 visits per year	covered - up to 20 visits per year	covered - up to 60 visits per year	=	0.000%	+	0.051%
4 Occupational Therapy	NO, except for early intervention and autism	covered - up to 20 visits per year	covered - up to 20 visits per year					
5 Speech Therapy	NO, except for early intervention and autism	covered - up to 20 visits per year	covered - up to 20 visits per year	covered - up to 30 visits per year	=	0.000%	+	0.021%
6 Early Intervention Therapy Services for Children	YES	covered - up to age 3, \$3,200/\$9,600 annual/lifetime	covered - up to age 3, \$3,200/\$9,600 annual/lifetime	not covered	=	0.000%	M	-0.014%
7 Hyperbaric Oxygen Therapy	NO	covered	covered	not covered	=	0.000%	-	-0.025%
8 Infertility Services	NO	covered - diagnosis, treatment & ART	covered - diagnosis services only	covered - \$3,000 max per yr (ART and drugs not covered)	-	-0.137%	-	-0.137%
9 Genetic Screening, Diagnostic Genetic Testing & Counseling	NO	covered	covered	not covered	=	0.000%	-	-0.084%
10 Telemedicine Visits (including MH Professional visits)	YES	covered	covered	not covered	=	0.000%	M	0.000%
11 Bone Marrow Testing (HLA) for Donation	YES	covered	covered	not covered	=	0.000%	M	-0.001%
<b>Prescription Drug Coverage</b>								
12 Smoking and Tobacco Cessation Prescription Drugs	NO	not covered	not covered	covered	=	0.000%	+	0.016%
<b>Other Services</b>								
13 Prosthetic Devices - Scalp Hair Prosthesis	YES	covered for certain diagnoses	covered for certain diagnoses	not covered	=	0.000%	M	-0.002%
14 Home Health Visit	NO, except for homemaker visits, RSA 417-D:2, a.	covered	covered	covered - up to 25 visits per yr	=	0.000%	-	-0.014%
15 Skilled Nursing Facility Care	NO	covered - up to 100 days	covered - up to 100 days	covered - \$700 per day after 14 day IP stay	=	0.000%	-	-0.047%
16 Respite Care	NO	covered for hospice only	covered for hospice only	not covered	=	0.000%	-	0.000%
17 Acupuncture	NO	not covered	not covered	covered - up to 20 visits per yr	=	0.000%	+	0.016%
18 Abortion	NO	covered	covered	covered - when mother's life is in danger	=	0.000%	-	-0.036%
19 Autism Spectrum Disorder, Applied Behavioral Analysis (Beyond PT/OT/ST) and Habilitative Services related to Autism	YES	covered	covered	not covered	=	0.000%	M	-0.082%
20 Over-the-Counter Medicines	NO, except for insulin	not covered except for insulin	not covered except for insulin	insulin & smoking cessation	=	0.000%	+	0.000%
21 Coverage for Nonprescription Enteral Formulas	YES	covered - if required to sustain life	covered - if required to sustain life	not covered	=	0.000%	M	-0.001%
<b>Ancillary Benefits</b>								
22 Routine Vision Exams - Adult	NO	covered - one exam every two years	covered - one exam every 2y for 19 and older	not covered	=	0.000%	-	-0.255%
23 Pediatric Vision Exams	NO	covered - one exam every two years	covered - one exam per year up to age 19.	covered - 1 exam per yr limited to lazy eye or cross eye	+	0.021%	-	-0.044%
24 Eyeglasses & Contact Lenses	NO	On Jan 1 2012, covered only if the lense of the eye is absent or surgically removed. Eff 4/1/12, coverage for eyeglasses and contacts was added.	On Jan 1 2012, covered only if the lense of the eye is absent or surgically removed. Eff 4/1/12, coverage for eyeglasses and contacts was added.	not covered	=	0.000%	-	0.000%
25 Routine Dental	NO	not covered	not covered	covered - scheduled allowances for diagnostic, pv services, fillings & simple extractions	=	0.000%	+	3.385%
26 Certain Dental Procedures Performed at Dental Office, Medical or Hospital Group (including anesthesia) for Children under age 6	YES	covered	covered	not covered	=	0.000%	M	0.000%
27 Routine Hearing Exams	NO	covered	covered one exam per year up to age 19	covered	-	0.000%	=	0.000%
28 Hearing Aids	YES	covered - one hearing aid each time rx changes for mbrs 18 and under	covered - one hearing aid each time rx changes for mbrs 18 and under	covered - up to \$500 payable each yr every 5 yrs	=	0.000%	-	-0.070%
29 Speech Generating Devices/Voice Synthesizers	NO	covered if medically necessary	covered if medically necessary	not covered	=	0.000%	-	-0.011%

Coverage for Benefits Mentioned above are subject to medical necessity

HMO Blue New England to Matthew Thornton Blue PMPM	HMO Blue New England to GEHA PMPM
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<b>Total Allowed Claims Impact</b>	<b>-0.24%</b>	<b>2.54%</b>
<b>HMO Blue New England Total Allowed</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Matthew Thornton Blue Option</b>	<b>99.76%</b>	<b>GEHA Option 102.54%</b>

