

UTAH 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	State Employee Plan
Issuer Name	N/A
Product Name	N/A
Plan Name	Public Employees Health Program (PEHP) Utah Basic Plus Plan
Supplemented Categories (Supplementary Plan Type)	Habilitation and rehabilitation services (State 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				
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 3 Years		Requires Pre-authorization and Medical Case 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	Yes	Covered	No				
Home Health Care Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period		
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			Obesity surgery, such as gastric bypass, lap-band surgery, etc., including any present and future complications, are not covered.	Surgery performed in conjunction with obesity Surgery requires pre-notification and pre-authorization.
Cosmetic Surgery	No	Not Covered	No			Any care, treatment or procedure performed primarily for cosmetic purposes is not covered.	Surgery that may be partially or wholly cosmetic requires written pre-authorization.
Skilled Nursing Facility	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Requires Pre-authorization and Medical Case Management.
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				Requires Pre-authorization.
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Requires Pre-authorization.
Generic Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility.	

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Preferred Brand Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility.	
Non-Preferred Brand Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the infertility treatment.	
Specialty Drugs	Yes	Covered	Yes	30	Item(s) per Month	Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility.	
Outpatient Rehabilitation Services	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits. Rehabilitation therapy will be defined as, "The treatment of disease, injury, developmental delay or other cause, by physical agents and methods to assist in the rehabilitation of normal physical bodily function, that is goal oriented and where the Member has the potential for functional improvement and ability to progress."
Habilitation Services	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits. Adopt the habilitation therapy definition as, "Health care services that help a person keep, learn or improve skills and functioning for daily living which may include physical therapy, occupational therapy, and speech language pathology."
Chiropractic Care	No	Not Covered	No				
Durable Medical Equipment	Yes	Covered	No			Sleep Disorder equipment is not covered. TENS units, Neuromuscular stimulator, H-Wave electronic devices, Sympathetic therapy stimulators are not covered.	DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require Pre-authorization.
Hearing Aids	No	Not Covered	No				
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				Services for weight loss or in conjunction with weight loss programs regardless of the medical indications except as allowed under the Affordable Care Act Preventive Services.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Routine Eye Exam for Children	Yes	Covered	Yes	1	Visit(s) per Benefit Period		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period		Lenses only.
Dental Check-Up for Children	Yes	Covered	Yes	2	Procedure(s) per Benefit Period		Routine cleaning, exams, x-rays and fluoride. Sealants once every five years.
Rehabilitative Speech Therapy	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Pre-authorization required only for home visits.
Well Baby Visits and Care	Yes	Covered	No				Benefit should mirror preventive care/screening/immunization.
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	No	Not Covered	No				
Orthodontia - Child	No	Not Covered	No				
Major Dental Care - Child	No	Not 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	Not Covered	No				
Transplant	Yes	Covered	No				
Accidental Dental	No	Not Covered	No				
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				Charges for office visits in connection with repetitive injections are not covered. Sublingual or colorimetric allergy testing.
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				Must be for the diagnosis of diabetes.
Prosthetic Devices	No	Not Covered	No				Refer to §31A-22-638.
Infusion Therapy	Yes	Covered	No				
Treatment for Temporomandibular Joint Disorders	No	Not Covered	No				
Nutritional Counseling	No	Not Covered	No				Not considered a separate benefit. Should be considered under the benefits outlined for diabetes education, anorexia, bulimia, or as allowed under the Affordable Care Act Preventive Services.
Reconstructive Surgery	Yes	Covered	No				Covers mastectomy in the treatment of cancer and reconstructive surgery after a mastectomy.

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	8
Analgesics	Opioid Analgesics, Short-acting	14
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	11
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Other	1
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	3
Antibacterials	Quinolones	4
Antibacterials	Sulfonamides	5
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	3
Anticonvulsants	Calcium Channel Modifying Agents	2
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	4
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	4
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
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	8
Antiemetics	Emetogenic Therapy Adjuncts	3
Antifungals	No USP Class	13
Antigout Agents	No USP Class	4
Anti-inflammatory Agents	Glucocorticoids	22
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	19
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	2
Antimycobacterials	Antimycobacterials, Other	1
Antimycobacterials	Antituberculars	5
Antineoplastics	Alkylating Agents	2
Antineoplastics	Antiandrogens	3
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	1
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	2
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	1
Antineoplastics	Molecular Target Inhibitors	12
Antineoplastics	Monoclonal Antibodies	0
Antineoplastics	Retinoids	1
Antiparasitics	Anthelmintics	0
Antiparasitics	Antiprotozoals	6
Antiparasitics	Pediculicides/Scabicides	3
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	2
Antiparkinson Agents	Dopamine Agonists	3
Antiparkinson Agents	Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors	1
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	1
Antipsychotics	1st Generation/Typical	9
Antipsychotics	2nd Generation/Atypical	5
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	0
Antivirals	Anti-hepatitis B (HBV) Agents	3
Antivirals	Anti-hepatitis C (HCV) Agents	2
Antivirals	Antitherpetic Agents	4
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	4
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	4
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	13
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors	9
Antivirals	Anti-influenza Agents	2

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Anxiolytics, Other	4
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	12
Blood Glucose Regulators	Glycemic Agents	0
Blood Glucose Regulators	Insulins	6
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	4
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	1
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	7
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	3
Cardiovascular Agents	Angiotensin II Receptor Antagonists	6
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	9
Cardiovascular Agents	Beta-adrenergic Blocking Agents	11
Cardiovascular Agents	Calcium Channel Blocking Agents	9
Cardiovascular Agents	Cardiovascular Agents, Other	2
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	2
Cardiovascular Agents	Diuretics, Loop	3
Cardiovascular Agents	Diuretics, Potassium-sparing	3
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	5
Cardiovascular Agents	Dyslipidemics, Other	2
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	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	3
Central Nervous System Agents	Central Nervous System, Other	7
Central Nervous System Agents	Fibromyalgia Agents	2
Central Nervous System Agents	Multiple Sclerosis Agents	3
Dental and Oral Agents	No USP Class	7
Dermatological Agents	No USP Class	54
Enzyme Replacement/ Modifiers	No USP Class	3
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	6
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	0
Gastrointestinal Agents	Laxatives	1
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	5
Genitourinary Agents	Antispasmodics, Urinary	4
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	6
Genitourinary Agents	Genitourinary Agents, Other	1
Genitourinary Agents	Phosphate Binders	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	26
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	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	17
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	2
Hormonal Agents, Suppressant (Adrenal)	No USP Class	0
Hormonal Agents, Suppressant (Parathyroid)	No USP Class	2
Hormonal Agents, Suppressant (Pituitary)	No USP Class	3
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	0
Immunological Agents	Immune Suppressants	11
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	7
Inflammatory Bowel Disease Agents	Aminosaliclates	2
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	8
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostamide Analogs	1
Ophthalmic Agents	Ophthalmic Agents, Other	11
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	3
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	12
Ophthalmic Agents	Ophthalmic Anti-inflammatories	7
Otic Agents	No USP Class	5

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	10
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	5
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	2
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	2
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	6
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	2
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	3
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	3
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	1
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	3
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	0