



## MEMORANDUM

**To:** Tyler Brannen, MS  
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**From:** James Highland, PhD  
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**Subj:** Essential Health Benefits Pricing

**Date:** November 12, 2012

### Introduction and Background

Section 1302(b) of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148, §2702, 124 Stat. 119, 318-319 (2010)) requires that after January 1, 2014 health insurance plans for individuals and small groups (both inside and outside the law's Health Benefit Exchanges) include a minimum set of health benefits referred to as "Essential Health Benefits" (EHBs). EHBs must cover the following ten benefit categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services
- Chronic disease management
- Pediatric services, including oral and vision care

Federal guidance<sup>1</sup> in implementing the ACA allows each state to choose a benchmark health plan representing a "typical employer plan" in their jurisdiction chosen from one of ten possible candidates. For New Hampshire, these ten potential choices identified 8 candidate plans, which are summarized in Table 1.

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<sup>1</sup> Essential Health Benefits Bulletin, Center for Consumer Information and Insurance Oversight, December 16, 2011.

**Table 1**

Benchmark Plan Category	Candidate Plans
The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market	<b>HMO Blue New England</b> <b>Matthew Thornton Blue</b> Access Blue New England
Any of the largest three State employee health benefit plans by enrollment	HMO Blue New England (HMO plan for State employees) Blue Choice New England (POS plan for State employees) (Only two options offered, no third option)
Any of the largest three national FEHBP plan options by enrollment	<b>Government Employees Health Association (GEHA)</b> Blue Cross Blue Shield Basic (BCBS Basic) Blue Cross Blue Shield Standard (BCBS Standard)
The largest insured commercial non-Medicaid Health Maintenance Organization operating in the State	<b>HMO Blue New England</b> (for small groups, same as above)

Plans for which pricing was performed are shown in red

The choice of the EHB benchmark benefit package focuses only on covered benefits and does not address member cost sharing. The cost-sharing structure (deductibles, copayments, coinsurance) is addressed separately in the determination of the four “metal levels” – bronze, silver, gold, and platinum -- of actuarial value defined by the ACA. Guidance from CMS on this aspect of the law is forthcoming.

The New Hampshire Joint Health Care Reform Oversight Committee (the Committee), composed of members of both the House of Representatives and the Senate, was responsible for the selection of the benchmark benefit package. After initial review of the benchmark candidates, the Committee selected three plans and requested that the New Hampshire Insurance Department (the Department) provide information on the relative prices of the three benefit packages. The Department contracted with Compass Health Analytics, Inc. to prepare an analysis of the relative pricing. This memo summarizes the approach and the results of the pricing analysis.

**Analytical Approach**

As a first step, benefit plan descriptions were obtained for the three candidate plans to be priced: HMO Blue New England, Matthew Thornton Blue, and the Government Employees Health Association (GEHA) plan for federal employees. Comparison of benefits on a detailed basis was then conducted. Attachment I contains the detailed benefit plan description comparison.

The analysis then focused only on those benefits for which the scope and duration of the benefit was materially different between the plans; a summary of the materially different benefits is displayed in Attachment II. It should be noted that the EHBs not in any of the benefit packages (e.g., pediatric vision) were ignored as they don’t have a material effect on the relative prices of the packages.

Two of the candidate plans are products sold by Anthem Blue Cross and Blue Shield of New Hampshire (Anthem). Responding to the Division’s request, Anthem provided to Compass, on a confidential basis, estimated allowed cost information for the total benefit packages for those two products. Morbidity, provider network contracts, and other factors affecting relative allowed costs were held constant across the plans. This information allowed the comparison to focus solely on the covered benefits contained in the candidate plans, and not variation in cost owing to these other factors. In addition, Anthem provided incremental costs for eight of the benefit differences identified. The results presented here relying on these data are relative only, and retain the confidentiality of the cost information provided by Anthem.

Compass determined average allowed costs for the additional benefit differences between the three plans for 21 of the benefit differences identified in Attachment II. The New Hampshire Comprehensive Health Care Information System data were used to calculate the cost differences. In instances where data was unavailable in the NHCHIS data set, Compass relied on data in published reports from reputable sources to develop the cost differences between plans. Attachment II indicates in the rightmost columns the relative benefit richness of Matthew Thornton Blue and GEHA relative to HMO Blue New England, and the quantified difference between them on a percent of allowed cost basis. 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%.

**Results**

Table 2 below summarizes the relative allowed 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.

**Table 2**

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

It is important to note that the GEHA plan includes basic dental coverage within its medical benefit that is the primary payer to government employees’ dental coverage, and so contains a

relatively expensive benefit that, other than preventive pediatric dental benefits, is not required to be in EHB. The GEHA plan with the dental benefit excluded has a relative price of 99.15% compared to HMO Blue New England. Detailed results by benefit are shown in Attachment II.

The primary Matthew Thornton benefit differences accounting for the 0.24% lower allowed cost compared to HMO Blue New England are:

- Limit of 12 on chiropractic visits
- Infertility includes coverage only for diagnosis, not for treatment

The GEHA cost is 2.54% higher than the HMO Blue New England cost, but is 0.85% lower (relative value of 99.15%) setting aside the aforementioned dental coverage. The leaner coverage accounting for the 99.15% value stems from GEHA's benefit differences in the following categories:

- No coverage for New Hampshire mandated benefits early intervention, HLA testing for bone marrow donation, scalp hair prostheses, autism spectrum disorders, and non-prescription enteral formulas, together accounting for a difference of -0.1%
- Leaner benefits in many areas, the largest differences attributable to routine vision, infertility, and chiropractic, accounting for a -0.85% difference for all leaner benefits in total
- Richer benefits in several areas, the total for which is nearly all accounted for by the dental coverage, and the total being 3.49%.

Table 2 also presents an example dollar difference to provide a more concrete comparison of the differences. We use an example dollar PMPM figure here for two reasons: (i) As discussed above, the data provided to us for calculations was provided on a confidential basis, and (ii) it is useful to the decision makers to put the price differences into dollars and cents differences that approximate the difference in premiums that employers and individuals would confront.

Note that applying the benefit component percentages to the \$500 example figure will not produce premium costs for those components for several reasons. First, our calculations were done with allowed claim costs provided by the carrier (allowed claims represent the full cost of the covered benefits without reduction for patient cost sharing), because the choice of an essential health benefits benchmark plan focuses on covered benefits and not on the cost sharing features of benefit packages. Second, we had agreed to maintain the confidentiality of the allowed cost data. Third, in addition to costs for claims paid, premiums include additional components for administrative costs, premium taxes, and carrier profit. As a result, there is no simple or obvious relationship between the allowed costs expressed on the \$500 scale and actual premiums, and thus no way to use the benefit percentages provided with the \$500 figure to arrive at real-world dollar prices for the components. In order to convert the results of the study to something that looked like a premium estimate, the following steps would need to be taken:

1. Apply the (confidential) ratio between the actual allowed costs and the \$500 figure
2. Reduce the resulting figure using the cost sharing features (deductibles, copayments, co-insurance) of an average benefit package
3. Add on to the resulting claims the carrier administrative costs, premium taxes, and profit.

**Attachment I  
Analysis of Potential Benchmark Plan Options for the Essential Health Benefit Package in New Hampshire**

<b>Benefit</b>	<b>NH State Mandate</b>	<b>Required Preventative or Women's Wellness</b>	<b>GEHA Option</b>	<b>Matthew Thorton Blue Option</b>	<b>HMO Blue New England</b>
<b>Wellness Benefits Including Preventative Services and Screenings</b>					
Adult Routine Physical Exams	NO	YES	covered	covered	covered
Well baby and Well Child Care	NO	YES	covered	covered	covered
Immunizations	NO	YES	covered	covered	covered
Routine Mammography & Testing for Occult Breast Cancer	YES	YES	covered	covered	covered
HPV/Cervical Cancer Screening	NO	YES	covered	covered	covered
Newborn Hearing Screening	NO	YES	covered	covered	covered
Newborn Screenings (other than hearing)	NO	YES	covered	covered	covered
Pediatric Hearing Screenings	NO	YES	covered	covered	covered
Colorectal Cancer Screening	NO	YES	covered	covered	covered
Depression Screening	NO	YES	not covered	covered	covered
Diagnostic Bone Mass Measurement/Density Testing	NO	YES	covered	covered	covered
Preventative Colonoscopy	NO	YES	covered	covered	covered
Allergy Testing	NO	NO	covered	covered	covered
Diabetes Screening	NO	YES	covered	covered	covered
Gestational Diabetes Screening	NO	YES	covered	covered	covered
Screening for Sexually Transmitted Infections- HIV	NO	YES	covered	covered	covered
Screening for Sexually Transmitted Infections- other	NO	YES	covered	covered	covered
Anemia Screening for Pregnant Women	NO	YES	covered	covered	covered
Bacteriuria Urinary Tract Screening for Pregnant Women	NO	YES	covered	covered	covered
BRCA Screening and Counseling about Genetic Testing	NO	YES	not covered	covered	covered
Domestic Violence Screening and Counseling	NO	YES	not covered	covered	covered
Folic Acid Supplements for Women Who May Become Pregnant	NO	YES	not covered	covered	covered
Hepatitis B Screening for Newly Pregnant Women	NO	YES	covered	covered	covered
Rh Incompatibility Screening for all Pregnant Women and Follow Up testing for high risk women	NO	YES	covered	covered	covered
Allergy Injections	NO	NO	covered	covered	covered
Weight Loss Program	NO	NO	not covered	not covered	not covered
Smoking and Tobacco Cessation Counseling	NO	YES	covered, 2 attempts per yr & 4 sessions per attempt	covered	covered
Fitness Membership	NO	NO	not covered	not covered	not covered
Breastfeeding/Lactation Counseling	NO	YES	covered	not covered until 8/1/12 new/renewing	not covered until 8/1/12 new/renewing
Post Partum Depression Counseling	NO	YES	covered	covered	covered
Nutritional Counseling	NO	YES	covered	covered	covered
HPV vaccine	NO	YES	covered	covered	covered
Flu Immunizations	NO	YES	covered	covered	covered
Contraceptive Services	YES	YES	covered	covered	covered

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<b>Inpatient Hospital</b>					
Room and Board - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Nursing - General - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Private Duty Nursing	NO, except in the context of PART INS 1901.06, (f) (1), g., 1.	NO	not covered	not covered	not covered
Lab - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Pathology Services - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Radiology - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Anesthesia - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Medical Supplies - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Durable Medical Equipment - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Prosthetics - - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Drugs - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Blood - PART INS 1901.06, (f) (1) a. to e.	YES	NO	covered	covered	covered
Inpatient Physical Rehab Services	NO	NO	covered	covered	covered
Mental Health Consistent with Federal Parity	YES	NO	covered	covered	covered
Alcoholism/Drug Consistent with Federal Parity (including IP Rehab Services)	YES	NO	covered	covered	covered
Transplants	NO	NO	covered	covered	covered
Reconstructive Breast Surgery Following a Mastectomy	YES	NO	covered	covered	covered
Other Reconstructive Surgery	NO	NO	covered	covered	covered
Bariatric Surgery	YES	NO	covered	covered	covered
Tubal Ligation	NO	YES	covered	covered	covered
Reversal of Voluntary Sterilization	NO	NO	not covered	not covered	not covered
Inpatient Hospice	NO	NO	covered - combined IP/OP max of \$15K	covered	covered
Vision Procedures	NO	NO	covered - diagnosis & treatment of an eye injury	covered - diagnosis & treatment of an eye disease or injury	covered - diagnosis & treatment of an eye disease or injury
Oral and Maxillofacial Surgery	NO	NO	covered	covered	covered

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<b>Outpatient Hospital / Professional Services</b>					
Pregnancy, Delivery and Postpartum Coverage	YES	NO	covered	covered	covered
Emergency Room Services - PART INS 1901.06(f), b. and RSA 417-F	YES	NO	covered	covered	covered
Surgery: Operating Room, Recovery and Treatment Rooms - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Anesthesia Operating Room, Recovery and Treatment Rooms - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Laboratory Services - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Pathology - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Radiology- X-rays, Ultrasound, EKG, EEG, CT, MRI, PET, Diagnostic Angiography - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Chemotherapy - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Radiation Therapy - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Diagnostic Colonoscopy - PART INS 1901.06(f), f.	YES	NO	covered	covered	covered
Cardiac Rehab	NO	NO	covered	covered	covered
Pulmonary Rehab Programs (non-physician provider)	NO	NO	not covered	not covered	not covered
LASIK Surgery	NO	NO	not covered	not covered	not covered
Vasectomy	NO	NO	covered	covered	covered
Bone Marrow Testing (HLA) for Donation - this is not an Inpatient Hospital Service	YES	NO	not covered	covered	covered
Chiropractic Manipulation	YES	NO	covered - up to 12 visits per year	covered - up to 12 visits per year	covered
Physical Therapy	NO, except in context of PART INS 1901.06, (f), g., 3. and for early intervention and autism	NO	covered - up to 60 visits per year	covered - up to 20 visits per year	covered - up to 20 visits per year
Occupational Therapy	NO, except for early intervention and autism	NO		covered - up to 20 visits per year	covered - up to 20 visits per year
Speech Therapy	NO, except for early intervention and autism	NO	covered - up to 30 visits per year	covered - up to 20 visits per year	covered - up to 20 visits per year
Early Intervention Therapy Services for Children	YES	NO	not covered	covered - up to age 3, \$3,200/\$9,600 annual/lifetime	covered - up to age 3, \$3,200/\$9,600 annual/lifetime
Habilitative Services and Devices	YES for Autism only.	NO	not covered	not covered except for treatment of autism spectrim disorders	not covered except for treatment of autism spectrim disorders
IV/Infusion Therapy	NO	NO	covered	covered	covered
Respiratory Therapy	NO	NO	covered	covered	covered
Hyperbaric Oxygen Therapy	NO	NO	not covered	covered	covered
Dialysis - PART INS 1901.06 (f), f	YES	NO	covered	covered	covered
Blood and Plasma	NO	NO	covered	covered except for designated blood and when participation in a volunteer blood program is available.	covered except for designated blood and when participation in a volunteer blood program is available.
Medial and Surgical Supplies	NO	NO	covered	covered	covered
Oxygen	NO	NO	covered	covered	covered
Nuclear Medicince	NO	NO	covered	covered	covered
Injectible Drugs	NO	NO	covered	covered	covered
Infertility Services	NO	NO	covered - \$3,000 max per yr (ART and drugs not covered)	covered - diagnosis services only	covered - diagnosis, treatment & ART
Dental Implants	NO	NO	not covered	not covered	not covered
Genetic Screening	NO	NO	not covered	covered	covered
Diagnostic Genetic Testing and Counseling	NO	NO	not covered	covered	covered
Telemedicine Visits	YES	NO	not covered	covered	covered

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<b>Physician Services</b>					
Inpatient Visits - PART INS 1901.06, (f) (1), e.	YES	NO	covered	covered	covered
Inpatient Surgery - PART INS 1901.06, (f) (1), c.	YES	NO	covered	covered	covered
Outpatient Surgery - PART INS 1901.06, (f) (1), c. and f.	YES	NO	covered	covered	covered
Emergency Room Services - PART INS 1901.06, (f) (1), f.	YES	NO	covered	covered	covered
Urgent Care Visits - PART INS 1901.06, (f) (1), e. and f.	YES	NO	covered	covered	covered
Physician Office Visits- - PART INS 1901.06, (f) (1), f.	YES	NO	covered	covered	covered
Laboratory - PART INS 1901.06, (f) (1), f.	YES	NO	covered	covered	covered
Diagnostic Imaging - PART INS 1901.06, (f) (1), f.	YES	NO	covered	covered	covered
Prenatal Care - RSA 417-D, 2-a	YES	YES	covered	covered	covered
Obstetrical-Gynecological Coverage	YES	NO	covered	covered	covered
Mental Health Coverage for Certain Biologically Based Mental Illnesses	YES	NO	covered	covered	covered
Consistent with Federal Mental Health Parity	YES	NO	covered	covered	covered
Mental Health Coverage for Treatment of Pervasive Development Disorder or Autism	YES	NO	not covered	covered	covered
Mental Health Coverage for Mental Conditions and Treatment for Chemical Dependency	YES	NO	covered	covered	covered
Consistent with Federal Alcoholism/Drug Parity	YES	NO	covered	covered	covered
Mental Health Telemedicine Visits	YES	NO	not covered	covered	covered
<b>Prescription Drug Coverage</b>					
Retail and Mail Order Prescription Drugs	NO, except in the context of PART INS 1901.06 (f), g., 7.	NO	covered	covered	covered
Prescription Contraceptives	YES for plans that cover retail/mail Rx services.	YES	covered	covered	covered
Smoking and Tobacco Cessation Prescription Drugs	NO	NO	covered	not covered	not covered

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Benefit	NH State Mandate	Required Preventative or Women's Wellness	GEHA Option	Matthew Thorton Blue Option	HMO Blue New England
<b>Other Services</b>					
Ambulance	NO	NO	covered	covered	covered
Durable Medical Equipment and Devices	NO, except in the context of PART INS 1901.06, (f), g., 4. and diabetic equipment	NO	covered	covered	covered
Private Duty Nursing in the Home	NO	NO	not covered	not covered	not covered
Home Dialysis Equipment and Supplies - PART INS 1901.06, (f), f.	YES	NO	covered	covered	covered
Oxygen	NO	NO	covered	covered	covered
Breastfeeding Equipment	NO	YES	not covered	manual breast pumps not covered except if the charge is included in the hospital bill for delivery of a baby. Electric pumps covered if medically necessary (manual and electric pumps covered for 8/1/12 new/renewing)	manual breast pumps not covered except if the charge is included in the hospital bill for delivery of a baby. Electric pumps covered if medically necessary (manual and electric pumps covered for 8/1/12 new/renewing)
Oral Orthotic Devices	NO	NO	not covered	not covered	not covered
Prosthetic Devices - Artificial Limb Coverage	YES	NO	covered	covered	covered
Prosthetic Devices - Scalp Hair Protheses	YES	NO	not covered	covered for certain disgnoses	covered for certain disgnoses
Prosthetic Devices	NO	NO	covered	covered	covered
Home Medical Supplies	NO, except for diabetic supplies	NO	covered	covered	covered
Coverage for Needles and Syringes for the Administration of Covered Medications	NO, except for diabetic supplies	NO	covered	covered	covered
Home Health Visit	NO, except for homemaker visits, RSA 417-D:2, a.	NO	covered - up to 25 visits per yr	covered	covered
Skilled Nursing Facility Care	NO	NO	covered - \$700 per day after 14 day IP stay	covered - up to 100 days	covered - up to 100 days
Custodial/Convalescent Care	NO, except in the context of PART INS 1901.06, (f), g., 2.	NO	not covered	not covered	not covered
Respite Care	NO	NO	not covered	covered for hospice only	covered for hospice only
Acupuncture	NO	NO	covered - up to 20 visits per yr	not covered	not covered
Hypnotherapy	NO	NO	not covered	not covered	not covered
Diabetes Services and Supplies	YES	NO	covered	covered	covered
Abortion	NO	NO	covered - when mother's life is in danger	covered	covered
Hospice Care	NO	NO	covered - Combined IP/OP max of \$15K	covered	covered
Autism Spectrum Disorder - RSA 417-E: 2, III	YES	YES for screening	not covered	covered	covered
Applied Behavioral Analysis (Beyond PT/OT/ST) - RSA 417-E: 2, III	YES	NO	not covered	covered - \$36,000 per year up to age 12, \$27,000 from ages 13-21.	covered - \$36,000 per year up to age 12, \$27,000 from ages 13-21.
NH Certified Midwife Services	YES	YES	covered	covered	covered
Over-the-Counter Medicines	NO, except for insulin	NO	insulin & smoking cessation	not covered except for insulin	not covered except for insulin
Experimental Treatments, Services and Drugs	YES	NO	not covered	not covered except for clinical trials	not covered except for clinical trials
Wigs for Hair Loss due to Chemotherapy Treatment of Cancer	YES	NO	not covered	covered - up to \$350 per year	covered - up to \$350 per year
Coverage for Qualified Clinical Trials	YES	NO	covered	covered	covered
Medical Foods (Food Supplements, Formulas or Special Foods)	YES	NO	covered - prescription required	covered - if required to sustain life	covered - if required to sustain life
Coverage for Nonprescription Enteral Formulas	YES	NO	not covered	covered - if required to sustain life	covered - if required to sustain life

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<b>Ancillary Benefits</b>					
Routine Vision Exams - Adult	NO	NO	not covered	covered - one exam every 2y for 19 and older	covered - one every two years
Pediatric Vision Exams	NO	YES for vision screenings only	covered - 1 per yr limited to lazy eye or cross eye	covered - one exam per year up to age 19.	covered - one every two years
Eyeglasses & Contact Lenses	NO	NO	not covered	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.
Eyeglasses/Contacts Related to an Accident, Surgery or Medical Condition	NO	NO	contact lens covered after implant, surgery or injury	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.
Routine Dental	NO	NO	covered - scheduled allowances for diagnostic, pv services, fillings & simple extractions	not covered	not covered
Routine Pediatric Dental	NO, except for certain individuals under RSA 415:18-q	NO	covered - scheduled allowances for diagnostic, pv services, fillings & simple extractions	not covered, except as required by law	not covered, except as required by law
Certain Dental Procedures Performed at Dental Office, Medical or Hospital Group (including anesthesia) for Children under age 6	YES	NO	not covered	covered	covered
Routine Hearing Exams	NO	NO	covered	covered one exam per year up to age 19	covered
Hearing Aids	YES	NO	covered - up to \$500 payable each yr every 5 yrs	covered	covered
Speech Generating Devices/Voice Synthesizers	NO	NO	not covered	covered if medically necessary	covered if medically necessary

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**Attachment II**  
**Analysis of 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
- HMO Blue New England is more rich than Comparison Plan
- + HMO Blue New England is less rich than Comparison Plan
- 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 Protheses	YES	covered for certain disgnoses	covered for certain disgnoses	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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**Column Definitions for Attachment II**

- 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

<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>