

## Comparison of Benefit Packages

Services	Standard Plan* Below 200% FPL (Medicaid benefits*)	Benchmark Plan** Above 200% FPL	Healthy New York	HIRSP*** (\$1,000 annual deductible)
Prescription Drugs	Formulary: Generic Drugs--\$.50 co-pay	MA preferred generic drugs at \$5 co-pay and BadgerRx discounts	Optional benefit; Maximum benefit of \$3,000 per individual per year; \$100 deductible per calendar year; generic drugs have a \$10 co-pay; brand name drugs have a \$20 co-pay plus the difference in cost between the brand name drug and generic equivalent	Prescription drugs and insulin. 20% coinsurance, up to \$25 per prescription, up to \$750/year coinsurance in addition to medical coinsurance.
Physician Visits	Full coverage, including second opinion on elective surgery; \$1 co-pay	Full coverage, one routine physical exam per year; 15 co-pay	Full coverage including second opinion on surgery and cancer treatment, one routine physical exam every 3 years; \$20 co-pay	Routine exams not covered. Diagnostic and lab tests covered. 20% coinsurance up to \$1,000 total per year.
Inpatient Hospital	Full coverage, prior authorization for transplants, AIDS acute care, etc.; \$3 co-pay	Full coverage as medically necessary; \$100 co-pay for med/surgical; \$50 co-pay for Psych	Full coverage as medically necessary; \$500 co-pay; 20% or \$200 co-pay for surgical services	Basic medical-surgical services. 20% coinsurance up to \$1,000 total per year. 30 day/year limit due to alcoholism or drug abuse; 60 day limit for mental disorders.
Outpatient Hospital	Full coverage; Home health covered as needed with physical approval every 62 days; \$3 co-pay for use of ER	Lab, x-ray, mammography fully covered; Home health limited to 60 visits/year; \$15 co-pay for out-patient services; \$75 co-pay for non-emergency use of ER.	Diagnostic and treatment services fully covered with \$20 co-pay; Home health care not covered; \$50 co-pay for use of ER, but waived if admitted to the hospital; \$75 co-pay for surgical facilities.	Basic medical-surgical outpatient services; home care. 20% coinsurance up to \$1,000 total per year.
Nursing Home	Full coverage	Skilled nursing services limited to 30 days/year; Inpatient rehabilitation limited to 60 days/year.	Not covered	Skilled nursing facility services. 20% coinsurance up to \$1,000 total per year.
Physical, Occupation, Speech Therapy	Full coverage; \$1 co-pay	20 visits per therapy discipline, 36 visits for cardiac rehab; \$15 co-pay/visit.	Not covered	Physical therapy. 20% coinsurance up to \$1,000 total per year.
Durable Medical Equipment	Full coverage; \$50 co-pay	Benefits limited to \$2,500/year; \$5 co-pay.	For diabetes patients only; \$20 co-pay	Covered, exclude eyeglasses, hearing aids.
Mental Health AODA	Full coverage; \$1 co-pay	Linked to state employee plan; outpatient services covered up to \$1,800/year, transitional up to \$2,700/year, AODA services up to \$7,000/year; \$15 co-pay/visit	Not covered	Covered under inpatient and outpatient hospital.
Transportation	Emergency and non-emergency to doctor/hospital; \$1 co-pay	Emergency transportation covered as medically necessary; no coverage for non-emergency; \$5 co-pay	Not covered	Emergency ambulance services.
Health Screenings for Children	Children up to age 21 fully covered	Early childhood developmental services for children under age 6.	Full coverage with \$20 co-pay. No co-pay for routine well-child visits and immunizations.	Not covered.
Dental	Preventive and basic services; \$1 co-pay	Preventive and basic services only for pregnant women and children under 19; covers 50% of allowable charges; annual deductible of \$200; maximum benefit of \$750; also includes accidental injury and diagnosis & treatment of temporomandibular disorders (TMJ); \$15 co-pay/visit.	Not covered	Not covered.
Vision	Eye exams, optometry, ophthalmology; \$1 co-pay	1 refractive eye exam every 2 years; \$15 co-pay/visit	Not covered	Not covered.
Smoking cessation	Full coverage	Pregnant women only	Not covered	Not covered.
PNCC	Pregnant women at high-risk	Pregnant women only at high risk	Not covered	Not covered.

\*co-pays for fee-for-service only

\*\*based on initial financial model estimates

\*\*\*Plan 1, Option A (plan with lower cost-sharing requirements). Individual medical out-of-pocket maximum \$2,000 and does not include drug coinsurance.