

State Employee Health Benefits Plan Open Enrollment 2008 *For Non State Employer Groups*

Health Plan Comparison Chart						
	Plan A		Plan B		QHDHP	
	Blue Cross and Blue Shield Coventry Preferred Health Systems		Blue Cross and Blue Shield Coventry Preferred Health Systems		Coventry QHDHP With Health Savings Account	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions						
Co-insurance Maximum	\$1,000 single/\$2,000 family	\$3,650 single/\$7,300 family	\$2,200 single/\$4,400 family	\$3,650 single/\$7,300 family	\$5,000 single/\$10,000 family	\$6,000 single/\$12,000 family
Deductible: <i>not included in co-insurance maximums</i>					<i>Note: When selecting any level of dependent coverage, the entire family deductible must be met before claims are paid for any covered person.</i>	
Single/Family	n/a	\$500 single/\$1,500 family	n/a	\$500 single/\$1,500 family	\$1,500 single/\$3,000 family	\$2,000 single/\$4,000 family
Co-payments: <i>not included in co-insurance maximum</i>						
Physician office visit	\$20 Primary Care Medical Home/\$40 Specialist	Deductible & 50% co-insurance	\$20 Primary Care Medical Home/\$40 Specialist	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Emergency room	\$100 co-pay & 10% co-insurance	\$200 co-pay & 50% co-insurance	\$100 co-pay & 35% co-insurance	\$200 co-pay & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Urgent care	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Hospital admission	10% co-insurance	\$600 co-pay, deductible & 50% co-insurance	35% co-insurance	Deductible, \$600 co-pay & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Outpatient mental health: <i>not biologically based</i>	First 3 visits, plan pays 100%, \$20 co-pay each additional visit	Deductible & 50% co-insurance	First 3 visits, plan pays 100%, \$20 co-pay each additional visit	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Outpatient surgery	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Major diagnostic tests	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Lifetime Benefit Maximum	No limit	No limit	No limit	No limit	\$5,000,000 per person	\$5,000,000 per person
Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status
Out of Area Care	n/a	n/a	n/a	n/a	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Amounts Above Plan Allowance	Provider to write off	Member responsibility	Provider to write off	Member responsibility	Provider to write off	Member responsibility

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Covered Services						
Inpatient Services	10% co-insurance	Deductible, 50% co-insurance & \$600 co-pay	35% co-insurance	Deductible, 50% co-insurance & \$600 co-pay	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Physician Hospital Visits	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Physician Office Visits						
Medical Home	\$20 co-pay	Deductible & 50% co-insurance	\$20 co-pay	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Specialist	\$40 co-pay	Deductible & 50% co-insurance	\$40 co-pay co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Urgent care center	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Outpatient Surgery	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Emergency Room Visits	\$100 co-pay (waived if admitted) then 10% co-insurance	Deductible, 50% co-insurance & \$200 co-pay	Co-pay & 35% co-insurance	Deductible, 50% co-insurance & \$200 co-pay	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Other Outpatient Services	10% co-insurance	50% co-insurance	35% co-insurance	50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Ambulance Services	10% co-insurance	10% co-insurance	35% co-insurance	35% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Major Diagnostic Tests*	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Home Health Care	Services must be pre-approved by health plan; 10% co-insurance	Services must be pre-approved by health plan; deductible & 50% co-insurance	Services must be pre-approved by health plan; 35% co-insurance	Services must be pre-approved by health plan; deductible & 50% co-insurance	Services must be pre-approved by health plan; deductible & 20% co-insurance	Services must be pre-approved by health plan; deductible & 40% co-insurance
Hospice	Services must be pre-approved by health plan; limited to 6 months; 10% co-insurance	Services must be pre-approved by health plan; limited to 6 months deductible & 50% co-insurance	Services must be pre-approved by health plan; limited to 6 months; 35% co-insurance	Services must be pre-approved by health plan; limited to 6 months; deductible & 50% co-insurance	Services must be pre-approved by health plan; deductible & 20% co-insurance	Services must be pre-approved by health plan; deductible & 40% co-insurance
X-Ray and Laboratory	10% co-insurance	Deductible & 50% co-insurance	35% co-insurance	Deductible & 50% co-insurance	Deductible & 20% co-insurance	Deductible & 40% co-insurance

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Physical Rehabilitation Services: <i>including chiropractic care</i>	Services limited to those medically necessary and appropriate: medical records must show continued improvement	Services limited to those medically necessary and appropriate: medical records must show continued improvement	Services limited to those medically necessary and appropriate: medical records must show continued improvement	Services limited to those medically necessary and appropriate: medical records must show continued improvement	Services limited to those medically necessary and appropriate: medical records must show continued improvement	Services limited to those medically necessary and appropriate: medical records must show continued improvement
Inpatient facility	10% co-insurance: must show continued improvement	\$600 co-pay, deductible & 50% co-insurance: must show continued improvement; must be pre-approved by health plan	35% co-insurance: must show continued improvement; must be pre-approved by health plan	\$600 co-pay, deductible & 50% co-insurance: must show continued improvement; must be pre-approved by health plan	Deductible & 20% co-insurance: see schedule of benefits	Deductible & 40% co-insurance: see schedule of benefits
Outpatient facility	10% co-insurance: must show continued improvement	Deductible & 50% co-insurance: must show continued improvement	35% co-insurance: must show continued improvement	Deductible & 50% co-insurance: must show continued improvement	Deductible & 20% co-insurance: see schedule of benefits	Deductible & 40% co-insurance: see schedule of benefits
Office based	10% co-insurance: limited to 30 visits per year	Deductible & 50% co-insurance: limited to 30 visits per year	35% co-insurance: limited to 30 visits per year	Deductible & 50% co-insurance: limited to 30 visits per year	Deductible & 20% co-insurance: see schedule of benefits	Deductible & 40% co-insurance: see schedule of benefits
Durable Medical Equipment	Services must be pre-approved by health plan; limited to \$5,000 per person per year of covered services; 10% co-insurance	Deductible & 50% co-insurance; limited to \$5,000 per person per year; must be pre-approved by health plan	35% co-insurance; limited to \$5,000 per person per year; must be pre-approved by health plan	Deductible & 50% co-insurance; limited to \$5,000 per person per year; must be pre-approved by health plan	Deductible & 20% co-insurance: limited to \$1,000 per person per year	Deductible & 40% co-insurance: limited to \$1,000 per person per year
Allergy Testing	10% co-insurance: must be pre-approved by health plan	Deductible & 50% co-insurance: must be pre-approved by health plan	35% co-insurance: must be pre-approved by health plan	Deductible & 50% co-insurance: must be pre-approved by health plan	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Antigen Administration: <i>desensitization/treatment; allergy shots</i>	Covered in full: must be pre-approved by health plan	Deductible & 50% co-insurance: must be pre-approved by health plan	Covered in full: must be pre-approved by health plan	Deductible & 50% co-insurance: must be pre-approved by health plan	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Infertility Treatment: <i>limited to testing & three attempts at artificial insemination per year</i>	Office visit co-pay & 10% co-insurance: must be pre-approved by health plan	Deductible & 50% co-insurance: must be pre-approved by health plan	35% co-insurance: must be pre-approved by health plan	Deductible & 50% co-insurance: must be pre-approved by health plan	Deductible & 20% co-insurance; diagnosis & surgical treatment only; limited to \$2,000 per year	Deductible & 40% co-insurance; diagnosis & surgical treatment only; limited to \$2,000 per year
Covered Immunizations	Covered in full	To age 5: Covered in full Adult: Deductible & 50% co-insurance	Covered in full	To age 5: Covered in full Adult: Deductible & 50% co-insurance	To age 5: Covered in full Adult: Deductible & 20% co-insurance	To age 5: Covered in full Adult: Deductible & 40% co-insurance

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Mental Health						
Inpatient Nervous & Mental	10% co-insurance	\$600 co-pay per admission, deductible & 50% co-insurance (60-day limit per year)	35% co-insurance	\$600 co-pay per admission, deductible & 50% co-insurance (60-day limit per year)	Deductible & 20% co-insurance (60-day limit per year)	Deductible & 40% co-insurance (30-day limit per year)
Inpatient Drug & Alcohol	10% co-insurance (60-day limit per year)	\$600 co-pay per admission, deductible & 50% co-insurance (30-day limit per year)	35% co-insurance (60-day limit per year)	\$600 co-pay per admission, deductible & 50% co-insurance (30-day limit per year)	Deductible & 20% co-insurance (60-day limit per year)	Deductible & 40% co-insurance (30-day limit per year)
Outpatient Nervous & Mental	First 3 visits, plan pays 100%; \$20 co-pay each additional visit	Deductible & 50% co-insurance	First 3 visits, plan pays 100%; \$20 co-pay each additional visit	Deductible & 50% co-insurance	Deductible & 20% co-insurance (limited to 30 visits per year)	Deductible & 40% co-insurance (limited to 30 visits per year)
Outpatient Drug & Alcohol	First 3 visits, plan pays 100%; next 22 visits \$25 co-pay each visit (both network and non network visits count toward 25-visit limit); 50% co-insurance for additional visits	First 3 visits, plan pays 100%; next 22 visits 50% co-insurance (limited to 25 visits per year; both network and non network visits count toward 25-visit limit)	First 3 visits, plan pays 100%; next 22 visits \$25 co-pay each visit (both network and non network visits count toward 25-visit limit); 50% co-insurance for additional visits	First 3 visits, plan pays 100%; next 22 visits 50% co-insurance (limited to 25 visits per year; both network and non network visits count toward 25-visit limit)	Deductible & 20% co-insurance (limited to 30 visits per year)	Deductible & 40% co-insurance (limited to 30 visits per year)
Preventive Care**						
Preventive Care Services	Covered in full	Not covered	Covered in full	Not covered	First \$450 per person covered in full, then deductible & 20% co-insurance	Not covered
Age Appropriate Routine Physical Exam	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Well-Woman Care: <i>office visit, PAP smear test, & STD testing</i>	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Well-Man Care: <i>office visit & PSA blood test</i>	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Mammogram	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Licensed Dietitian Consultation: <i>for medical management of a documented disease</i>	10% co-insurance	Not covered as preventive care; deductible & 50% co-insurance apply	35% co-insurance	Not covered as preventive care; deductible & 50% co-insurance apply	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Routine Hearing Exam	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Routine Vision Exam: <i>refraction exam for glasses; lenses & frames not covered</i>	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered

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Age Appropriate Bone Density Screening	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance	Not covered
Routine Age Appropriate Colonoscopy	Covered in full	Not covered	Covered in full	Not covered	Preventive care service allowance, then deductible & 20% co-insurance; one per person per lifetime. Additional colonoscopy; deductible & 20% co-insurance	Not covered
Prescription Drugs						
Prescription Drug Services	Covered by separate contract with Caremark	Covered by separate contract with Caremark	Covered by separate contract with Caremark	Covered by separate contract with Caremark	Deductible & 20% co-insurance	Deductible & 40% co-insurance
Dental						
Dental Services	Covered by separate contract with Delta Dental	Covered by separate contract with Delta Dental	Covered by separate contract with Delta Dental	Covered by separate contract with Delta Dental	Covered by separate contract with Delta Dental	Covered by separate contract with Delta Dental
Non Covered Services						
TMJ/Orthognathic Surgery	Not covered under medical: see dental, limited	Not covered under medical: see dental, limited	Not covered under medical: see dental, limited	Not covered under medical: see dental, limited	Not covered under medical: see dental, limited	Not covered under medical: see dental, limited
Orthotics	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Gastric Surgery & Other Weight Loss Treatments	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	Network Providers	Non Network Providers	Network Providers	Non Network Providers	Network Providers	Non Network Providers
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* **Major Diagnostic Tests:** includes but not limited to; PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography, & computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.

** **Preventive Care:** The plan pays preventive care benefits for services coded as routine (as for a routine exam). For services coded in connection with the diagnosis of a condition, regular benefits apply. **Example:** If you go to your primary care physician for an annual exam and the exam is coded with a diagnosis, you'll pay a \$20 office visit co-pay. If the annual exam is coded as routine, the exam is covered in full. **Exception:** Colonoscopies and mammograms obtained from a network provider will be covered as preventive care (covered in full) whether they are routine or coded with a diagnosis.

The comparison chart is NOT the governing document. Members need to refer to the Certificate of Coverage and Benefit Descriptions posted on <http://www.khpa.ks.gov> (Kansas Health Policy Authority web site).