

State of Oregon
Illustration of Total Essential Health Benefits
 Grouped into the 10 categories of Essential Health Benefits required by the ACA

Benefit	Coverage Details	Source Plan
1. Ambulatory patient services		
a. Primary care to treat illness/injury	√	Small Group - PacificSource Preferred CoDeduct
b. Specialist visits	√	Small Group - PacificSource Preferred CoDeduct
c. Outpatient surgery	√	Small Group - PacificSource Preferred CoDeduct
d. Acupuncture	NC (optional rider)	Small Group - PacificSource Preferred CoDeduct
e. Chiropractic	NC (optional rider)	Small Group - PacificSource Preferred CoDeduct
f. Naturopath	NC (optional rider)	Small Group - PacificSource Preferred CoDeduct
g. Chemotherapy services	√	Small Group - PacificSource Preferred CoDeduct
h. Radiation therapy	√	Small Group - PacificSource Preferred CoDeduct
i. Infertility treatment services	NC	Small Group - PacificSource Preferred CoDeduct
j. Sterilization	√	Small Group - PacificSource Preferred CoDeduct
k. Home health care	√	Small Group - PacificSource Preferred CoDeduct
l. Telemedical services	√	Small Group - PacificSource Preferred CoDeduct
m. Foot care	√ medical conditions only	Small Group - PacificSource Preferred CoDeduct
n. Medical contraceptives	√	Small Group - PacificSource Preferred CoDeduct
o. TMJ services	NC	Small Group - PacificSource Preferred CoDeduct
p. Dental - diagnostic & preventive	NC	NC
q. Dental - basic	NC	NC
r. Dental - major	NC	NC
2. Emergency services		
a. Emergency room - facility	√	Small Group - PacificSource Preferred CoDeduct
b. Emergency room - physician	√	Small Group - PacificSource Preferred CoDeduct
c. Ambulance service - ground and air	√	Small Group - PacificSource Preferred CoDeduct
3. Hospitalization		
a. Inpatient medical and surgical care	√	Small Group - PacificSource Preferred CoDeduct
b. Organ & tissue transplants	√ limited to organs specified \$5000 limit for travel expenses	Small Group - PacificSource Preferred CoDeduct
c. Bariatric surgery	NC	Small Group - PacificSource Preferred CoDeduct
d. Anesthesia	√	Small Group - PacificSource Preferred CoDeduct
e. Breast reconstruction (non-cosmetic)	√	Small Group - PacificSource Preferred CoDeduct
f. Blood transfusions	√	Small Group - PacificSource Preferred CoDeduct
g. Hospice / respite care	√ respite limit 5 consecutive days / 30 days	Small Group - PacificSource Preferred CoDeduct
4. Maternity and newborn care		
a. Pre- & postnatal care	√	Small Group - PacificSource Preferred CoDeduct
b. Delivery & inpatient maternity services	√	Small Group - PacificSource Preferred CoDeduct
c. Newborn child coverage	√	Small Group - PacificSource Preferred CoDeduct
d. Nonprescription elemental enteral formula	√	Small Group - PacificSource Preferred CoDeduct
5. Mental health and substance use disorder services, including behavioral health treatment		
a. Inpatient hospital - mental/behavioral health	√ limit 45 days / yr for residential treatment	Small Group - PacificSource Preferred CoDeduct
b. Outpatient hospital - mental/behavioral health	√	Small Group - PacificSource Preferred CoDeduct
c. Inpatient hospital - chemical dependency	√	Small Group - PacificSource Preferred CoDeduct
d. Outpatient hospital - chemical dependency	√	Small Group - PacificSource Preferred CoDeduct
e. Detoxification	√	Small Group - PacificSource Preferred CoDeduct
f. Counseling or training in connection with family, sexual, marital, or occupational issues	NC	Small Group - PacificSource Preferred CoDeduct
6. Prescription drugs		
a. Retail	√	Small Group - Regence Innova (HHS default)
b. Mail order	√	Small Group - Regence Innova (HHS default)
c. Generic	√	Small Group - Regence Innova (HHS default)
d. Brand	√	Small Group - Regence Innova (HHS default)
e. Specialty	√	Small Group - Regence Innova (HHS default)
f. Insulin/needles for diabetics	√	Small Group - Regence Innova (HHS default)
g. Tobacco cessation drugs	√	Small Group - Regence Innova (HHS default)
h. Contraceptives	√	Small Group - Regence Innova (HHS default)
i. Fertility drugs	NC	Small Group - Regence Innova (HHS default)
j. Growth hormone therapy	√ medical conditions only	Small Group - Regence Innova (HHS default)
7. Rehabilitative and habilitative services and devices		
a. Inpatient rehabilitation	√ limit 30 days / yr additional 30 days for head/spinal cord injury	Small Group - PacificSource Preferred CoDeduct
b. Physical, speech & occupational therapy (outpatient)	√ limit 30 visits / yr additional 30 visits / condition for specified conditions	Small Group - PacificSource Preferred CoDeduct
c. Massage therapy	NC	Small Group - PacificSource Preferred CoDeduct
d. Durable medical equipment	√ limit \$5000 for non-essential DME	Small Group - PacificSource Preferred CoDeduct
e. Prosthetics	√	Small Group - PacificSource Preferred CoDeduct
f. Orthotics	√	Small Group - PacificSource Preferred CoDeduct
g. Vision hardware	NC	Small Group - PacificSource Preferred CoDeduct
h. Hearing aids - adults	NC	Small Group - PacificSource Preferred CoDeduct
i. Cochlear Implants	√	Small Group - PacificSource Preferred CoDeduct

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Benefit	Coverage Details	Source Plan
j. Skilled nursing	limit 60 days / yr	Small Group - PacificSource Preferred CoDeduct
k. Habilitative services (not currently defined)	Recommend to be in parity with rehabilitative services. Must define "parity."	Small Group - PacificSource Preferred CoDeduct
8. Laboratory services		
a. Lab tests, x-ray services, & pathology	√	Small Group - PacificSource Preferred CoDeduct
b. Imaging / diagnostics (e.g., MRI, CT scan, PET scan)	√	Small Group - PacificSource Preferred CoDeduct
c. Genetic testing	medically necessary	Small Group - PacificSource Preferred CoDeduct
9. Preventive and wellness services and chronic disease management		
a. Preventive care	√	Small Group - PacificSource Preferred CoDeduct
b. Immunizations	√	Small Group - PacificSource Preferred CoDeduct
c. Colorectal cancer screening	√	Small Group - PacificSource Preferred CoDeduct
d. Screening mammography	√	Small Group - PacificSource Preferred CoDeduct
e. Routine eye exams (separate office visit)	NC	Small Group - PacificSource Preferred CoDeduct
f. Routine hearing exams (separate office visit)	medically necessary	Small Group - PacificSource Preferred CoDeduct
g. Nutritional counseling	limit 5 visits / lifetime	Small Group - PacificSource Preferred CoDeduct
h. Diabetes education	√	Small Group - PacificSource Preferred CoDeduct
i. Smoking cessation program	√	Small Group - PacificSource Preferred CoDeduct
j. Allergy testing & injections	√	Small Group - PacificSource Preferred CoDeduct
k. Diabetes - medically necessary equip. & supplies	√	Small Group - PacificSource Preferred CoDeduct
l. Screening pap tests	√	Small Group - PacificSource Preferred CoDeduct
m. Prostate cancer screening	√	Small Group - PacificSource Preferred CoDeduct
10. Pediatric services, including oral and vision care		
a. Preventive care - physician services	√	Small Group - PacificSource Preferred CoDeduct
b. Immunizations	√	Small Group - PacificSource Preferred CoDeduct
c. Metabolic formula & low protein food for inborn errors of metabolism	√	Small Group - PacificSource Preferred CoDeduct
d. Vision - Eye Exam (separate office visit)	limit 1 / yr	FEDVIP - BlueVision High Plan (HHS default)
e. Vision - Lenses	limit 1 pair / yr	FEDVIP - BlueVision High Plan (HHS default)
f. Vision - Frames	limit 1 / yr \$150 allowance	FEDVIP - BlueVision High Plan (HHS default)
g. Vision - Contact Lenses	limit 1 / yr \$150 allowance in lieu of eyeglasses (\$600 for medically necessary)	FEDVIP - BlueVision High Plan (HHS default)
h. Routine hearing exams (separate office visit)	medically necessary	Small Group - PacificSource Preferred CoDeduct
i. Hearing aids	limit \$4000+CPI / 4 yrs	Small Group - PacificSource Preferred CoDeduct
j. Dental - Class I - Clinical oral examinations	limit 2 / yr	CHIP - OHP Plus (under age 21)
k. Dental - Class I - Radiographs	limit 1 / yr for bitewings, limit 1 / 5 yrs for complete intraoral or panoramic	CHIP - OHP Plus (under age 21)
l. Dental - Class I - Dental prophylaxis	limit 2 / yr	CHIP - OHP Plus (under age 21)
m. Dental - Class I - Fluoride treatments	limit 2 / yr	CHIP - OHP Plus (under age 21)
n. Dental - Class I - Sealants	limit aged 15 and under limit 1 / permanent molar / 5 yrs	CHIP - OHP Plus (under age 21)
o. Dental - Class I - Space maintainers	√	CHIP - OHP Plus (under age 21)
p. Dental - Class I - Counseling	smoking cessation only	CHIP - OHP Plus (under age 21)
q. Dental - Class II - Amalgam, silicate, acrylic or plastic restorations	limit resin based to anterior teeth	CHIP - OHP Plus (under age 21)
r. Dental - Class II - Endodontics - pulp capping, pulpotomy and root canal therapy	root canal therapy limited to first and second molars on primary teeth	CHIP - OHP Plus (under age 21)
s. Dental - Class II - Periodontics - surgical services	limited to gingivectomy/ gingivoplasty	CHIP - OHP Plus (under age 21)
t. Dental - Class II - Periodontics - non-surgical services	limit 1 / 2 yrs	CHIP - OHP Plus (under age 21)
u. Dental - Class II - Periodontics - maintenance	limit 2 / yr	CHIP - OHP Plus (under age 21)
v. Dental - Class II - Maintenance prosthodontics (adjustments)	√	CHIP - OHP Plus (under age 21)
w. Dental - Class II - Maintenance prosthodontics (repair)	√	CHIP - OHP Plus (under age 21)
x. Dental - Class II - Maintenance prosthodontics (rebase/reline)	limit 1 / 3 yrs	CHIP - OHP Plus (under age 21)
y. Dental - Class II - Simple extractions	√	CHIP - OHP Plus (under age 21)
z. Dental - Class II - Oral Surgery	√	CHIP - OHP Plus (under age 21)
aa. Dental - Class II - General anesthesia	√	CHIP - OHP Plus (under age 21)

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Benefit	Coverage Details	Source Plan
ab. Dental - Class III - Crowns - single restorations	limit aged 16 and over limit 4 / 7 yrs	CHIP - OHP Plus (under age 21)
ac. Dental - Class III - Installation of prosthodontics - complete or partial dentures, bridge pontics and abutment	limit aged 16 and over 1 or more missing anterior or 4 or more missing posterior teeth/arch replacement 1 / 10 yrs resin partials only	CHIP - OHP Plus (under age 21)
ad. Dental - Orthodontics	cleft palate or cleft lip only	CHIP - OHP Plus (under age 21)