

IDAHO 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Blue Cross of Idaho Health Service, Inc.
Product Name	Preferred Blue
Plan Name	Preferred Blue PPO Small Group
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (FEDVIP) 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				
Hospice Services	Yes	Covered	No				
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	No				
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	Yes	Covered	Yes	30	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 Health and Substance Abuse Services require prior authorization: Outpatient Psychotherapy services after the tenth (10th) visit (does not include medication management services), Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Residential Treatment Program, Psychological testing/neuropsychological evaluation testing, Electroconvulsive Therapy (ECT).
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Mental Health and Substance Abuse Services require prior authorization: Outpatient Psychotherapy services after the tenth (10th) visit (does not include medication management services), Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Residential Treatment Program, Psychological testing/neuropsychological evaluation testing, Electroconvulsive Therapy (ECT).

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Mental Health and Substance Abuse Services require prior authorization: Outpatient Psychotherapy services after the tenth (10th) visit (does not include medication management services), Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Residential Treatment Program, Psychological testing/neuropsychological evaluation testing, Electroconvulsive Therapy (ECT).
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Mental Health and Substance Abuse Services require prior authorization: Outpatient Psychotherapy services after the tenth (10th) visit (does not include medication management services), Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Residential Treatment Program, Psychological testing/neuropsychological evaluation testing, Electroconvulsive Therapy (ECT).
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				
Specialty Drugs	Yes	Covered	No				
Outpatient Rehabilitation Services	Yes	Covered	Yes	20	Visit(s) per Benefit Period		
Habilitation Services	Yes	Covered	No				
Chiropractic Care	Yes	Covered	Yes	18	Visit(s) per Benefit Period		
Durable Medical Equipment	Yes	Covered	No				Requires prior authorization when the expected charges exceed five hundred dollars (\$500).
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				
Routine Eye Exam for Children	Yes	Covered	No				
Eye Glasses for Children	Yes	Covered	No				
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	Yes	20	Visit(s) per Benefit Period		
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	20	Visit(s) per Benefit Period		
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	Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	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
Abortion for Which Public Funding is Prohibited	No	Covered	No				To preserve the life of the female upon whom the abortion is performed.
Transplant	Yes	Covered	No			Excludes: a) Transplants of brain tissue or brain membrane, islet tissue, pancreas, intestine, pituitary and adrenal glands, hair Transplants, or any other Transplant not specifically named as a Covered Service in this section; or for Artificial Organs including but not limited to, artificial hearts or pancreases. b) Any eligible expenses of a donor related to donating or transplanting an organ or tissue unless the recipient is an Insured who is eligible to receive benefits for Transplant services after benefits for the recipient have been paid, subject to the provisions of this Policy. c) The cost of a human organ or tissue that is sold rather than donated to the recipient. d) Transportation costs including but not limited to, Ambulance Transportation Service or air service for the donor, or to transport a donated organ or tissue. e) Living expenses for the recipient, donor, or family members, except as specifically listed as a Covered Service in this Policy. f) Costs covered or funded by governmental, foundation or charitable grants or programs; or Physician fees or other charges, if no charge is generally made in the absence of insurance coverage. g) Any complication to the donor arising from a donor's Transplant Surgery is not a covered benefit under the Insured Transplant recipient's Policy. If the donor is a BCI Insured, eligible to receive benefits for Covered Services, benefits for medical complications to the donor arising from Transplant Surgery will be allowed under the donor's policy. h) Costs related to the search for a suitable donor.	
Accidental Dental	Yes	Covered	No				Dental services which are rendered by a Physician or Dentist and required as a result of Accidental Injury to the jaw, Sound Natural Tooth, mouth, or face. Such services are covered only for the twelve (12) month period immediately following the date of injury providing the Policy remains in effect during the twelve (12) month period.
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				
Prosthetic Devices	Yes	Covered	No				Following cataract Surgery or for the treatment of Keratoconus, benefits for a required contact lens or a pair of eyeglasses are limited to the first contact lens or pair of eyeglasses, which must be purchased within ninety (90) days. Prior Authorization required when the expected charges exceed five hundred dollars (\$500).

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Infusion Therapy	Yes	Covered	No				All Outpatient infusion therapy including Home Intravenous Therapy drugs as listed on the BCI Web site, www.bcidaho.com require prior authorization.
Treatment for Temporomandibular Joint Disorders	No	Not Covered	No				
Nutritional Counseling	Yes	Covered	Yes	3	Visit(s) per Benefit Period		Dietary Counseling is covered only if provided by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), Registered Dietitian, Physician Assistant (P.A.), or a Nurse Practitioner (N.P.).
Reconstructive Surgery	Yes	Covered	No				

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	17
Analgesics	Opioid Analgesics, Long-acting	9
Analgesics	Opioid Analgesics, Short-acting	13
Anesthetics	Local Anesthetics	1
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	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	2
Antibacterials	Aminoglycosides	2
Antibacterials	Antibacterials, Other	6
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Other	1
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	3
Antibacterials	Quinolones	9
Antibacterials	Sulfonamides	3
Antibacterials	Tetracyclines	3
Anticonvulsants	Anticonvulsants, Other	2
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	4
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	6
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	1
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	10
Antidepressants	Tricyclics	6
Antiemetics	Antiemetics, Other	8
Antiemetics	Emetogenic Therapy Adjuncts	4
Antifungals	No USP Class	13
Antigout Agents	No USP Class	5
Anti-inflammatory Agents	Glucocorticoids	19
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	17
Antimigraine Agents	Ergot Alkaloids	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	2
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	7
Antimyasthenic Agents	Parasympathomimetics	2
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	1
Antineoplastics	Alkylating Agents	2
Antineoplastics	Antiandrogens	0
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	1
Antineoplastics	Antimetabolites	1
Antineoplastics	Antineoplastics, Other	2
Antineoplastics	Aromatase Inhibitors, 3rd Generation	1
Antineoplastics	Enzyme Inhibitors	1
Antineoplastics	Molecular Target Inhibitors	10
Antineoplastics	Monoclonal Antibodies	0
Antineoplastics	Retinoids	1
Antiparasitics	Anthelmintics	1
Antiparasitics	Antiprotozoals	2
Antiparasitics	Pediculicides/Scabicides	3
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	2
Antiparkinson Agents	Dopamine Agonists	5
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	9
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	9
Antivirals	Antiherpetic Agents	4
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	3
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	4
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	5
Blood Glucose Regulators	Antidiabetic Agents	14
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	9
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	6
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	5
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	2
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	3
Cardiovascular Agents	Angiotensin II Receptor Antagonists	8
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	5
Cardiovascular Agents	Beta-adrenergic Blocking Agents	9
Cardiovascular Agents	Calcium Channel Blocking Agents	6
Cardiovascular Agents	Cardiovascular Agents, Other	3
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	1
Cardiovascular Agents	Diuretics, Loop	3
Cardiovascular Agents	Diuretics, Potassium-sparing	2
Cardiovascular Agents	Diuretics, Thiazide	3
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	2
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	3
Central Nervous System Agents	Central Nervous System, Other	6
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	6
Dental and Oral Agents	No USP Class	3
Dermatological Agents	No USP Class	51
Enzyme Replacement/ Modifiers	No USP Class	2
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	1

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	7
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	2
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	1
Gastrointestinal Agents	Laxatives	1
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	3
Genitourinary Agents	Antispasmodics, Urinary	7
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	8
Genitourinary Agents	Genitourinary Agents, Other	1
Genitourinary Agents	Phosphate Binders	3
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	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	13
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	11
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	2
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)	No USP Class	1
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	1
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	13
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	12
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	7
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Ophthalmic Agents	Ophthalmic Agents, Other	9
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	6
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	12
Ophthalmic Agents	Ophthalmic Anti-inflammatories	6
Otic Agents	No USP Class	6

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	4
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	7
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	2
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
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	4
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	6
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	0
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	3
Sleep Disorder Agents	Sleep Disorders, Other	3
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	1
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	2
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0