CALIFORNIA 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Kaiser Foundation Health Plan Inc.
Product Name	Small Group HMO
Plan Name	Small Group HMO 30
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (CHIP) Pediatric vision (FEDVIP)

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				
Specialist Visit	Yes	Covered	No				
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Participants pay a $200 Copayment per covered procedure.
Hospice Services	Yes	Covered	No				Covered for terminally ill patients within the Service Area or inside California but within 15 miles or 30 minutes from the Service Area.
Routine Dental Services (Adult)	No	Covered	No				
Infertility Treatment	No	Not Covered	No				
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	No	Not Covered	No				
Routine Eye Exam (Adult)	No	Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	Yes	100	Visit(s) per Year	Care of a type that an unlicensed family member or other layperson could provide safely and effectively in the home setting after receiving appropriate training. This care is excluded even if we would cover the care if it were provided by a qualified medical professional in a hospital or a Skilled Nursing Facility Care. Excludes care in the home if the home is not a safe and effective treatment setting.	Covered if you are confined to a home within the Service Area, your condition requires the services of a healthcare professional, and your services are approved by a Plan Physician.
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No			Transportation by car, taxi, bus, gurney van, wheelchair van, and any other type of transportation (other than a licensed ambulance or psychiatric transport van), even if it is the only way to travel to a Plan Provider.	Ambulances are covered for emergencies or non-emergencies when approved by a Plan Physician.
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	Yes	Covered	No				
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	Yes	100	Day(s) per Benefit Period		
Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				$400 Copayment per day in Plan Hospital only for medical management of withdrawal symptoms.
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Specialty Drugs	Yes	Covered	No				
Outpatient Rehabilitation Services	Yes	Covered	No			Items and services that are not health care items and services (for example, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including vocational training).	
Habilitation Services	Yes	Covered	No			Items and services that are not health care items and services (for example, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including vocational training).	Covered even if 100% functionality is not possible.
Chiropractic Care	No	Not Covered	No				
Durable Medical Equipment	Yes	Covered	No			Comfort, convenience, or luxury equipment or features; Repair or replacement of equipment due to loss or misuse.	
Hearing Aids	No	Not Covered	No			The plan does not cover hearing aids but covers only internally-implanted devices as described in "prosthetic and Orthotic Devices.	Internally-implanted hearing aids are covered as prosthetic devices.
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	Yes	Covered	No				
Acupuncture	Yes	Covered	No				Acupuncture is typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain.
Weight Loss Programs	Yes	Covered	No				
Routine Eye Exam for Children	Yes	Covered	No			Industrial frames, Eyeglass lenses and frames, Contact lenses, including fitting and dispensing (except for special contact lenses to treat aphakia or aniridia as described under this "Vision Services" section), Eye exams for the purpose of obtaining or maintaining contact lenses, Low-vision devices.	The Benchmark plan covers routine vision screenings that are preventive care services. Pediatric Vision services are an EHB and are generally covered by plans pursuant to benefits offered under the Federal Employees Dental and Vision Insurance Program vision plan.
Eye Glasses for Children	Yes	Covered	No				Special contact lenses for aniridia, and for Aphakia up through age 9, are covered. Otherwise, pediatric vision services are covered pursuant to the benefits offered under the Federal Employees Dental and Vision Insurance Program vision plan.
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	No				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	No				
Well Baby Visits and Care	Yes	Covered	No				Well-child preventive exams are covered for Members through age 23 months.
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Covered	No				Pediatric dental services are considered an EHB and are covered by plans pursuant to the Healthy Families/CHIP 2014 benefits (i.e. Medi-Cal dental).

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Orthodontia - Child	Yes	Covered	No			Only for services related to cleft palate.	Dental and orthodontic services for cleft palate, if services are integral part of reconstructive surgery for cleft palate covered under reconstructive surgery by the Benchmark Plan, a plan provider or authorized non-plan provider who is a dentist or orthodontist provides the services.
Major Dental Care - Child	Yes	Covered	No			Only for services related to radiation therapy and cleft palate - anesthesia for children under 7 and others as described in Explanation.	Dental services for radiation treatment. Dental Anesthesia for children under age 7, developmentally disabled, or compromised health and patient's clinical status/medical condition requires dental procedure be provided in hospital or outpatient surgery center and the procedure would not ordinarily require general anesthesia.
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Covered	No			Only for services related to cleft palate.	Orthodontia for cleft palate as described above.
Major Dental Care – Adult	No	Covered	No			Only for services related to radiation therapy of cleft palate.	Dental services for radiation treatment. Dental Services for cleft palate as described above.
Abortion for Which Public Funding is Prohibited	No	Covered	No				
Transplant	Yes	Covered	No				Coverage will cease if it is determined that patient does not qualify for a transplant.
Accidental Dental	No	Not Covered	No				
Dialysis	Yes	Covered	No			Comfort, convenience, or luxury equipment, supplies and features. Nonmedical items, such as generators or accessories to make home dialysis equipment portable for travel.	Dialysis services are covered if they meet the plans listed criteria.
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				
Prosthetic Devices	Yes	Covered	No			The Benchmark Plan does not cover the following: Multifocal intraocular lenses and intraocular lenses to correct astigmatism; Nonrigid supplies, such as elastic stockings and wigs, except as otherwise described above in this "Prosthetic and Orthotic Devices" section; Comfort, convenience, or luxury equipment or features; Shoes or arch supports, even if custom-made, except footwear described above in this "Prosthetic and Orthotic Devices" section for diabetes-related complications; Repair or replacement of device due to loss or misuse.	The following prosthetic and orthotic devices are covered: - internally implanted devices such as pacemakers, intraocular lenses, cochlear implants, osseointegrated hearing devices, hip joints, if implanted during a surgery the plan is covering. - prosthetic devices/installation accessories to restore method of speaking following removal of larynx - prostheses needed after Medically Necessary mastectomy & three brassieres required to hold prosthesis every 12 months - compression burn garments and lymphedema wraps and garments - enteral formula for members who require tube feeding w/in Medicare guidelines - prostheses to replace all or part of external facial body part removed or impaired as result of disease, injury, or congenital defect.
Infusion Therapy	Yes	Covered	No				

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				The health plan cannot exclude coverage for surgical procedures for temporomandibular joint disorders (TMD or TMJ) under Health and Safety Code section 1367.68 if the service is a medically-necessary basic health care service. Therefore, the Benchmark plan covers these services and they should be considered an EHB.
Nutritional Counseling	No	Not Covered	No				
Reconstructive Surgery	Yes	Covered	No			Surgery that, in the judgment of a Plan Physician specializing in reconstructive surgery, offers only a minimal improvement in appearance; Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.	Reconstructive surgery is covered to reconstruct a breast after it is fully or partially removed. Reconstructive surgery is also covered if the physician determines it is medically necessary improve the function or create a normal appearance of an abnormal structure.

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	10
Analgesics	Opioid Analgesics, Long-acting	3
Analgesics	Opioid Analgesics, Short-acting	7
Anesthetics	Local Anesthetics	2
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	1
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	0
Antibacterials	Aminoglycosides	5
Antibacterials	Antibacterials, Other	14
Antibacterials	Beta-lactam, Cephalosporins	7
Antibacterials	Beta-lactam, Other	2
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	3
Antibacterials	Quinolones	6
Antibacterials	Sulfonamides	4
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	3
Anticonvulsants	Calcium Channel Modifying Agents	2
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	3
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	4
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	2
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	6
Antidepressants	Monoamine Oxidase Inhibitors	2
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	9
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	9
Antiemetics	Emetogenic Therapy Adjuncts	3
Antifungals	No USP Class	9
Antigout Agents	No USP Class	5
Anti-inflammatory Agents	Glucocorticoids	20
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	9
Antimigraine Agents	Ergot Alkaloids	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	2
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	3
Antimyasthenic Agents	Parasympathomimetics	3
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	8
Antineoplastics	Alkylating Agents	4
Antineoplastics	Antiandrogens	3
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	2
Antineoplastics	Antimetabolites	5
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	3
Antineoplastics	Molecular Target Inhibitors	13
Antineoplastics	Monoclonal Antibodies	0
Antineoplastics	Retinoids	2
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	10
Antiparasitics	Pediculicides/Scabicides	2
Antiparkinson Agents	Anticholinergics	3
Antiparkinson Agents	Antiparkinson Agents, Other	2
Antiparkinson Agents	Dopamine Agonists	4
Antiparkinson Agents	Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors	2
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	5
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	5
Antivirals	Anti-hepatitis C (HCV) Agents	7
Antivirals	Antiherpetic Agents	3
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	5
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	12
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors	9
Antivirals	Anti-influenza Agents	4

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Anxiolytics, Other	3
Anxiolytics	Benzodiazepines	0
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	6
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	7
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	6
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	3
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	4
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	6
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	1
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	3
Cardiovascular Agents	Antiarrhythmics	9
Cardiovascular Agents	Beta-adrenergic Blocking Agents	7
Cardiovascular Agents	Calcium Channel Blocking Agents	5
Cardiovascular Agents	Cardiovascular Agents, Other	2
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	2
Cardiovascular Agents	Diuretics, Loop	3
Cardiovascular Agents	Diuretics, Potassium-sparing	2
Cardiovascular Agents	Diuretics, Thiazide	4
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	4
Cardiovascular Agents	Dyslipidemics, Other	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	2
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	1
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	3
Central Nervous System Agents	Central Nervous System, Other	2
Central Nervous System Agents	Fibromyalgia Agents	1
Central Nervous System Agents	Multiple Sclerosis Agents	3
Dental and Oral Agents	No USP Class	6
Dermatological Agents	No USP Class	50
Enzyme Replacement/ Modifiers	No USP Class	2
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	2

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	6
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	3
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	1
Gastrointestinal Agents	Laxatives	1
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	2
Genitourinary Agents	Antispasmodics, Urinary	2
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	5
Genitourinary Agents	Genitourinary Agents, Other	4
Genitourinary Agents	Phosphate Binders	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	23
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	5
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	1
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)	No USP Class	4
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Parathyroid)	No USP Class	2
Hormonal Agents, Suppressant (Pituitary)	No USP Class	5
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	3
Immunological Agents	Angioedema (HAE) Agents	1
Immunological Agents	Immune Suppressants	14
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	11
Inflammatory Bowel Disease Agents	Aminosalicylates	2
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	6
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	2
Ophthalmic Agents	Ophthalmic Agents, Other	14
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	2
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	12
Ophthalmic Agents	Ophthalmic Anti-inflammatories	6
Otic Agents	No USP Class	5

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	5
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	5
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	1
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	2
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	5
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	3
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	5
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	1
Skeletal Muscle Relaxants	No USP Class	2
Sleep Disorder Agents	GABA Receptor Modulators	1
Sleep Disorder Agents	Sleep Disorders, Other	1
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	4
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	3
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0