

MISSISSIPPI 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Blue Cross Blue Shield of Mississippi
Product Name	Network Blue
Plan Name	Network Blue
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (CHIP) Pediatric vision (CHIP) Habilitation services (Federal Definition)

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				Quantitative limits depend on the type of visit.
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	Yes	6	Month(s) per Lifetime	Not covered if services out-of-network are used.	Subject to Care Management.
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	Not Covered	No				
Urgent Care Centers or Facilities	No	Not Covered	No				
Home Health Care Services	Yes	Covered	No			Home Health Care is not available if provided by a non-network provider or if prior authorization is not approved.	May be available through the Care Management Program when provided by a network provider and prior authorization is received.
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				
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	No	Not Covered	No				
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	Yes	52	Visit(s) per Year	Does not include counseling services (e.g., career, marriage, divorce, parental, behavioral, job, treatment or testing related to autistic disease of childhood, learning disabilities, mental retardation).	
Mental/Behavioral Health Inpatient Services	Yes	Covered	Yes	30	Day(s) per Year	Does not include counseling services (e.g., career, marriage, divorce, parental, behavioral, job, treatment or testing related to autistic disease of childhood, learning disabilities, mental retardation).	
Substance Abuse Disorder Outpatient Services	Yes	Covered	Yes	20	Day(s) per Year	Does not include counseling services (e.g., career, marriage, divorce, parental, behavioral, job, treatment or testing related to autistic disease of childhood, learning disabilities, mental retardation).	
Substance Abuse Disorder Inpatient Services	Yes	Covered	Yes	7	Day(s) per Year	Does not include counseling services (e.g., career, marriage, divorce, parental, behavioral, job, treatment or testing related to autistic disease of childhood, learning disabilities, mental retardation).	
Generic Drugs	Yes	Covered	Yes	30	Treatment(s) per Month		
Preferred Brand Drugs	Yes	Covered	Yes	30	Treatment(s) per Month		
Non-Preferred Brand Drugs	No	Not Covered	No				

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Specialty Drugs	Yes	Covered	Yes	30	Treatment(s) per Month		
Outpatient Rehabilitation Services	Yes	Covered	Yes	36	Visit(s) per Year	Must be initiated within 3 months after Hospital discharge.	Benefits available for outpatient cardiac rehabilitation.
Habilitation Services	Yes	Covered	No				Supplementing with the federal definition of habilitative services: "Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings."
Chiropractic Care	Yes	Covered	Yes	20	Visit(s) per Year		Must be medically necessary. A treatment plan outlining goals of therapy, mode of therapy and duration of therapy must be submitted to Company by the provider prior to the initiation of treatment. The 20 visit limit is combined for chiropractic services, occupational therapy, and physical therapy.
Durable Medical Equipment	Yes	Covered	No			Not covered if out-of-network services are used.	
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No			Not covered if out-of-network services are used.	
Preventive Care/Screening/Immunization	Yes	Covered	No			Limitations exist and are dependent on the type of service covered by the Plan.	Covered services must be included in Grade A and B Recommendations of the USPSTF and include all other preventive health services required by PPACA.
Routine Foot Care	Yes	Covered	Yes	1	Visit(s) per Year		Requires a Diabetes diagnosis.
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period		
Dental Check-Up for Children	Yes	Covered	Yes	2000	Dollars per Year		
Rehabilitative Speech Therapy	Yes	Covered	Yes	20	Visit(s) per Year		Not covered for learning disabilities and development problems.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	20	Day(s) per Year	Outpatient occupational therapy is only covered as provided through Physical Medicine.	The 20 visit limit is combined for chiropractic services, occupational therapy, and physical therapy.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No			Not covered if out-of-network services are used.	
X-rays and Diagnostic Imaging	Yes	Covered	No			Not covered if out-of-network services are used.	
Basic Dental Care – Child	Yes	Covered	Yes	2000	Dollar(s) per Year		
Orthodontia – Child	No	Not Covered	No				
Major Dental Care – Child	Yes	Covered	Yes	2000	Dollar(s) per Year		
Basic Dental Care – Adult	No	Not Covered	No				
Orthodontia – Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Covered	No			Limited to scope of Benefit Plan.	
Abortion for Which Public Funding is Prohibited	No	Covered	No			Elective abortions.	Limited to medically necessary abortion required in order to preserve the life or physical health of the mother.
Transplant	Yes	Covered	No			Not covered if out-of-network services are used. Limits on type of transplants covered.	Prior authorization is required. No benefits will be provided unless Network provider receives prior authorization from Company.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Accidental Dental	Yes	Covered	No			Limited to scope of Benefit Plan.	
Dialysis	Yes	Covered	No			Not covered if out-of-network services are used.	
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No			Not covered if out-of-network services are used.	Must be medically necessary. Company may require a treatment plan, outlining the goals of therapy, mode of therapy, and duration of therapy, to be submitted by the provider prior to the initiation of treatment.
Radiation	Yes	Covered	No			Not covered if out-of-network services are used.	Must be medically necessary. Company may require a treatment plan, outlining the goals of therapy, mode of therapy, and duration of therapy, to be submitted by the provider prior to the initiation of treatment.
Diabetes Education	Yes	Covered	Yes	1	Visit(s) per Year	Not covered if out-of-network services are used.	
Prosthetic Devices	Yes	Covered	No				\$5,000.00 lifetime limit for benefits related to the temporomandibular/craniomandibular joint (includes prosthetic appliances).
Infusion Therapy	Yes	Covered	No			Not covered if out-of-network services are used.	
Treatment for Temporomandibular Joint Disorders	Yes	Covered	Yes	5000	Dollar(s) per Lifetime	Not covered if out-of-network services are used or if prior authorization is not received.	Medical necessity documentation and a treatment plan must be submitted to and approved by the Company prior to the commencement of treatment. Prior authorization is required.
Nutritional Counseling	No	Not Covered	No				
Reconstructive Surgery	Yes	Covered	No				Plan only outlines benefits for breast reconstruction. Must be medically necessary and related to mastectomy.

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	19
Analgesics	Opioid Analgesics, Long-acting	8
Analgesics	Opioid Analgesics, Short-acting	13
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	3
Antibacterials	Aminoglycosides	4
Antibacterials	Antibacterials, Other	15
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Other	2
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	4
Antibacterials	Quinolones	8
Antibacterials	Sulfonamides	4
Antibacterials	Tetracyclines	3
Anticonvulsants	Anticonvulsants, Other	3
Anticonvulsants	Calcium Channel Modifying Agents	2
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	2
Anticonvulsants	Glutamate Reducing Agents	2
Anticonvulsants	Sodium Channel Agents	6
Antidementia Agents	Antidementia Agents, Other	0
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	5
Antidepressants	Monoamine Oxidase Inhibitors	2
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	9
Antidepressants	Tricyclics	7
Antiemetics	Antiemetics, Other	10
Antiemetics	Emetogenic Therapy Adjuncts	5
Antifungals	No USP Class	12
Antigout Agents	No USP Class	6
Anti-inflammatory Agents	Glucocorticoids	22
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	18
Antimigraine Agents	Ergot Alkaloids	0

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	3
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	3
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	3
Antineoplastics	Alkylating Agents	2
Antineoplastics	Antiandrogens	3
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	1
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	3
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	7
Antineoplastics	Molecular Target Inhibitors	17
Antineoplastics	Monoclonal Antibodies	1
Antineoplastics	Retinoids	1
Antiparasitics	Anthelmintics	1
Antiparasitics	Antiprotozoals	8
Antiparasitics	Pediculicides/Scabicides	4
Antiparkinson Agents	Anticholinergics	3
Antiparkinson Agents	Antiparkinson Agents, Other	2
Antiparkinson Agents	Dopamine Agonists	4
Antiparkinson Agents	Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors	1
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	8
Antipsychotics	2nd Generation/Atypical	6
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	4
Antivirals	Anti-cytomegalovirus (CMV) Agents	2
Antivirals	Anti-hepatitis B (HBV) Agents	5
Antivirals	Anti-hepatitis C (HCV) Agents	8
Antivirals	Antiherpetic Agents	5
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	4
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	3
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	13
Antivirals	Anti-HIV Agents, Other	2
Antivirals	Anti-HIV Agents, Protease Inhibitors	8
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	4
Blood Glucose Regulators	Antidiabetic Agents	16
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	7
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	4
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	3
Cardiovascular Agents	Angiotensin II Receptor Antagonists	7
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	8
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, Fibrin Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	6
Cardiovascular Agents	Dyslipidemics, Other	4
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	2
Central Nervous System Agents	Central Nervous System, Other	5
Central Nervous System Agents	Fibromyalgia Agents	1
Central Nervous System Agents	Multiple Sclerosis Agents	8
Dental and Oral Agents	No USP Class	7
Dermatological Agents	No USP Class	60
Enzyme Replacement/ Modifiers	No USP Class	4
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	7
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	1
Gastrointestinal Agents	Laxatives	3
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	4
Genitourinary Agents	Antispasmodics, Urinary	7
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	6
Genitourinary Agents	Genitourinary Agents, Other	2
Genitourinary Agents	Phosphate Binders	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	25
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	16
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	15
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	1
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)	No USP Class	3
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	2
Hormonal Agents, Suppressant (Pituitary)	No USP Class	7
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	1
Immunological Agents	Immune Suppressants	17
Immunological Agents	Immunizing Agents, Passive	1
Immunological Agents	Immunomodulators	18
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	11
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	2
Ophthalmic Agents	Ophthalmic Agents, Other	16
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	4
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	16
Ophthalmic Agents	Ophthalmic Anti-inflammatories	8
Otic Agents	No USP Class	8

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	8
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	8
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	2
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	9
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	0
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	4
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	8
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	2
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	2
Sleep Disorder Agents	Sleep Disorders, Other	2
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	2
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	5
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	1