

Benefits provided by potential benchmark major medical plans in Alabama

Grouped in the 10 categories of Essential Health Benefits required by the ACA ⁽¹⁾

Terms:

AB - Alabama mandated benefit

AO - Alabama mandated offer (not for employers w/ 50 or fewer employees)

FB - Federally mandated benefit

NC - Service not covered per carrier benefit summaries

Benefits ⁽²⁾	BCBS 320 Plan - PPO (Largest Small Group)	VIVA Health VIVA 90 Wellness (Largest HMO)	The State Employees' Health Insurance Plan	FEHBP 1 - Blue Cross Blue Shield Plan Standard (Largest FEHBP)	Alabama Mandate	Federal Mandate
	Covered	Covered	Covered	Covered		
1. Ambulatory patient services						
a. Primary care to treat illness/injury	√	√	√	√		FB
b. Specialist visits	√	√	√	√		
c. Outpatient surgery	√	√	√	√		
d. Chiropractic (therapeutic, adjustive, manipulative)	√ \$600 calendar year max.	√ 25 visits per calendar year	√	√ Limit 12 visits/yr.	AB	
e. Chemotherapy services	√	√	√	√		
f. Radiation therapy	√	√	√	√		
g. Anesthesia by local infiltration	NC	NC	NC	√		
h. Walk-in center services	NC	NC	NC	√		
i. Home health care	√	√ (60 visits per calendar year)	√	√ Limit 25/yr, limit of 2 hr/visit		
j. Access to clinical trials	NC	NC	NC	√		FB
k. Genetic evaluation & counseling	NC	NC	NC	√		
l. Outpatient diagnostic labs, xray, and pathology	√	√	√	√		
m. Infertility treatment services	NC	NC	NC	√		
n. Dental Injury	√	√	√	√ only on emergencies and serious cavities for children 22 and under		
o. Acupuncture	NC	NC	NC	√ limit 24 visits		
p. TMJ services	NC	√	√	√		

Benefits ⁽²⁾	BCBS 320 Plan - PPO (Largest Small Group)	VIVA Health VIVA 90 Wellness (Largest HMO)	The State Employees' Health Insurance Plan	FEHBP 1 - Blue Cross Blue Shield Plan Standard (Largest FEHBP)	Alabama Mandate	Federal Mandate
2. Emergency services						
a. Emergency room - Facility	√	√	√	√		FB
b. Ambulance service	√	√	√	√		
c. Urgent care centers/facilities (Provider-type, not a benefit)	√	√		√		
d. Emergency room - Physician	√	√	√	√		
3. Hospitalization						
a. Inpatient medical and surgical care	√ precertification required	√ prior authorization required	√	√		FB
b. Bariatric surgery	NC	NC	√	√		
c. Organ & tissue transplants	√ organs specified	√ organs specified	√ organs specified	√ organs specified		
d. Chemotherapy services	√	√	√	√		
e. Radiation therapy	√	√	√	√		
f. Anesthesia	√	√	√	√		
g. Breast reconstruction	√ following mastectomy	√ following mastectomy	√ following mastectomy	√ following mastectomy	AB	FB
i. Hospice	√	√	NC	√ limit to an episode every 30 days, where an episode is 7 consecutive days of care		
j. Anesthesia by local infiltration	NC	NC	NC	√		
k. Blood Transfusions	√	√	√	√		
4. Maternity and newborn care						
a. Pre- & postnatal care	√	√	√	√		FB
b. Delivery & inpatient maternity services	√	√	√	√		FB
c. Newborn child coverage	√	√	√	√		FB
5. Mental health and substance use disorder services, including behavioral health treatment						
a. Benefits for treating alcoholism & drug dependency	√	NC (employer choice for small group plan. No substance use disorder coverage)	√	√	AO	FB
b. Benefits for mental health services	√	NC (same as above)	√	√		FB
c. Outpatient hospital & physician	√ (limited to 20 visits/yr if not using EPS)	√ prior authorization required	√	√		
d. Inpatient hospital	√ limited to 30 days/yr.	√	√	√		
e. Inpatient physician	√ limited to 30 days/yr.	√	√	√		
Support for this resource provided through a grant from the						

Benefits ⁽²⁾	BCBS 320 Plan - PPO (Largest Small Group)	VIVA Health VIVA 90 Wellness (Largest HMO)	The State Employees' Health Insurance Plan	FEHBP 1 - Blue Cross Blue Shield Plan Standard (Largest FEHBP)	Alabama Mandate	Federal Mandate
6. Prescription drugs						
a. Retail	√	√	√	√		
b. Mail service (home delivery)	NC	√	NC	√		
c. Contraceptives	√	√	√	√		FB
d. Home infusion therapy	√	√	√	√		
7. Rehabilitative and habilitative services and devices						
a. Physical, speech & occupational therapy	√ Combined 30 visit max./yr	√ prior authorization required 25 outpt, 60 inpt max/yr	√ 30 visits per calendar year	√ 75 visits/yr		
b. Cardiac rehabilitation	√	√ prior authorization required	√ at aproved facility	√		
c. Pulmonary rehabilitation	√	√ prior authorization required	√ only for covered dx	√		
d. Durable medical equipment	√	√ prior authorization required \$15,000 lifetime limit	√	√		FB
e. Prosthetics - arm or leg	√	√ prior authorization required	√	√		FB
f. Skilled nursing & rehab (inpatient)	NC	√ prior authorization required 100 Days per lifetime	√	√ up to 30 days but only with Medicare Part A		-
8. Laboratory services						
a. Lab tests, xray services, & pathology	√	√	√	√		
b. Imaging/diagnostics (e.g., MRI, CT scan, PET scan)	√	√	√	√		
9. Preventive and wellness services and chronic disease management						
a. Preventive care	√	√	√	√		FB
b. Immunizations	√	√	√	√		FB
c. Colorectal cancer screening	√	√	√	√	AB	FB
d. Screening mammography	√	√	√	√	AB	FB
e. 1 routine eye exam (1 exam/24 months)	NC	√ (1 exam per calendar year)	√ (1 exam per year)	NC		
f. Audiology/hearing tests	NC	√	√	√ non-routine, related to injury or illness		
g. Nutritional counseling	√ (Adults with high risk for chronic diseases)	Obese Members (six total sessions)	√	√		
h. Smoking cessation program	NC	√ (1 visit per year)	√ \$150 lifetime maximum	√		

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i.	Allergy testing & injections	\$200 calendar year max	√	√	√		
j.	Family planning	NC	√		√		
k.	Diabetes - medically necessary equip. & supplies; education	√	√	√	√		
l.	Screening Pap tests	√	√	√	√		
m.	Annual gynecological exam	√	√	√	√		
n.	Annual prostate cancer screening for men 50-72 yrs.	√	√	√	√		FB
o.	Foot care	NC	certain medical conditions	certain medical conditions	√		
10. Pediatric services, including oral and vision care							
a.	Preventive care - physician services	√	√	√	√		FB
b.	Immunizations	√	√	√	√		FB
c.	1 routine eye exam per year, to age 19	√ (limited number of tests depending on age range)	√	√	√ (expanded coverage under separate vision/dental plans if purchased)		
d.	Routine hearing exams, to age 19	√ (limited number of tests depending on age range)	√	NC	√		
e.	Dental - diagnostic & preventive	√ (limited to risk assessment &	NC	√	√ (subject to reimbursement limits; expanded coverage under separate vision/dental plans if purchased)		
f.	Dental - basic	NC	NC	√			
g.	Dental - major	NC	NC	√			
h.	Hearing aids to age 18	NC	NC	√ \$100 per year allowance	√ \$1250 per ear per calendar year		
i.	Children's early intervention services, up to age 36 months	√	√	√	NC		

NOTES:

(1) [Benefits are grouped within the Federally directed 10 Essential Health Benefits categories.](#)

(2) Detailed benefit categories are modeled from the State of Maine version, modified by Wakley Consulting based on review of AL-specific benefit summaries supplied by Carriers and summaries from federal benchmark plans