

Checklist of Plans and Benefits

Items/Fields in the Plans and Benefits Template	Displays on Plan Preview?
HIOS Plan ID	Yes
Plan Variant Marketing Name	Yes
Plan Type	Yes
Level of Coverage	Yes
National Network	Yes
Deductible	Yes
Prescription Drug Deductible	Yes
Out-of-Pocket Maximum	Yes
Prescription Drug Maximum out-of-pocket	Yes
Copayments/Coinsurance	Yes
Having a Baby	Yes
Having Diabetes	Yes
Treatment for a Simple Fracture	Yes
Is Referral Required to see a Specialist	Yes
Disease Management Programs Offered (only displays when the issuer offers them)	Yes
Health Savings Account Eligible	Yes
Benefit Explanation (for all displayed benefits when given)	Yes
Quantitative Limit on Service (for all displayed benefits when given)	Yes
Exclusions (for all displayed benefits when given)	Yes
Benefits	Displays on Plan Preview?
Primary Care Visit to Treat an Injury or Illness	Yes
Specialist Visit	Yes
Other Practitioner Office Visit (Nurse, Physician Assistant)	No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes
Outpatient Surgery Physician/Surgical Services	Yes
Hospice Services	No
Routine Dental Services (Adult)	Yes
Infertility Treatment	Yes
Long-Term/Custodial Nursing Home Care	No
Private-Duty Nursing	Yes
Routine Eye Exam (Adult)	Yes
Urgent Care Centers or Facilities	No
Home Health Care Services	No
Emergency Room Services	Yes
Emergency Transportation/Ambulance	No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes
Inpatient Physician and Surgical Services	Yes
Bariatric Surgery	Yes
Cosmetic Surgery	No
Skilled Nursing Facility	Yes

Prenatal and Postnatal Care	No
Delivery and All Inpatient Services for Maternity Care	No
Mental/Behavioral Health Outpatient Services	Yes
Mental/Behavioral Health Inpatient Services	Yes
Substance Abuse Disorder Outpatient Services	No
Substance Abuse Disorder Inpatient Services	No
Generic Drugs	Yes
Preferred Brand Drugs	Yes
Non-Preferred Brand Drugs	Yes
Specialty Drugs	Yes
Outpatient Rehabilitation Services	Yes
Habilitation Services	Yes
Chiropractic Care	Yes
Durable Medical Equipment	No
Hearing Aids	Yes
Imaging (CT/PET Scans, MRIs)	No
Preventive Care/Screening/Immunization	No
Routine Foot Care	No
Acupuncture	Yes
Weight Loss Programs	No
Routine Eye Exam for Children	Yes
Eye Glasses for Children	Yes
Dental Check-Up for Children	Yes
Rehabilitative Speech Therapy	No
Rehabilitative Occupational and Rehabilitative Physical Therapy	No
Well Baby Visits and Care	No
Laboratory Outpatient and Professional Services	Yes
X-rays and Diagnostic Imaging	Yes
Basic Dental Care – Child	Yes
Orthodontia – Child	Yes
Major Dental Care – Child	Yes
Basic Dental Care – Adult	Yes
Orthodontia – Adult	Yes
Major Dental Care – Adult	Yes
Abortion for Which Public Funding is Prohibited	No
Transplant	No
Accidental Dental	No
Dialysis	No
Allergy Testing	No
Chemotherapy	No
Radiation	No
Diabetes Education	No
Prosthetic Devices	No
Infusion Therapy	No
Treatment for Temporomandibular Joint Disorders	No
Nutritional Counseling	No
Reconstructive Surgery	No