

ARKANSAS 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	HMO Partners, Inc.
Product Name	Small Group Gold 1000-1
Plan Name	Small Group Gold 1000-1
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (CHIP)

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				
Hospice Services	Yes	Covered	No				If the Member has been diagnosed and certified by the attending Physician as having a terminal illness with a life expectancy of six months or less, Health Advantage will pay the Allowance or Allowable Charge for Hospice Care. The services must be rendered by an entity licensed by the Arkansas Department of Health or other appropriate state licensing agency and accepted by Health Advantage as a Provider. This benefit is subject to the Deductible, Copayment and Coinsurance specified in the Schedule of Benefits.
Routine Dental Services (Adult)	No	Not 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	Yes	1	Exam(s) per 2 Years		
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	Yes	50	Visit(s) per Year	Exclusion of Custodial Care. The nurse may not be related to you by blood or marriage or does not ordinarily reside in your home.	Coverage is provided for Home Health Services when Coverage Policy supports the need for in-home service and such care is prescribed or ordered by a Physician. Covered Services must be provided through and billed by a licensed home health agency. Covered Services provided in the home include services of a Registered Professional Nurse (R.N.), a Licensed Practical Nurse (L.P.N.) or a Licensed Psychiatric Technical Nurse (L.P.T.N.).
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	No	Not Covered	No				

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Cosmetic Surgery	No	Not Covered	No				Cosmetic Services excluded, but exclusion does not include "the following services in connection with a mastectomy resulting from cancer: (a) reconstruction of the breast on which the cancer-related surgery has been performed, and (b) surgery to reconstruct the other breast to produce a symmetrical appearance. The following procedures performed on a child age 12 years and under are not considered Cosmetic Services: correction of a cleft palate or cleft lip, removal of a port-wine stain or hemangioma on the face, correction of a non-dental congenital abnormality."
Skilled Nursing Facility	Yes	Covered	Yes	60	Day(s) per Year	Custodial Care is not covered.	1. The admission must be within seven days of release from an inpatient Hospital stay; 2. The Skilled Nursing Facility services are of a temporary nature and increase ability to function.
Prenatal and Postnatal Care	Yes	Covered	No			Routine Prenatal Care covered; includes the coverage of one routine ultrasound only but does not specify time period (per pregnancy v. benefit period).	
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	No			Exclusions include "Services provided for treatment of adolescent behavior or conduct disorders, oppositional disorders or neuroeducational testing." "Seasonal Affective Disorder (SAD). Use of photo therapy or light therapy to treat seasonal affective disorder or depression is not covered."	"Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company." "Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company."
Mental/Behavioral Health Inpatient Services	Yes	Covered	No			Exclusions include "Services provided for treatment of adolescent behavior or conduct disorders, oppositional disorders or neuroeducational testing." "Seasonal Affective Disorder (SAD). Use of photo therapy or light therapy to treat seasonal affective disorder or depression is not covered."	"Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company."
Substance Abuse Disorder Outpatient Services	Yes	Covered	No			"Substance Addiction. Medications used to sustain or support an addiction or substance dependency are not covered."	"Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company." "Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company."
Substance Abuse Disorder Inpatient Services	Yes	Covered	No			"Substance Addiction. Medications used to sustain or support an addiction or substance dependency are not covered."	"Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company."
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				

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Specialty Drugs	Yes	Covered	No				
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Year		Limit is explicitly a combined 30-visit limit for PT, OT, ST and chiro; appears to also combine hab and rehab.
Habilitation Services	Yes	Covered	Yes	30	Visit(s) per Year	Developmental Services. Coverage is provided for Developmental Services when performed or prescribed by a Physician and is limited to a maximum of 180 Developmental Services Visits per Member per Contract Year.	Limit is explicitly a combined 30-visit limit for PT, OT, ST and chiro; appears to also combine hab and rehab.
Chiropractic Care	Yes	Covered	Yes	30	Visit(s) per Year		Limit is explicitly a combined 30-visit limit for PT, OT, ST and chiro; appears to also combine hab and rehab.
Durable Medical Equipment	Yes	Covered	No				
Hearing Aids	No	Not Covered	No				"Prosthetic devices to assist hearing or talking devices are not generally covered." Several implantable devices may be covered in certain situations.
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Year		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Year		
Dental Check-Up for Children	Yes	Covered	Yes	2	Visit(s) per 6 Months		
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Limit is explicitly a combined 30-visit limit for PT, OT, ST and chiro; appears to also combine hab and rehab.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Year		60 inpatient days/year. 30 visit limit is combined with PT, OT, speech and chiro.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Covered	No				Pregnancy terminations under the direction of a Physician are covered, but only when performed in an In-Network Hospital or In Network Outpatient Hospital setting.
Transplant	Yes	Covered	No				
Accidental Dental	Yes	Covered	No			The Member must seek treatment within 72 hours of injury for services to be covered.	
Dialysis	No	Not Covered	No				
Allergy Testing	Yes	Covered	No			Excludes testing for "total allergy syndrome".	SOB includes "allergy services."
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				
Prosthetic Devices	Yes	Covered	No				
Infusion Therapy	Yes	Covered	No				Home infusion therapy.

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Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				
Nutritional Counseling	Yes	Covered	No				When provided in conjunction with Diabetic Self-Management Training, for services needed by Members in connection with cleft palate management and for nutritional assessment programs provided in and by a Hospital and approved by Health Advantage.
Reconstructive Surgery	Yes	Covered	No			Cosmetic is generally excluded, but reconstructive surgery related to conditions listed in Column I is covered.	1. Treatment provided for the correction of defects incurred in an Accidental Injury sustained by the Member; 2. Surgery performed on a child for the correction of a cleft palate or cleft lip, removal of a port-wine stain or hemangioma (only on the face), or correction of a congenital abnormality... 3. Treatment provided when it is incidental to disease or for reconstructive surgery following neoplastic (cancer) surgery; 4. In connection with a mastectomy resulting from cancer surgery, services for (a) reconstruction of the breast on which the cancer-related surgery was performed; (b) surgery to reconstruct the other breast to produce a symmetrical appearance; and (c) prostheses and services to correct physical complications for all stages of the mastectomy, including lymphedemas; 5. Reduction mammoplasty, if such reduction mammoplasty meets Coverage Criteria and is Prior Approved by Health Advantage is covered.

PREScription DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	20
Analgesics	Opioid Analgesics, Long-acting	5
Analgesics	Opioid Analgesics, Short-acting	11
Anesthetics	Local Anesthetics	2
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	0
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	2
Antibacterials	Aminoglycosides	5
Antibacterials	Antibacterials, Other	17
Antibacterials	Beta-lactam, Cephalosporins	10
Antibacterials	Beta-lactam, Other	1
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	5
Antibacterials	Quinolones	10
Antibacterials	Sulfonamides	4
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	4
Anticonvulsants	Calcium Channel Modifying Agents	4
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	4
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	7
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	7
Antidepressants	Monoamine Oxidase Inhibitors	4
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	9
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	9
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	19
Antigout Agents	No USP Class	6
Anti-inflammatory Agents	Glucocorticoids	26
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	20
Antimigraine Agents	Ergot Alkaloids	2
Antimigraine Agents	Prophylactic	3

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	7
Antimyasthenic Agents	Parasympathomimetics	3
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	9
Antineoplastics	Alkylating Agents	4
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	2
Antineoplastics	Antiestrogens/Modifiers	3
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	2
Antineoplastics	Molecular Target Inhibitors	12
Antineoplastics	Monoclonal Antibodies	0
Antineoplastics	Retinoids	2
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	10
Antiparasitics	Pediculicides/Scabicides	5
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	3
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	9
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	2
Antivirals	Anti-hepatitis B (HBV) Agents	7
Antivirals	Anti-hepatitis C (HCV) Agents	6
Antivirals	Antitherpetic Agents	5
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
Anxiolytics	Anxiolytics, Other	4

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Benzodiazepines	0
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	7
Bipolar Agents	Mood Stabilizers	4
Blood Glucose Regulators	Antidiabetic Agents	21
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	6
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	6
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	8
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	10
Cardiovascular Agents	Beta-adrenergic Blocking Agents	13
Cardiovascular Agents	Calcium Channel Blocking Agents	9
Cardiovascular Agents	Cardiovascular Agents, Other	4
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	2
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	6
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	7
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	5
Dental and Oral Agents	No USP Class	8
Dermatological Agents	No USP Class	79
Enzyme Replacement/ Modifiers	No USP Class	5
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	4
Gastrointestinal Agents	Gastrointestinal Agents, Other	9

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	2
Gastrointestinal Agents	Laxatives	3
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	4
Genitourinary Agents	Antispasmodics, Urinary	6
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	8
Genitourinary Agents	Genitourinary Agents, Other	5
Genitourinary Agents	Phosphate Binders	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	31
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	6
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	3
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Parathyroid)	No USP Class	3
Hormonal Agents, Suppressant (Pituitary)	No USP Class	4
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	0
Immunological Agents	Immune Suppressants	16
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	9
Inflammatory Bowel Disease Agents	Aminosalicylates	3
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	12
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Ophthalmic Agents	Ophthalmic Agents, Other	20
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	9
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	16
Ophthalmic Agents	Ophthalmic Anti-inflammatories	11
Otic Agents	No USP Class	8
Respiratory Tract/ Pulmonary Agents	Antihistamines	10

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	7
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	2
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	10
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	6
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	5
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	2
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	3
Sleep Disorder Agents	Sleep Disorders, Other	4
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	5
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	7
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0