# Health Insurance Benefits in Minnesota

## An Analysis of Service Coverage for Children



October 1996
Minnesota Department of Health
Division of Family Health

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# SUMMARY

To better understand the effects of widespread changes in the insurance industry on the health of children in Minnesota and establish a baseline of information, the Minnesota Department of Health examined health insurance benefit packages available in the state. Because health plans generally do not offer specific benefit packages for children, this study looked at marketing materials from typical benefit packages offered by various health plans in the private sector. These plans were categorized into the following health insurance types: Health Maintenance Organization (HMO) in and out of network, Preferred Provider Organization (PPO) in and out of network, and indemnity. In Minnesota, approximately half of the privately insured population are insured by self-funded health plans. None of the plans analyzed in this report are self-funded; therefore, information gathered is representative of plans that enroll about fifty percent of Minnesotans covered by private insurance. The benefit packages offered to State of Minnesota employees and to enrollees in Minnesota's publicly funded plans were also examined.

Each of the benefit packages were analyzed regarding their coverage of services relevant to the health of children. Information was gathered for this study to address four questions:

1. What percent of benefit packages cover this service?

2. What is the level of consumer responsibility for this service?

3. What is the relationship between the consumer copayment and coinsurance for this service?

4. What are the common limitations associated with this service?

Study findings revealed that the majority of health care services analyzed in this study are covered to some degree by both the privately and publicly paid health plans. Publicly funded benefit packages cover nearly every service. The percent of services covered by the various benefit packages are very similar for all the private health insurance types, although the fewest number of services are covered by HMO out of network packages. Preventive services important to children's health, such as immunizations and well child care, are for the most part covered by all of the health insurance types at no cost to the consumer. In addition, some services that have historically been excluded from health plan coverage, such as mental and chemical health, have some level of coverage by all of the health insurance types.

Services most often excluded in benefit packages are those services often used by children with special health care needs. In particular, services that maintain existing levels of health or are habilitative and help children achieve daily functioning are generally not covered by private health insurance. For example, very few private benefit packages cover home health care or therapies when used solely to maintain existing health status or prevent deterioration of health.

The level of consumer financial responsibility incurred through copayments and coinsurance varies a great deal across the various health insurance types and also across benefit packages offered by a single insurance company. However, a few generalizations can be made. First, the consumer can expect to pay less out-of-pocket for services received in network HMOs and PPOs and through State of Minnesota employee plans than for services received out of network or through indemnity benefit packages. Second, consumer financial responsibility is often dependent on the type of services used. In general, the healthier consumer who utilizes primarily preventive and general health care services will pay relatively little for that health care through copayments or coinsurance. However, there is almost always a 20 percent coinsurance for the services most often used by individuals with special health care needs, such as home health care, therapies and medical equipment.

In addition to costs incurred through copayments and coinsurance, additional types of consumer responsibility, such as deductibles and premiums, are also built into many of the benefit packages. While this study did not look at the relationship between health insurance premiums and various services, it was concluded that all indemnity benefit packages and nearly all out of network managed care options require a deductible to obtain services. This is particularly relevant for those consumers desiring to obtain services that are not covered by their benefit package, or for rural consumers who need access within a reasonable traveling distance to a specialty provider who may not be a part of their managed care network.

To protect consumers from catastrophic health care costs, particularly due to coinsurance requirements, all private sector health plans have an out-of-pocket maximum, after which the benefit package usually pays 100 percent of the health care expense. While these maximums, which range from $1,000 to $3,000 for an individual and $2,000 to $10,000 for a family, may limit the amount paid by the consumer, a family with a child with a chronic illness is likely to reach the out-of-pocket maximum every year. The out-of-pocket maximum together with yearly deductibles, premiums, copayments, and coinsurance, as well as paying the full cost of services needed but not covered by the benefit package, all contribute to the total financial outlay of individuals and families seeking health care.

Another method by which service utilization is frequently mitigated is by limiting service quantities. Most often, limitations are based on age, financial maximum, or number of visits or days of service. Services often used by children with special health needs, such as home health care services, therapies, and medical equipment, have a number of usage limitations, while preventive and acute care services generally have fewer limitations.

In conclusion, baseline knowledge regarding services covered, consumer financial responsibility, and limitations on service usage are all important to fully understand how the changing health care industry is affecting the health of children in Minnesota. This report was designed to aid policy development by providing a clearer picture of current health benefits coverage, particularly of services relevant to children statewide.

## INTRODUCTION

In the past decade, Minnesota has experienced rapid reform of the health care market. In 1994, MinnesotaCare legislation established a commission to recommend the development of a Universal Standard Benefits Set. Following this, recommendations for a Children's Benefit Set were developed by the Maternal and Child Health Advisory Task Force to suggest how the health care system could respond to the unique health care needs of children. During this process, it became apparent there was a lack of baseline information regarding the current insurance market's coverage of services recommended in the Children's Benefit Set. In particular, details regarding access to specific services and cost to the consumer were missing.

In addition, questions regarding the future of TEFRA were raised during the 1995 legislative session. TEFRA is a federal Medicaid (Medical Assistance or MA) eligibility option for children with significant disabilities whose parental income is above the MA limit. Legislation to eliminate the TEFRA option was proposed partially because of the belief that the majority of families utilizing this program had private health insurance and did not need access to MA services. Information regarding whether insurance benefit packages covered the services needed by TEFRA families and how service usage might be limited both financially and through exclusions was not available.

To provide information to guide future policy decisions, a baseline assessment of service coverage in the commercial and government insurance markets was necessary. The goal of this descriptive analysis was to provide a picture of health insurance benefits as stated in marketing materials of basic benefit packages offered by managed care, indemnity, and government service delivery options in Minnesota.

The objectives of this analysis were:

1. to determine the extent of coverage of services relevant to children across various service delivery options;

2. to determine levels of consumer financial responsibility required for various services; and

3. to determine the various ways in which consumer use of different services is limited.

## STUDY DESIGN

### HEALTH PLANS

In this study, privately and publicly funded benefit packages available to residents of the state of Minnesota were examined. Information from self-funded plans was not analyzed. Data for this analysis were organized based on a survey of Minnesota consumers and their health plans recently conducted by the Health Data Institute to give Minnesota consumers information to help them make

decisions about their health insurance. To make comparisons of survey results, Health Data Institute investigators developed a framework for grouping health plans into categories: private health insurance, Medicare, and state health programs. These categories took into account differences in enrollee populations, health plan structure, and benefit design. Because this current analysis needed to consider those health benefits specifically relevant to children's health, the categories used in this study were:

1. Private Health Insurance. Benefit packages available to enrollees in the private sector through their employers or through individually-purchased policies. Private health insurance plans analyzed in this study were chosen because they were included in the Health Data Institute's Consumer Satisfaction Survey, and were further classified into the following health insurance types in accordance with the framework developed by the Institute:

- Health Maintenance Organizations (HMOs) -- In network
- HMOs -- Out of network
- Preferred Provider Organizations (PPOs) -- In network
- PPOs -- Out of network
- Indemnity Plans

2. State Employee Plans. Benefit packages available to State of Minnesota employees and their dependents. Study looked at services received in network only.

3. Publicly Funded Plans. Benefit packages available to enrollees in health programs sponsored or established by the State of Minnesota.

## Table 1. Types of Health Insurance Coverage

**Health Maintenance Organization (HMO)**

An organization that accepts responsibility for the provision and delivery of a predetermined set of comprehensive health maintenance and treatment services to an enrolled group for a pre-fixed capitation payment. HMO enrollees usually pay less for services received within the HMO network than for services received out of the network. HMO's must comply with benefit mandates for Minnesota.

**Preferred Provider Organization (PPO)**

A system in which an enrollee is given the options to obtain care from a designated "preferred" provider for a lower cost-sharing amount or to obtain care from a provider of the enrollee's choice at a higher cost-sharing amount.

**Indemnity Plan**

A plan in which the insurer reimburses the insured individual for incurred health expenses and has no direct relationship with the providers of care.

**State Employee Plans**

Health plans available to the employees of the State of Minnesota and their dependents. These plans comply with benefit mandates for Minnesota.

**Publicly Funded Plans**

Three benefit packages sponsored or established by the State of Minnesota: Medical Assistance, General Assistance Medical Care and MinnesotaCare.

Definitions of the health insurance types analyzed in this study are shown in Table 1.

Benefit packages exempt under Employee Retirement Income Security Act of 1974 (ERISA) were not included in this analysis. Although two of the seven benefit packages offered to State of Minnesota employees are self-funded, all of the State of Minnesota employee benefit packages comply with Minnesota insurance mandates regardless of whether they are legally required to do so and were included in this analysis.

For each private health insurance plan, descriptions of included services were obtained for the benefit packages with the largest number of enrollees in Minnesota. Descriptions of the services included in benefit packages were also obtained for all state employee and publicly funded plans. A total of 81 benefit packages were analyzed; the number of benefit packages obtained for each type of health insurance is shown in Table 2. Marketing materials from each of the health plans were collected in the fall of 1995.

**Table 2. Number of Benefit Packages Analyzed**

| Health Insurance Type | Number of Benefit Packages |
|---|---|
| HMO | 30 |
| PPO | 33 |
| Indemnity | 8 |
| State Employee Plans | 7 |
| Publicly Funded Plans | 3 |
| **Total** | 81 |

## HEALTH SERVICES

Each of the 81 benefit packages were examined with respect to coverage of commonly-used services included in the Children's Benefit Set. A list of the 42 services examined is shown in Table 3, and represents the range of services necessary for children's health across differing sectors of health care. The service categories analyzed were: preventive health care, general health care, hospital care, mental health care, chemical health care, medications, home health care, therapies, medical equipment, and access services.

Analysis of the services was based on the following questions: (see glossary for definition of terms)

1. What percent of benefit packages cover this service?

2. What is the level of consumer responsibility for this service?

3. What is the relationship between the consumer copayment and coinsurance for this service?

4. What are the common limitations associated with this service?

In addition, the analysis considered other types of consumer responsibility that might serve to either increase the consumer's contribution to the cost of services received, or protect the consumer from catastrophic costs.

## Table 3. Health Services Analyzed

**Preventive Health Care Services**
- Preventive Health Care
- Well Child Care
- Immunizations

**General Health Care Services**
- Physician Visits
- Family Planning
- Hearing Care
- Hearing Aids
- Vision Care
- Eye Glasses and Contact Lenses
- Dental Care
- Oral Surgery

**Hospital Services**
- Hospital Care (inpatient)
- Hospital Care (outpatient)
- Urgent Care
- Emergency Room
- Ambulance

**Mental Health Care Services**
- Mental Health (inpatient)
- Mental Health (outpatient)

**Chemical Health Care Services**
- Chemical Health (inpatient)
- Chemical Health (outpatient)

**Medications**
- Prescription Drugs (formulary)
- Prescription Drugs (non-formulary)
- Over-the-Counter Drugs
- Nutritional Products

**Home Health Care Services**
- Home Health Care
- Skilled Nursing
- Personal Care Attendant

**Therapy**
- Chiropractic
- Physical Therapy (rehabilitative)
- Physical Therapy (habilitative)
- Occupational Therapy (rehabilitative)
- Occupational Therapy (habilitative)
- Speech Therapy (rehabilitative)
- Speech Therapy (habilitative)

**Medical Equipment**
- Orthotics
- Orthotics (replacement)
- Prosthetics
- Prosthetics (replacement)
- Durable Medical Equipment
- Disposable Medical Supplies

**Access Services**
- Language Interpreter
- Common Carrier Transportation

# FINDINGS

The detailed findings for each of the 42 services examined are shown in Appendix B. Given below are the summary findings for each of the analysis questions.

## SERVICE COVERAGE

Table 4 shows the percent of the 42 analyzed services that are covered by the benefit packages in each health insurance type. Most of the 81 benefit packages cover, to some degree, the majority of the services analyzed in this study. The publicly funded benefit packages cover the widest range of services. The number of services covered by HMO and PPO in net-

work, indemnity, and State Employee benefit packages are very similar, while the HMO out of network benefit packages cover considerably fewer services.

All types of health insurance analyzed have some benefit packages that cover the following services: preventive health care, hospital services, mental health care services, and chemical health care services. Some to very few types of private insurance have benefit packages that cover a number of services. For example, there are no benefit packages within the indemnity health plans analyzed that cover vision care. Services with variable coverage across the different types of health insurance are hearing aids, vision care, dental care, oral surgery, non-formulary prescription drugs, nutritional products, home health care services, habilitative therapy, replacement medical equipment, disposable medical supplies, and access services. Eyeglasses and contact lenses, over-the-counter medications, and common carrier transportation are not covered by any of the private health insurance benefit packages. All but one of the services (language interpreter services) analyzed in this study are covered by the publicly funded plans.

## CONSUMER COPAYMENT AND COINSURANCE

Table 5 shows the percent of covered services in each health insurance type that require some amount of consumer responsibility through copayment and/or coinsurance. The percent of services for which consumers must pay a share of the costs varies widely by health insurance type. Almost all services covered by HMO out of

**Table 4. Percent of Services Covered by Health Insurance Type**

| Health Insurance Type | Percent of 42 Services |
|---|---|
| HMO -- In Network | 81% |
| HMO -- Out of Network | 64% |
| PPO -- In Network | 83% |
| PPO -- Out of Network | 81% |
| Indemnity | 86% |
| State Employee Plans | 83% |
| Publicly Funded Plans | 98% |

**Table 5. Percent of Services that Require Copayment or Coinsurance**

| Health Insurance Type | Percent of 42 Services |
|---|---|
| HMO -- In Network | 50% |
| HMO -- Out of Network | 93% |
| PPO -- In Network | 37% |
| PPO -- Out of Network | 74% |
| Indemnity | 97% |
| State Employee Plans | 31% |
| Publicly Funded Plans | 0% |

network and indemnity benefit packages require some amount of consumer responsibility. A substantial number of the services covered by PPO out of network benefit packages also require some level of consumer responsibility. Half or fewer of the services covered by HMO and PPO in network and State Employee benefit packages require consumer responsibility. None of the publicly funded plans require consumer responsibility through copayment or coinsurance for services covered for children.

Copayments are not required for most of the services analyzed in this study. However, a copayment is commonly required for family planning, emergency room, and prescription drug services. In addition, a copayment is required for the following services by HMO in network benefit packages: urgent care services, mental health outpatient services, and chemical health outpatient services. PPO in network benefit packages require co-payments for physician services and chiropractic services.

Coinsurance is required for most of the services within private health plans analyzed in this study. Coinsurance is required by all or almost all benefit packages for ambulance, mental health inpatient and outpatient services, nutritional products, and medical equipment. Coinsurance is commonly required by HMO out of network, PPO out of network, and indemnity benefit packages for the following services: preventive health care, general health care services, hospital services, medications, home health care services, and therapy.

## RELATIONSHIP BETWEEN CONSUMER COPAYMENT AND COINSURANCE

The relationship between consumer copayment and coinsurance was analyzed for each of the 42 services studied. Publicly funded benefit packages were excluded from this part of the study because services are available for children at no cost to the consumer or have variable cost depending on income. Analysis of the private plans shows that the consumer usually has no copayment but does have a 20 percent coinsurance. Services with this relationship are hospital services, mental health services, chemical health services, home health care services, therapy, and medical equipment. The second most common situation is that the consumer has no copayment and no coinsurance. Services with this relationship are preventive health care services, general health care, and access services. It is very uncommon across all health insurance types to require both a copayment and coinsurance for a service.

## LIMITATIONS

Of the services analyzed in this study, 83 percent had specific limitations associated with usage. Most often, limitations were based on age, financial maximum, or number of visits or days of service. Examples of these include limiting service after age 6, or after $1,000,000 per lifetime or up to 40 visits per year. Common limitations for each service category are shown in Table 6.

**Table 6. Common Limitations by Service Category** (as stated in marketing materials)

**Preventive Health Care Services**
- age
- financial maximum

**General Health Care Services**
- age
- financial maximum
- number of visits

**Hospital Services**
- number of days

**Mental Health Care Services**
- financial maximum
- number of days or hours of service
- predicted outcome

**Chemical Health Care Services**
- financial maximum
- number of days
- must initially sign up for service

**Medications**
- quantity
- prior authorization

**Home Health Care Services**
- financial maximum
- number of visits
- type of provider
- type of care (non-custodial)

**Therapies**
- financial maximum
- number of visits
- predicted outcome
- based on medical necessity criteria

**Medical Equipment**
- financial maximum
- initial fit only
- no orthotic footwear
- nature of replacement

## OTHER TYPES OF CONSUMER RESPONSIBILITY

There are several other methods by which the consumer either contributes to the cost of the services received or, through out-of-pocket maximums, is protected from catastrophic costs.

### Deductible

None of the state employee or publicly funded benefit packages requires a deductible to obtain services. The spend-down feature in Medical Assistance is an income related deductible that allows individuals within specified income levels access to MA services. Of the in network options, 28 percent of HMO and 50 percent of PPO benefit packages require a deductible, whereas nearly all of the HMO and PPO out of network benefit packages require a deductible. All indemnity benefit packages require a deductible. It should be noted that the number of HMOs requiring a deductible will change with 1995 legislation allowing deductibles up to $1,000.

## Out-of-Pocket Maximum Expenditures

All of the private benefit packages analyzed have an out-of-pocket maximum expenditure. Out-of-pocket maximums range from $1,000 to $3,000 for an individual and $2,000 to $10,000 for a family. HMO and indemnity carriers are required by Minnesota law to limit out-of-pocket maximum expenditures to within the above range. Public plans have no out-of-pocket maximum on expenditures for children because there is no coinsurance or copayment on services for children.

## Lifetime Maximum Benefit

Lifetime maximum benefit information was not available for all HMO packages. Available information indicates that the majority of HMO in network and state employee benefit packages do not have a life-time maximum benefit. HMO plans for small employers can limit benefits to $500,000, however, large group and individual HMO plans cannot limit services. The majority of PPO in network and nearly all of the HMO and PPO out of network and indemnity benefit packages do have lifetime maximum benefits. The range for lifetime maximum benefits is from $500,000 to $5,000,000. Most often, however, services are limited to $1,000,000 or $2,000,000. There are many medical conditions that often cause the consumer to exceed the lifetime maximum benefit: traumatic brain or spinal cord injuries, mental health (inpatient), hemophilia, cystic fibrosis, and growth hormone therapy. None of the publicly funded plans have a lifetime maximum benefit for children.

## Other

None of the benefit packages in the private health insurance category accept third party referrals, but all the publicly funded benefit packages do.

In general, laws regarding pre-existing restrictions are the same for HMO and indemnity plans; that is, plans may have pre-existing condition restrictions if the consumer has not had continuous previous health insurance coverage. Most PPO plans have pre-existing condition restrictions and are not subject to Minnesota health insurance laws due to ERISA. State employee and publicly funded plans do not have pre-existing condition restrictions.

With passage of the recent Kennedy/Kassebaum Bill, effective July 1, 1997, a consumer who has been insured for the past 18 months under any type of health plan will be guaranteed coverage with any group health plan. This law will expand Minnesota's portability requirements to all employers including self-funded, federal government and church groups. This will effectively eliminate "job lock," where a consumer is forced to maintain employment with a particular employer in order to guarantee health coverage.

It is important to note that Minnesota does not have guaranteed issue for individual coverage. Therefore, health plans are not required to cover an individual consumer. For Minnesota residents unable to obtain insurance coverage due to a pre-existing condition, "Comprehensive Hospital and Medical-Surgical Expense Coverage" is available through the Minnesota Comprehensive Health

Association (MCHA). While routine and preventive services are not covered, this plan is similar to private health insurance in that it requires a coinsurance of 20% for services covered. In addition, the plan has a deductible of either $500 or $1,000 per year.

All benefit packages refer to a definition of medically necessary care when determining whether a service would be covered.

## CAUTIONS AND LIMITATIONS

As with the Health Data Institute survey, this study does not make recommendations about which health plan or type of health plan a consumer should select.

Private sector information for this report was acquired from marketing materials distributed by the various health plans and not from certificates of coverage.

This study did not look at self-funded plans where the employer pays for covered medical services out of organizational assets rather than by purchasing insurance, thereby assuming the risk of losses directly rather than transferring that risk through insurance. These self-funded plans are exempt from state regulation under federal ERISA law, and enroll nearly 50 percent of Minnesotans covered by private insurance.

In general, there is no standard benefit package for private health insurance in Minnesota. Although Minnesota has a varied group of health care benefits mandated by statute, insurance benefit packages are often custom-designed by an employer or purchaser, with variations in services covered and cost to the consumer.

This study did not look at premiums required by different benefit packages or at the effect of premiums on consumer expenditures for health care. It also did not look at service specific deductibles, such as a per diem charge for inpatient services.

Due to the complex nature of the health insurance industry, this study did not analyze the total cost to the consumer as affected by the intricate interplay of fees, premiums, deductibles, copayments, and coinsurance. In addition, consumer expenditures for health care may be greatly affected by out-of-pocket maximum expenditures as well as lifetime maximum benefits.

While this study looked at a range of health benefit issues, such as whether specific services are covered and with what cost to the consumer, it does not address the important qualitative issues of the consumer's experiences in actually receiving services or the quality of care received.

## FUTURE AREAS OF STUDY

A number of issues and concerns arose during this study that were outside the scope of the analysis. Future policy deliberations would benefit from addressing the following issues:

1. Access within provider networks, particularly to those providers and services relevant to children with special health needs, for example, pediatric sub-specialists.

2. Total consumer costs, particularly with respect to how often the out-of-pocket maximum expenditures and lifetime maximum benefit are reached.

3. The effects of cost-shifting from the private to the public sector, as well as from the private sector to the consumer.

4. The value of maintenance and habilitative services, not only to the consumer but also to the health care industry and the society at large.

5. Consumer experiences related to obtaining services.

6. Health coverage provided through an absent parent's employer and how that affects the ability to access services within a managed care system if the offered network is not close to the child's residence.

# Appendix A.
# Glossary

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# GLOSSARY

**Benefit package** A grouping of specific services provided by an insurer.

**Coinsurance** A portion of a health care bill paid by the consumer, usually a fixed percentage. For example, an insurer may pay 80 percent of a bill and require the consumer to pay the remaining 20 percent.

**Copayment** A portion of a health care bill paid by the consumer, usually a fixed dollar amount but possibly a percentage. For example, an insurer may require a consumer to pay $10 at the time of an office visit.

**Consumer responsibility** A policy provision under which the consumer pays some of the cost of health care, including such methods as coinsurance, copayments, and deductibles.

**Deductible** The amount of the consumer's health care expenses that must be paid in full by the consumer before any insurance coverage applies.

**ERISA** (Employee Retirement Income Security Act of 1974) A federal law that allows employers to establish self-funded health plans; such plans are exempt from state regulation.

**Financial maximum** A policy provision under which the amount the insurer will pay for health care expenses on behalf of a single consumer is limited to a stated amount, usually per year or per lifetime.

**Formulary** A list of prescription medications under an insurance contract.

**Habilitative services** Services required to assist an individual born with a disabling condition to establish or maintain functional abilities. Habilitative services include, but are not limited to, speech and language, occupational and physical therapy.

**Health Maintenance Organization (HMO)** A non-profit organization that provides comprehensive health care and health maintenance services, or arranges for the provision of such services, to enrollees for a fixed, pre-paid sum without regard to the frequency or extent of services provided to any particular enrollee.

**Health plan** An organization or arrangement that provides defined health care expense protection in exchange for a premium and provides services to enrollees through its own provider network.

**In network** Those providers that are a formal, contracted part of the system of participating providers and institutions in a managed care health plan.

**Indemnity plan** A health plan in which the insurer reimburses the insured individual or the provider for incurred heath care expenses and has no direct relationship with health care providers.

**Lifetime maximum** A policy provision under which the amount the insurer will pay for health care expenses on behalf of a single consumer is limited to a stated amount during that consumer's lifetime.

**Limitations** Restrictions on enrollees' usage of health care services.

**Managed care** A health care service delivery system that integrates the financing and delivery of health care services to enrollees and has the following elements: arrangements with selected providers to provide a comprehensive set of health care services to enrollees, explicit standards for the selection of health care providers, formal programs for on-going quality assurance and utilization review, and significant financial incentives for enrollees to use providers and procedures included in the system.

**Mode** A statistical term for the value, number, etc. that occurs most frequently in a given series.

**Out of network** Those providers that are not a formal, contracted part of the system of participating providers and institutions in a managed care plan.

**Out-of-pocket maximum** A policy provision under which consumer responsibility is limited to a stated dollar amount, usually per year.

**Predicted outcome** A policy provision under which an enrollee's eligibility for a given service is predetermined by the insurer based on expected results.

**Pre-existing condition** An enrollee's physical or mental condition that existed prior to the effective date of the coverage and may be used by the insurer to deny coverage or limit benefits.

**Preferred Provider Organization (PPO)** An organization, which may be an insurer, employer, or third-party administrator, that negotiates price discounts from providers in exchange for access to a group of enrollees.

**Premium** A periodic payment made by, or on behalf of, a consumer to an insurer in order to receive a benefit package.

**Private health insurance** Health plans available to enrollees in the private sector through their employers or through individually-purchased policies.

**Publicly funded plans** Health plans sponsored or established by the State of Minnesota, that is, Medical Assistance (Medicaid), General Assistance Medical Care and MinnesotaCare.

**Rehabilitative services** Services required to improve or restore or prevent deterioration of functional capacity compromised as the result of injury or illness.

**State employee plans** Health plans available to employees of the State of Minnesota and their dependents.

**Third party referral** Within the managed care delivery system, a referral made by an out of network medical care provider or a provider of non-medical services, such as a teacher or social worker.

# Appendix B.
# Service Analysis

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# HOW TO READ THE DATA IN APPENDIX B

## What percent of benefit packages cover this service?

Percentages shown in the graph represent the percent of benefit packages within each health insurance type that indicate coverage of the respective service.

*Example: 100 percent of the HMO in network benefit packages surveyed cover preventive health care.*

## What is the level of consumer responsibility for this service?

This question addresses two forms of consumer responsibility, copayment and coinsurance. The data shown in the graphs indicate the copayment and coinsurance ranges found for the respective service for those benefit packages within each health insurance type that indicated the service was covered; the dark line within the range indicates the mode, or most common value, found for the copayment or coinsurance.

*Example: Copayments for preventive health care for the PPO in network benefit packages surveyed ranged from $0 to $25; the most common copayment was $0. Coinsurance for preventive health care for the PPO in network benefit packages surveyed ranged from zero percent to ten percent; the most common coinsurance was zero percent.*

## What is the relationship between the consumer copayment and coinsurance for this service?

Data from all benefit packages that indicated the respective service was covered, except the publicly funded plans, were combined regardless of health insurance type; the number of such plans is shown as "n=" in the table and may be greater than 81 because one health plan may cover services both in and out of network. The rounded off percentage shown in each cell of the table indicates the percentage of the benefit packages that had the indicated combination of copayment and coinsurance. The shaded cell is the most common combination for the service; an empty cell indicates that no benefit packages had the indicated combination.

*Example: Of the 116 non-publicly funded benefit packages that cover preventive health care, 67 percent had a $0 copayment and a zero percent coinsurance; this was the most common combination. Ten percent of the benefit packages that cover preventive health care had a $0 copayment and a coinsurance between eleven and twenty percent.*

## What are the common limitations associated with this service?

Most benefit packages indicated limitations for certain services, through a variety of methods such as a maximum number of days or visits, a maximum cost, or a different cost for enrollees over a certain age.

*Example: Common limitations for preventive care include no coverage after age 6 or age 18, a maximum of one visit per year after age 2, and a maximum of $250 worth of service per year.*

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# DIRECTORY OF SERVICES

## Preventive Health Care Services



## General Health Care Services



## Hospital Services



## Mental Health Care Services



## Chemical Health Care Services

## DIRECTORY OF SERVICES CONTINUED

### Medications



### Home Health Care Services



### Therapy



### Medical Equipment



### Access Services

## DIRECTORY OF SERVICES CONTINUED

**Other**

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# Preventive Health Care Services

- Preventive Health Care
- Well Child Care
- Immunizations

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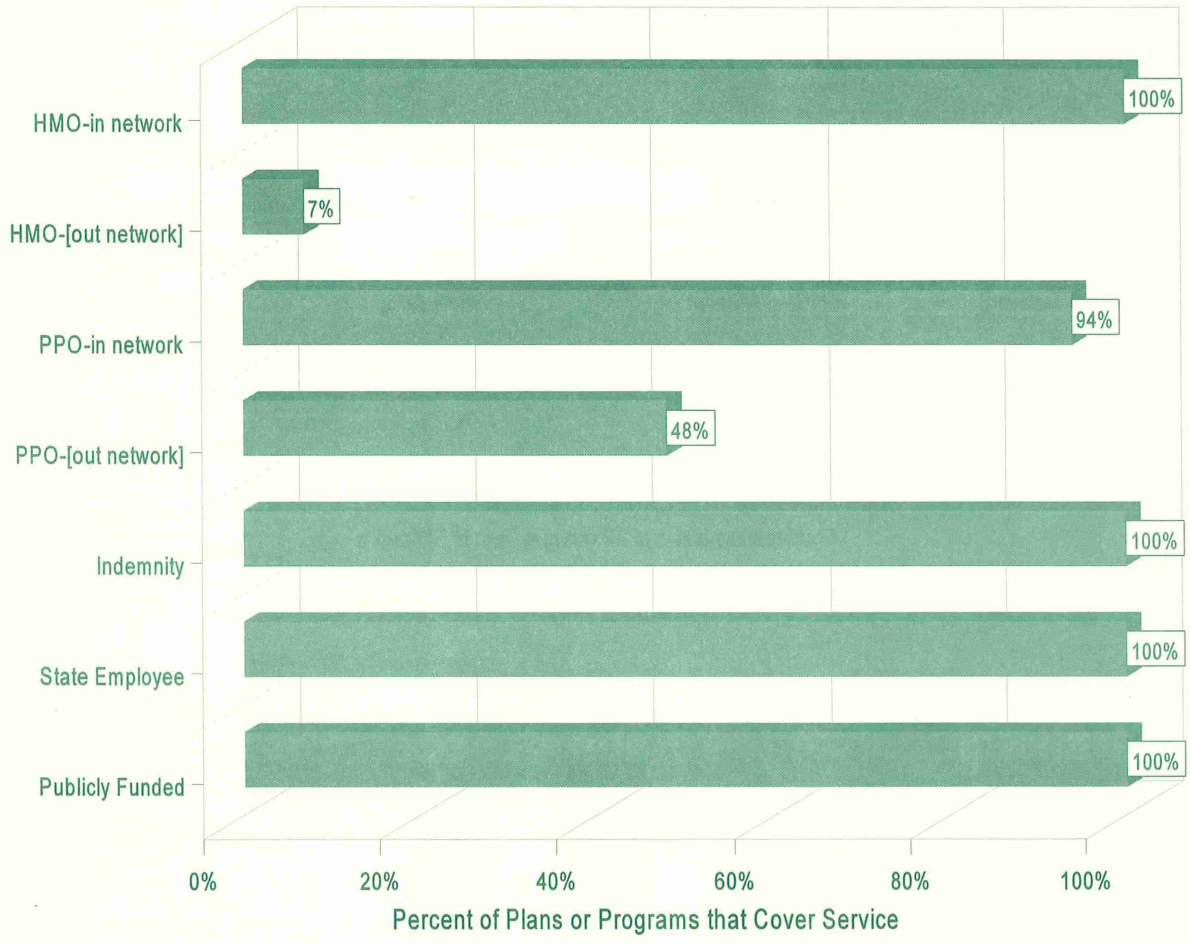
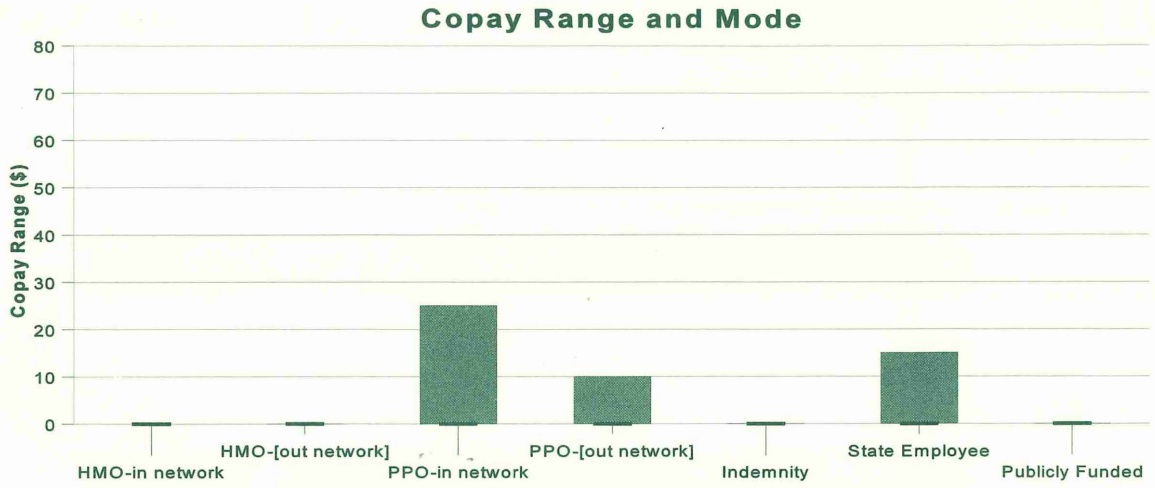
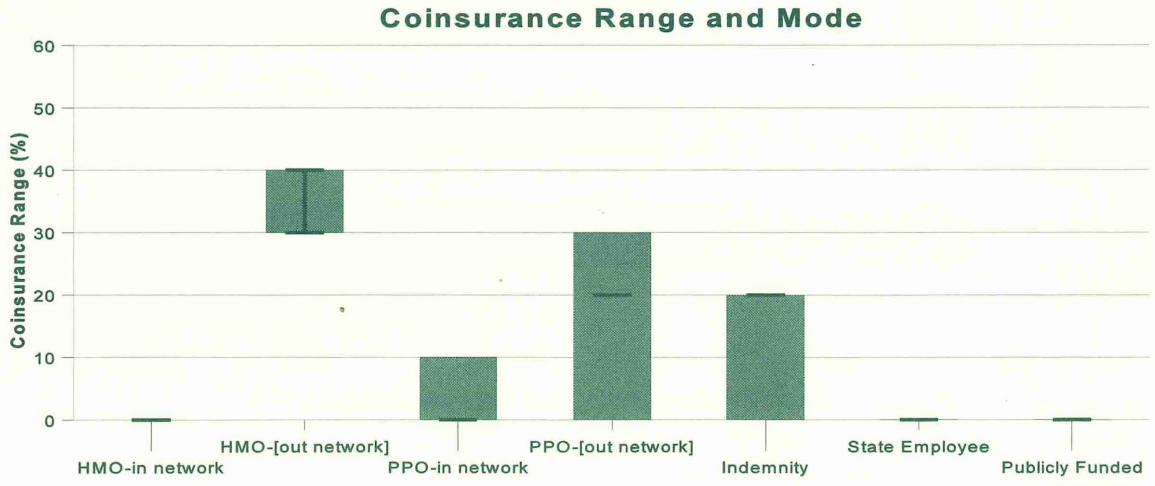
# PREVENTIVE HEALTH CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=116) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *67%* | *2%* | *10%* | *7%* | *1%* |
| $1-$10 | *4%* | | *1%* | *1%* | |
| $11-$20 | *5%* | | | | |
| $21-$30 | 1% | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage of service up to age 6
- coverage of service up to age 18
- limited to $250 worth of service per year
- maximum of one visit per year if older than 2

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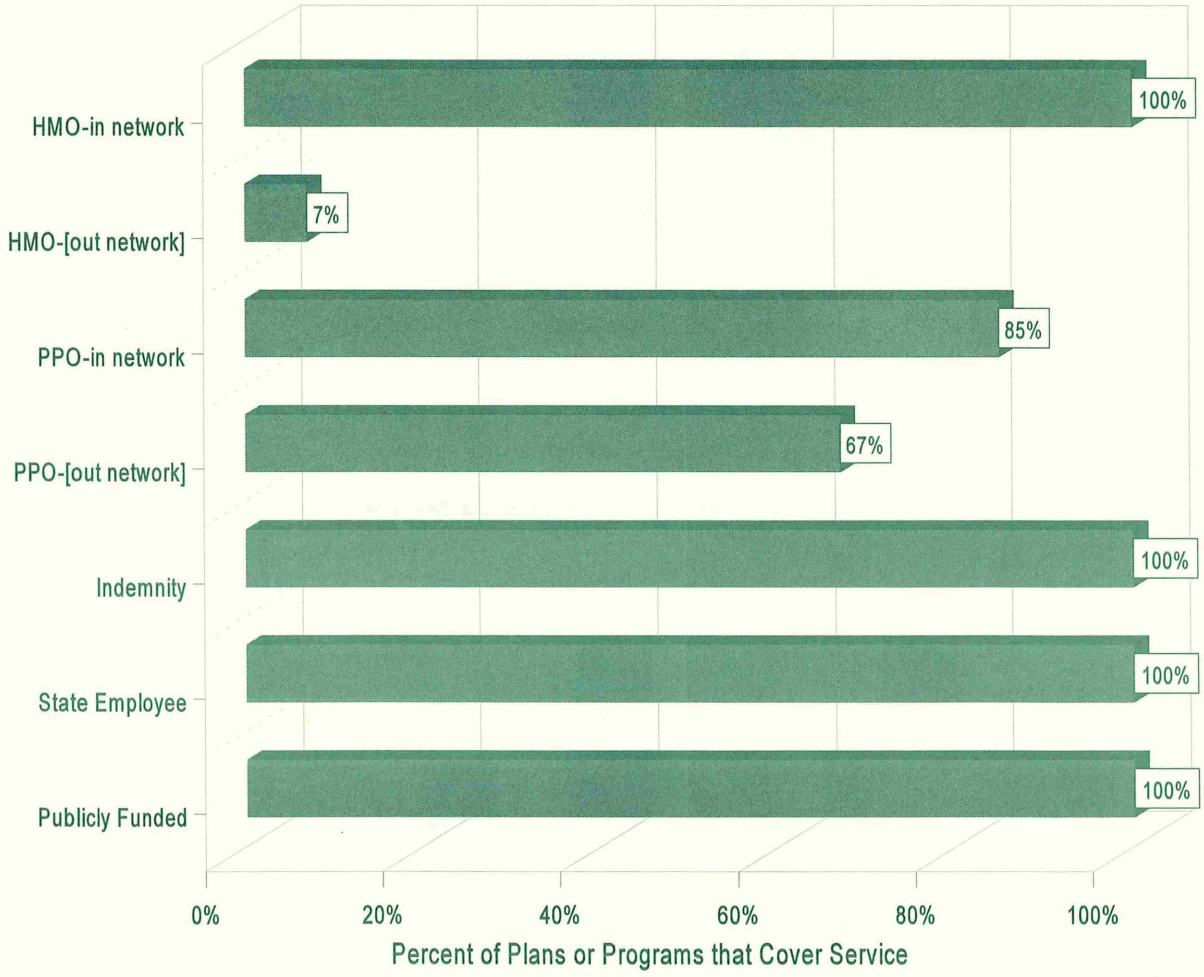
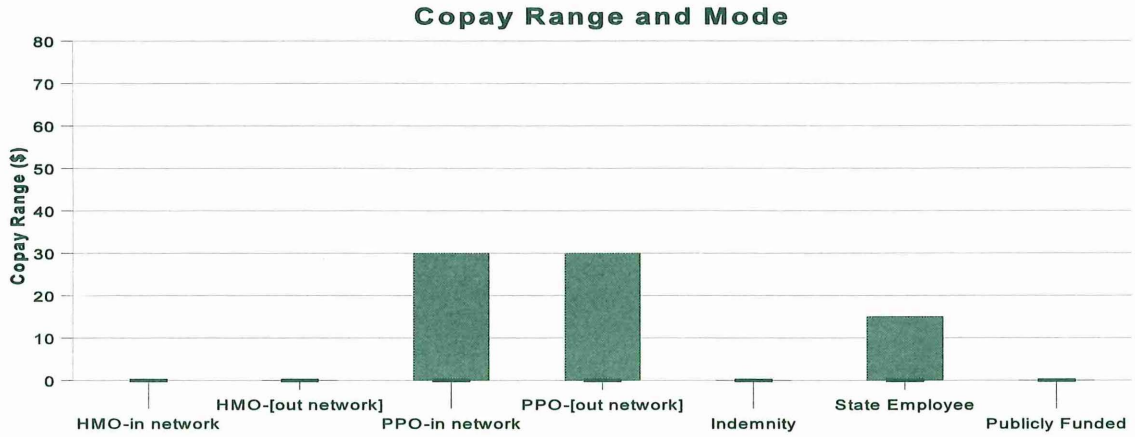
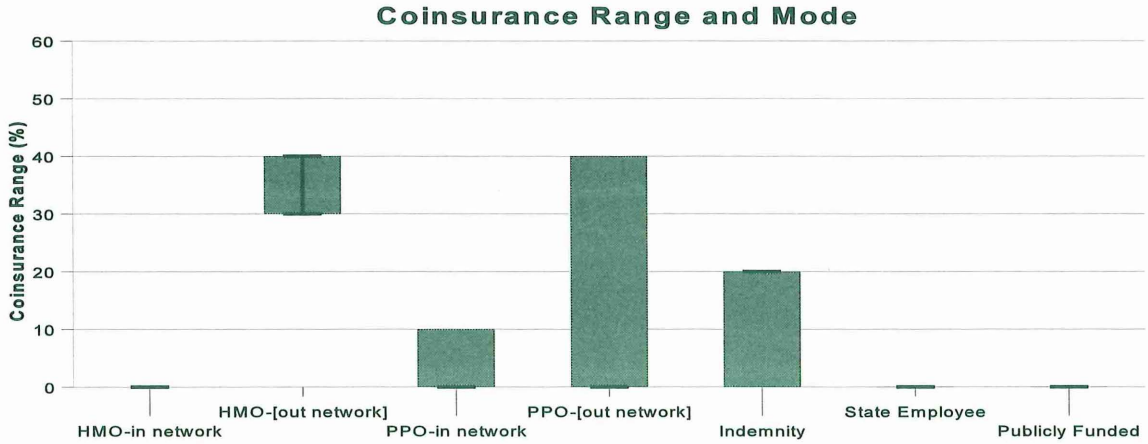
# WELL CHILD CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

**Combinations of Coinsurance and Copay (% of plans)**
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=88) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *76%* | *1%* | *6%* | *6%* | *3%* |
| $1-$10 | *1%* | | | | |
| $11-$20 | *1%* | *1%* | | *1%* | |
| $21-$30 | 2% | | | | 1% |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage of service up to age 6
- coverage of service up to age 18

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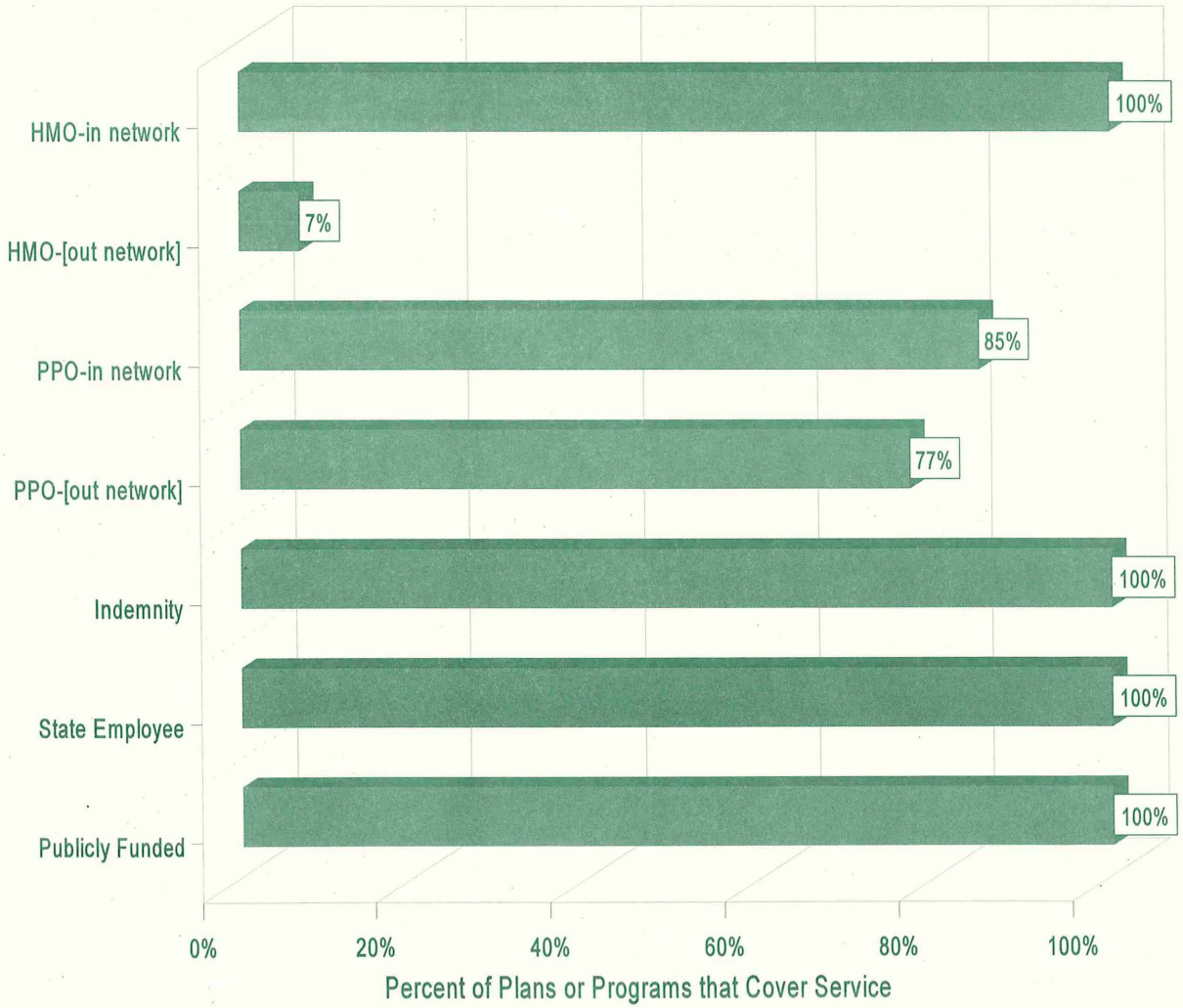
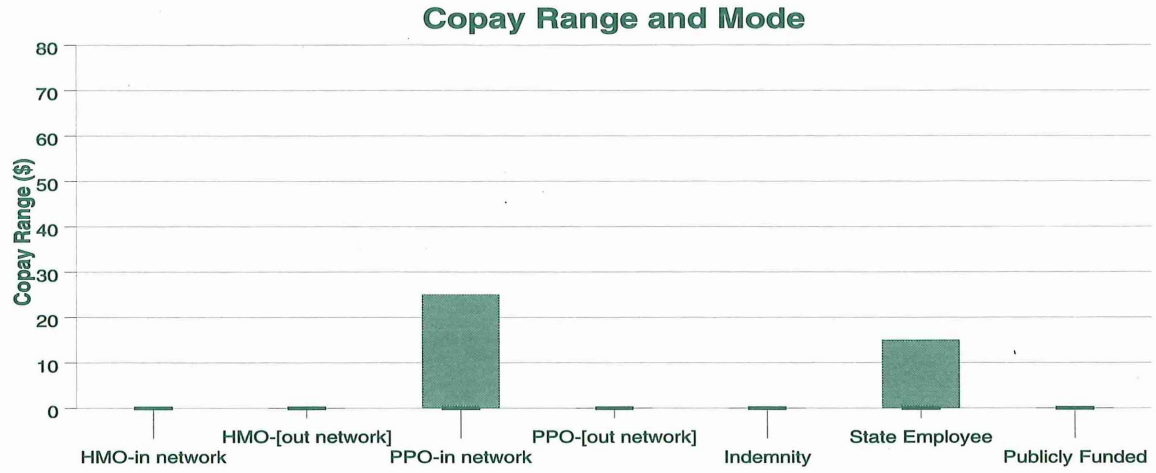
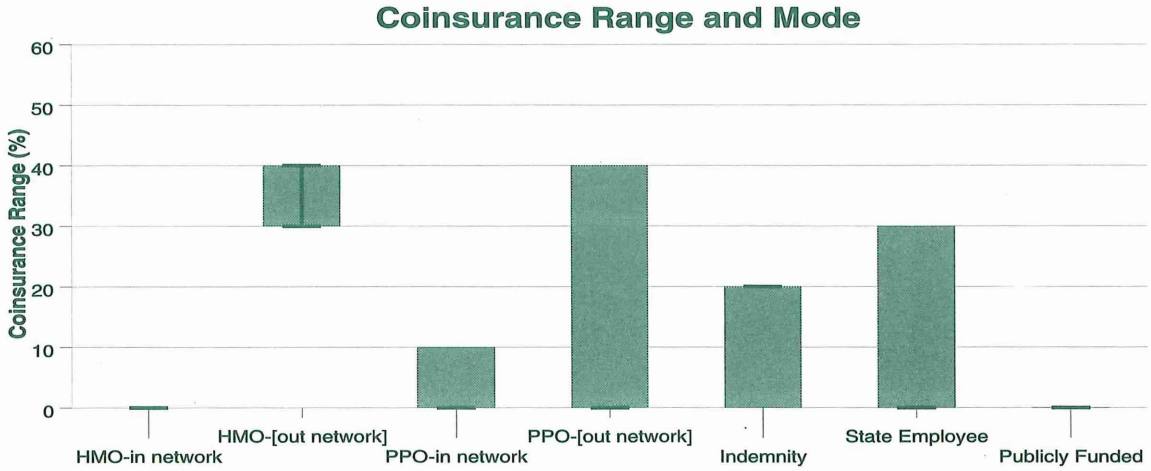
# IMMUNIZATIONS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=94) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *74%* | *1%* | *7%* | *7%* | *4%* |
| $1-$10 | *1%* | | | | |
| $11-$20 | *3%* | | | | |
| $21-$30 | 1% | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage of service up to age 6
- coverage of service up to age 18

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# General Health Care Services

- Physician Visits
- Family Planning

- Hearing Care
- Hearing Aids

- Vision Care
- Eye Glasses and Contact Lenses

- Dental Care
- Oral Surgery

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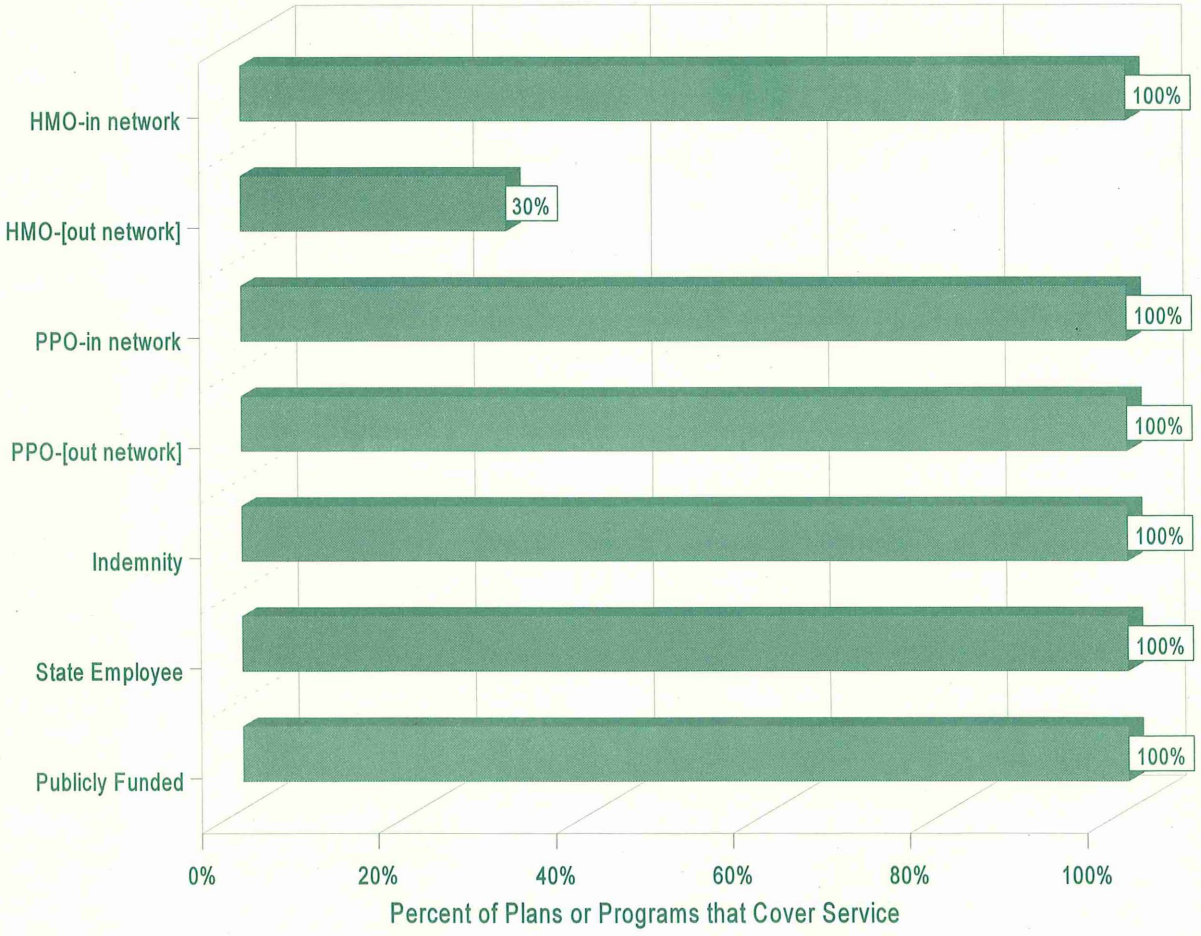
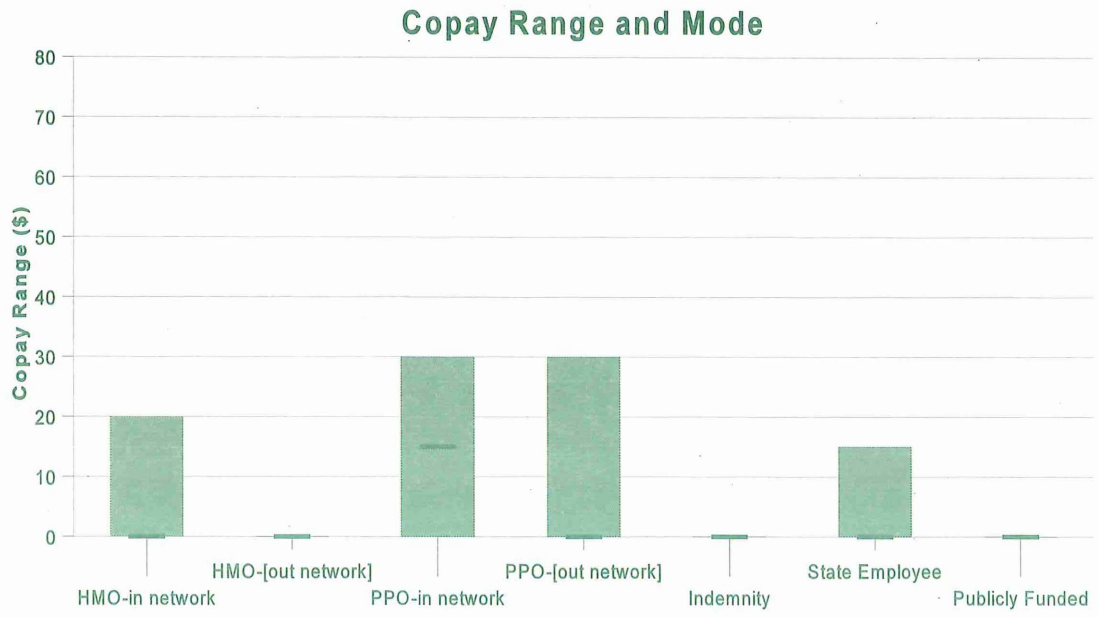
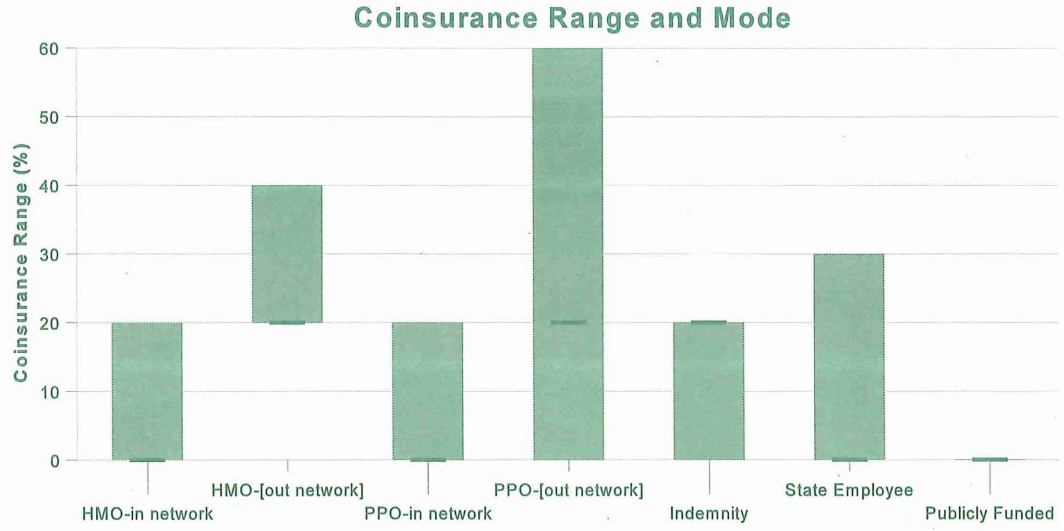
# PHYSICIAN VISITS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=116) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *22%* | *2%* | *22%* | *9%* | *7%* |
| $1-$10 | *19%* | | *1%* | *1%* | |
| $11-$20 | *9%* | *1%* | *2%* | *1%* | *1%* |
| $21-$30 | 2% | | | | 1% |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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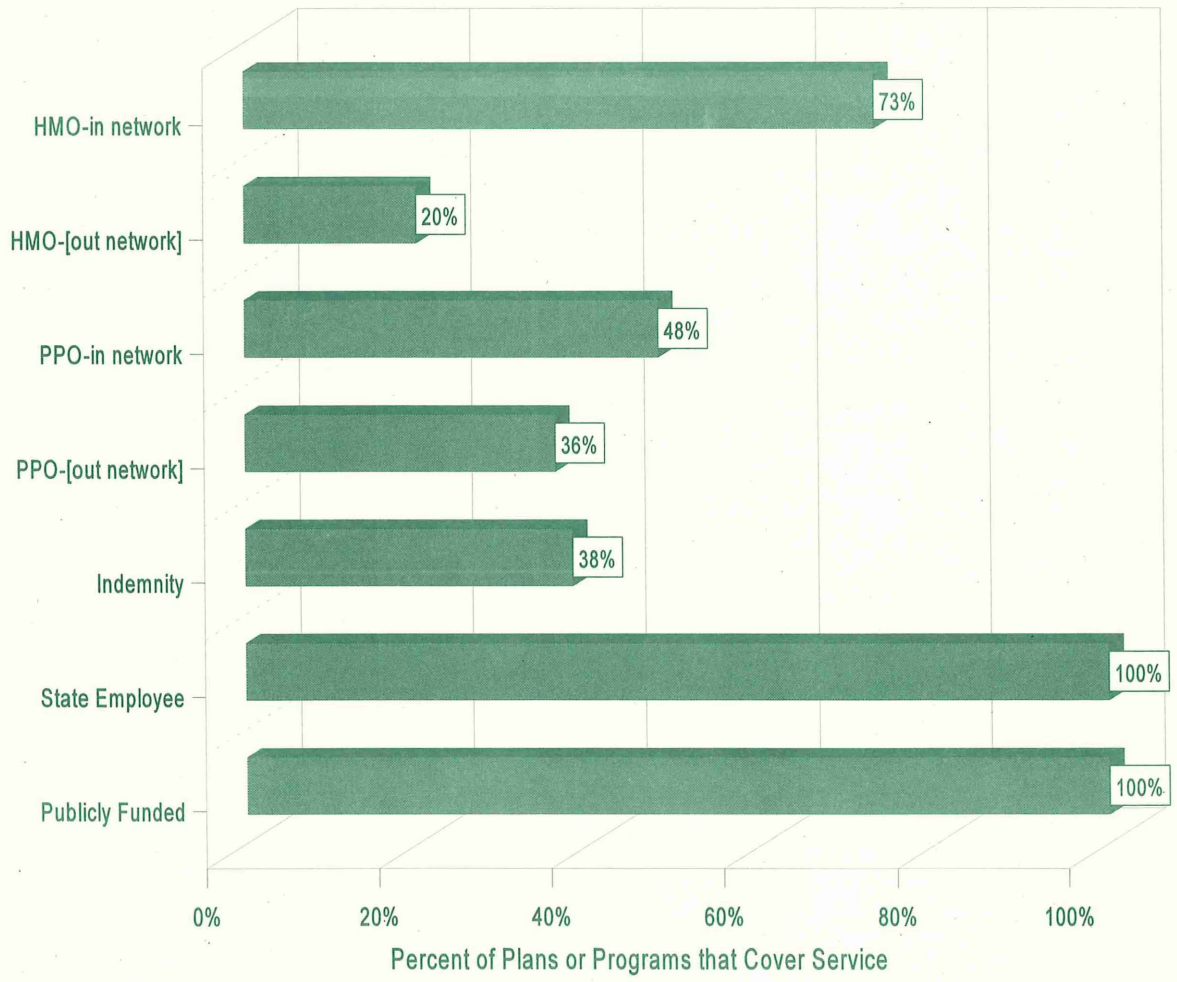
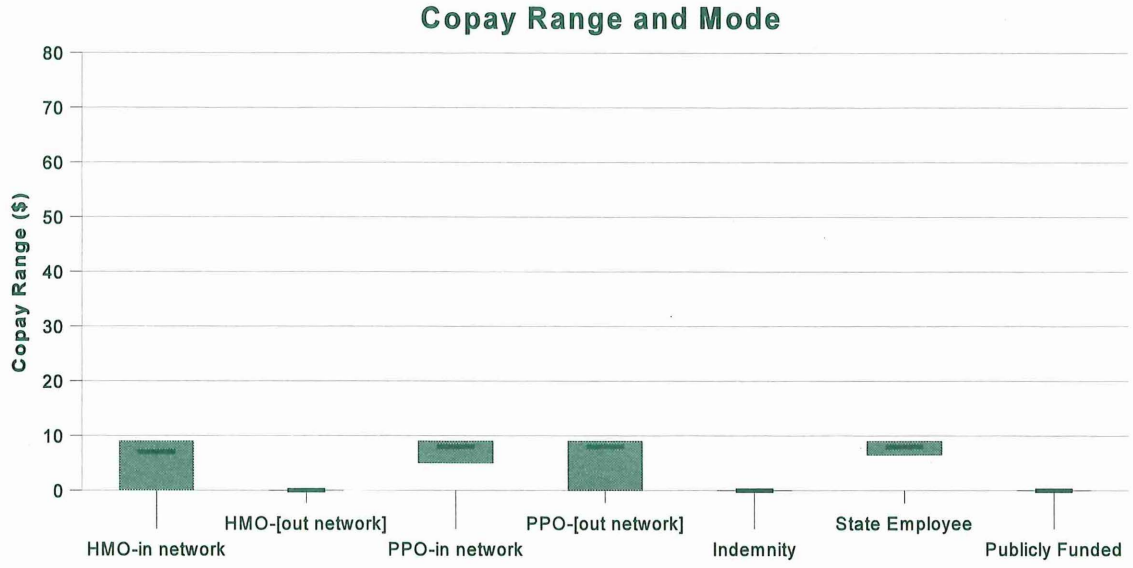
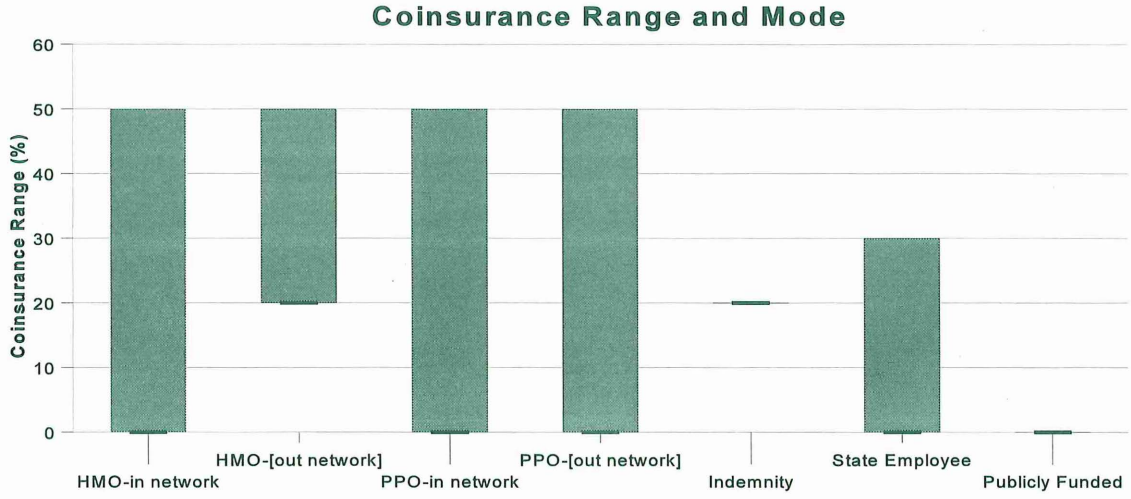
# FAMILY PLANNING

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=58) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | *5%* | *9%* | *3%* | *10%* |
| $1-$10 | *69%* | | | | *3%* |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- per 31 day supply of oral contraceptives
- per 3 month supply of oral contraceptives
- does not include injectable contraceptives

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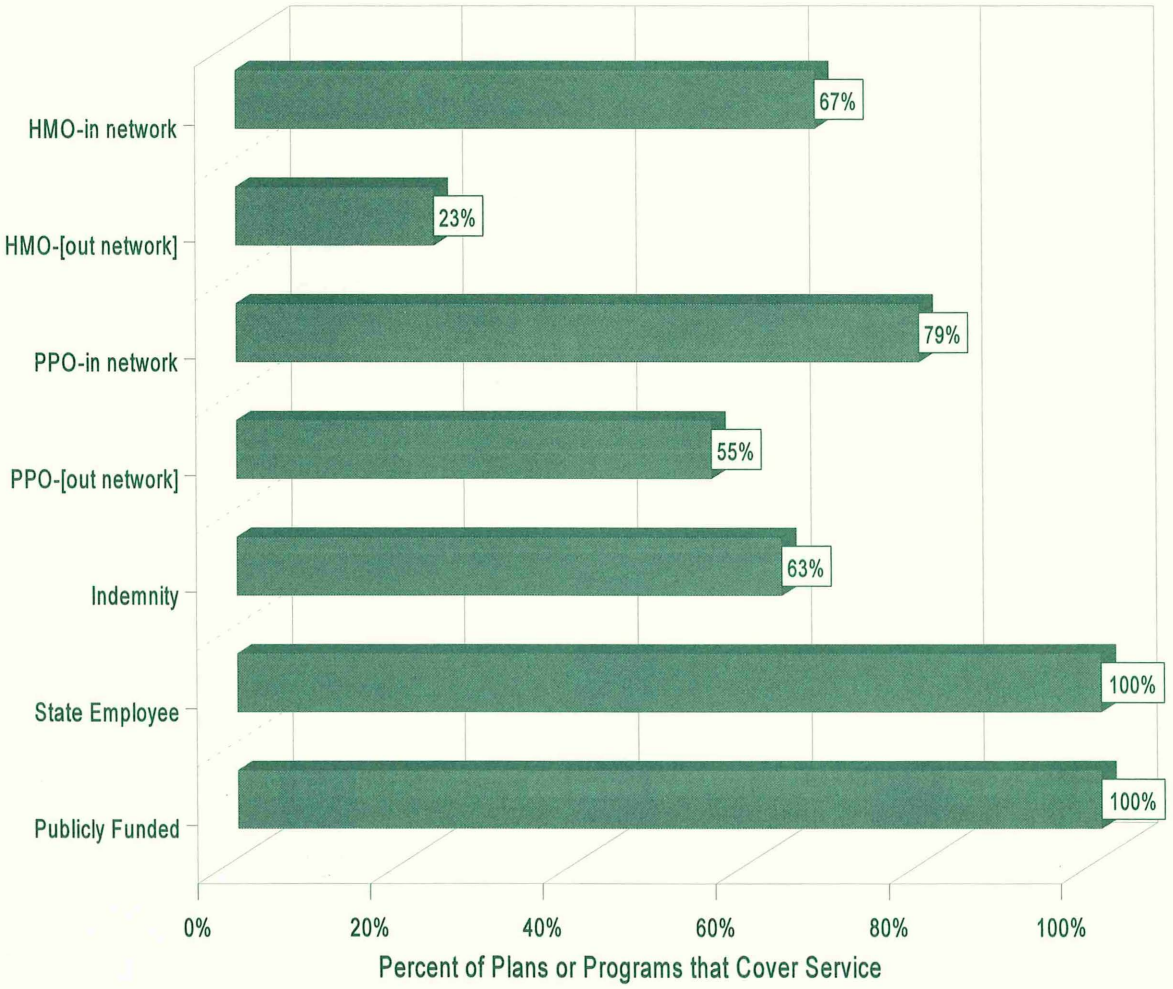
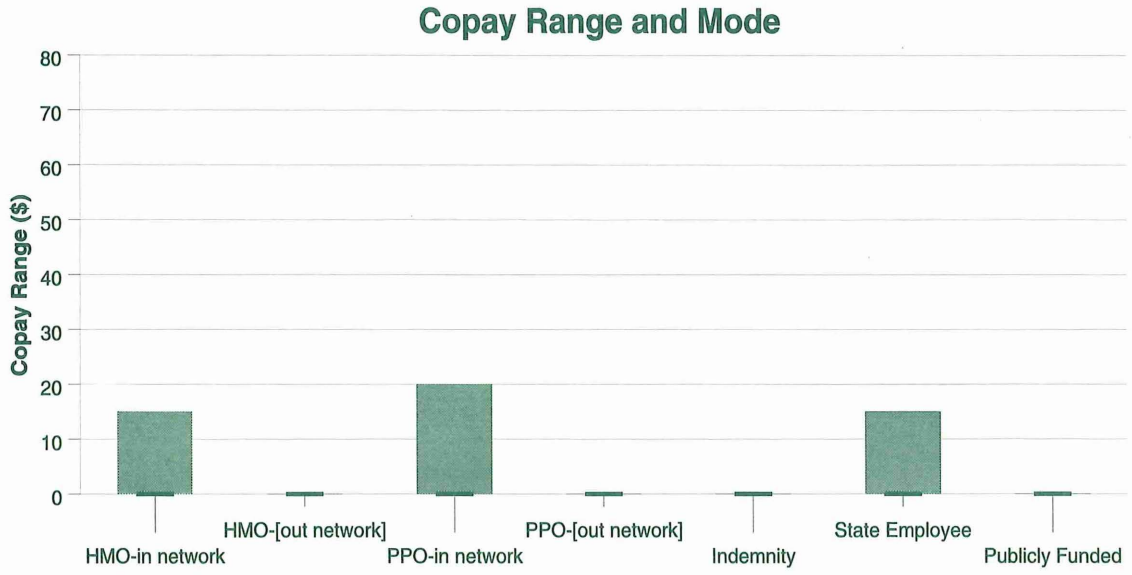
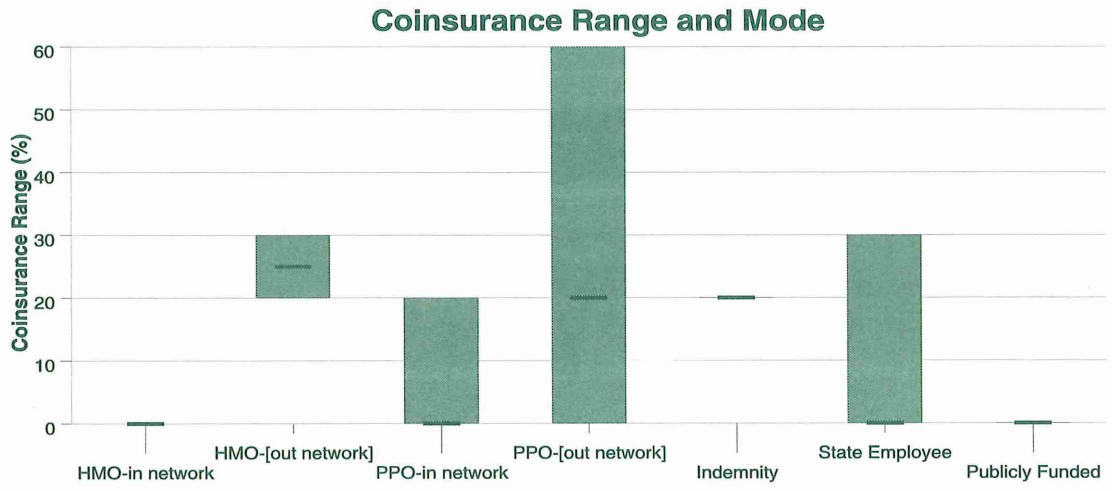
# HEARING CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=84) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *39%* | *2%* | *18%* | *13%* | *2%* |
| $1-$10 | *20%* | | | | |
| $11-$20 | *5%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage of service up to age 6
- coverage of service up to age 18
- one visit per year

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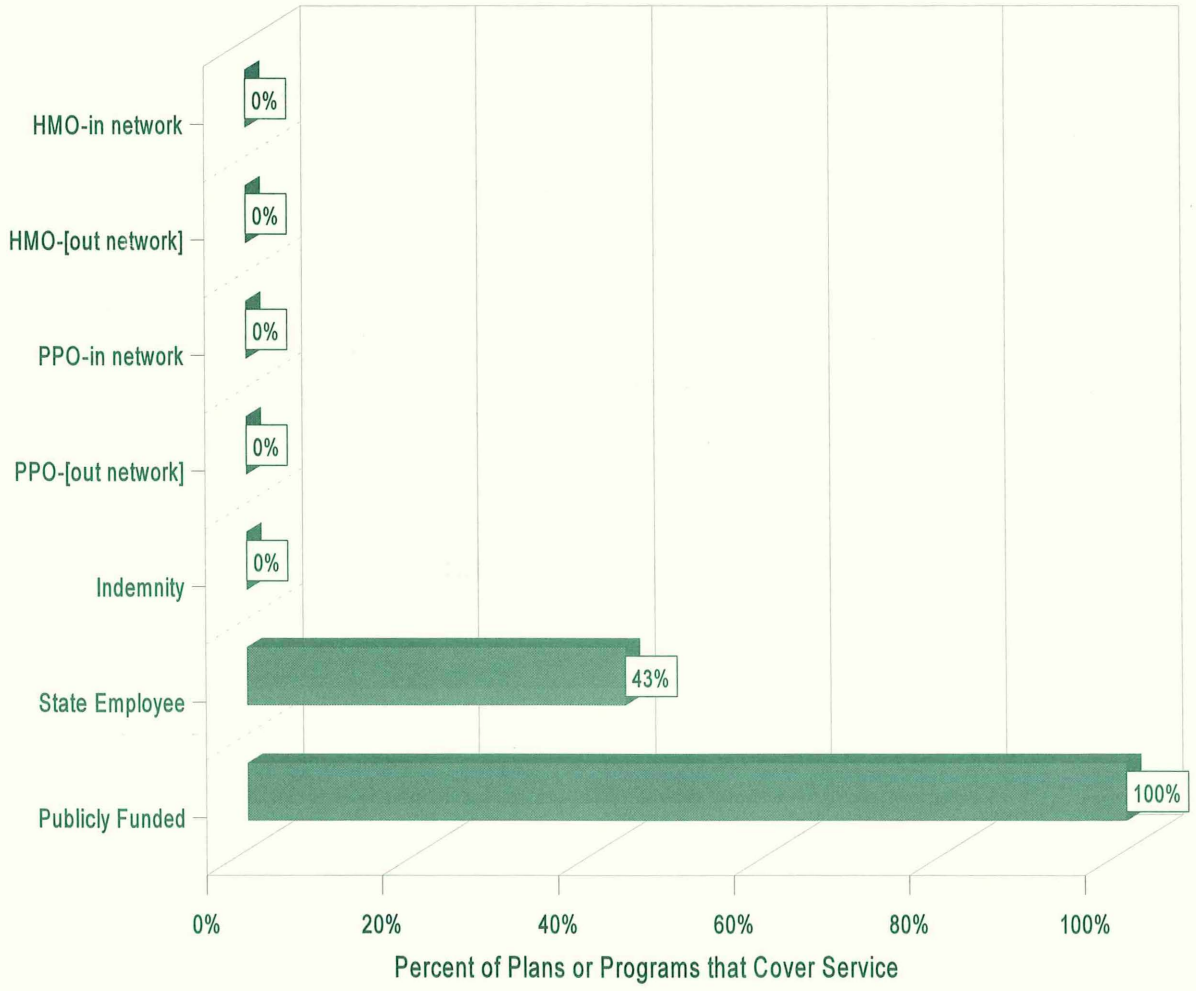
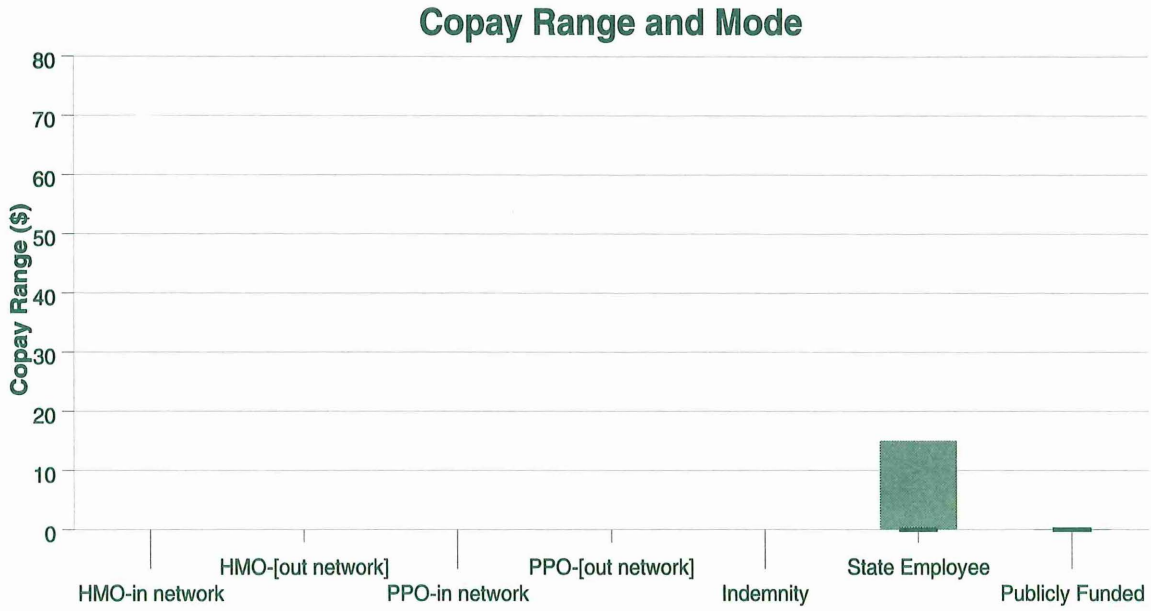
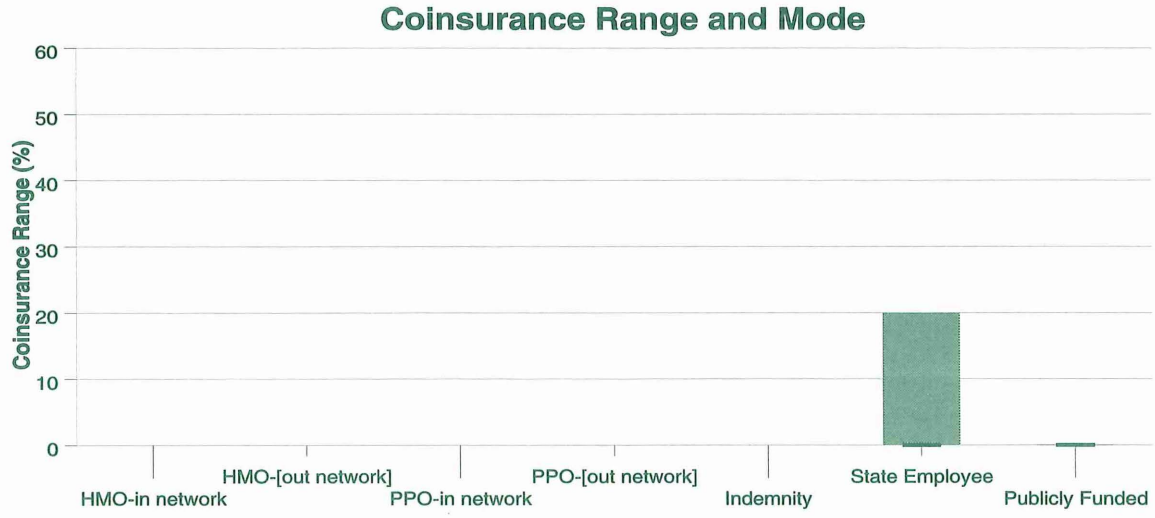
# HEARING AIDS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=7) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *71%* | | *14%* | | |
| $1-$10 | | | | | |
| $11-$20 | *14%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- for dependent children only

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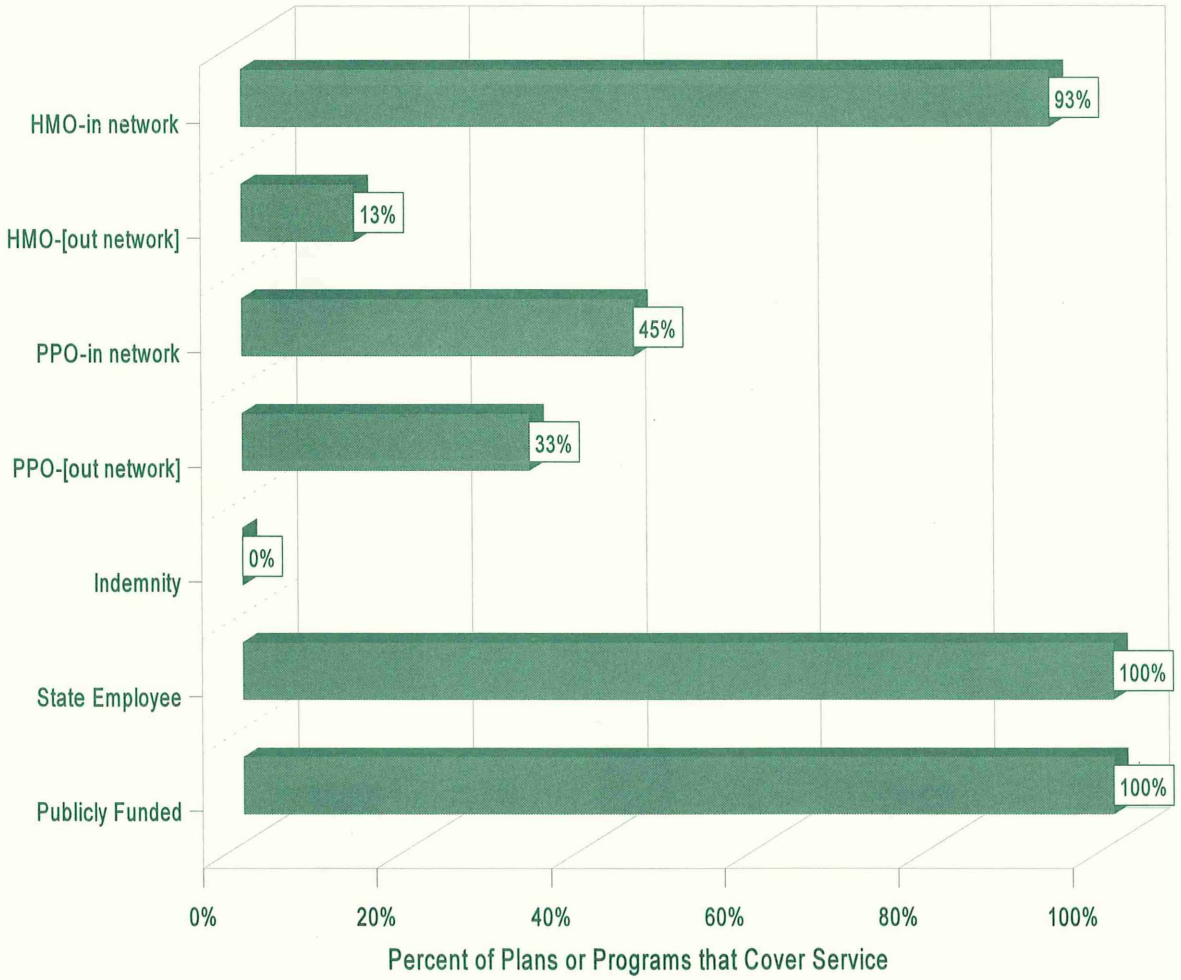
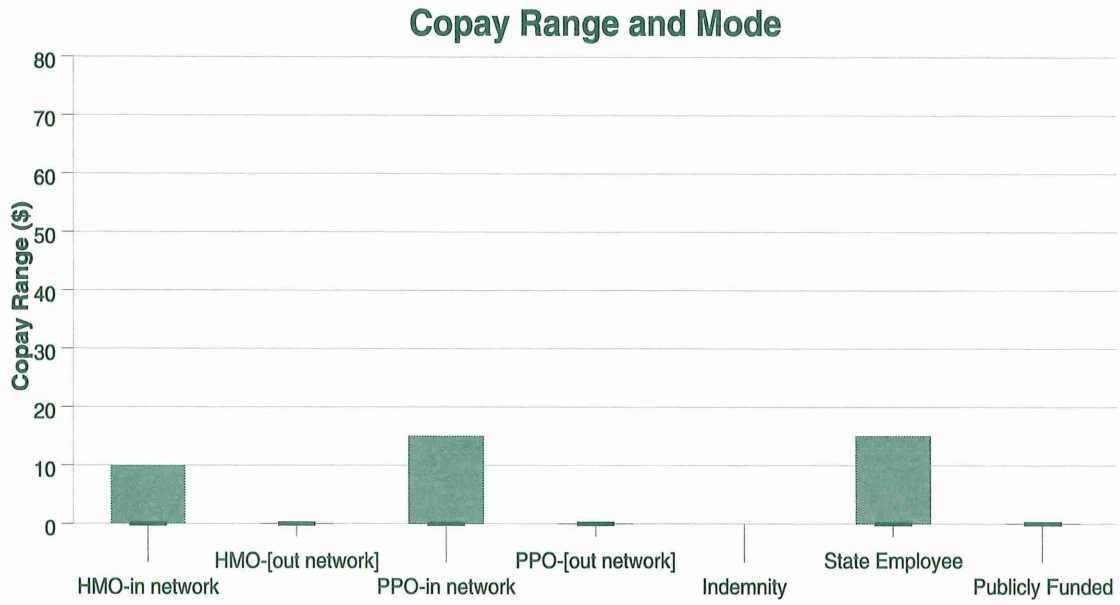
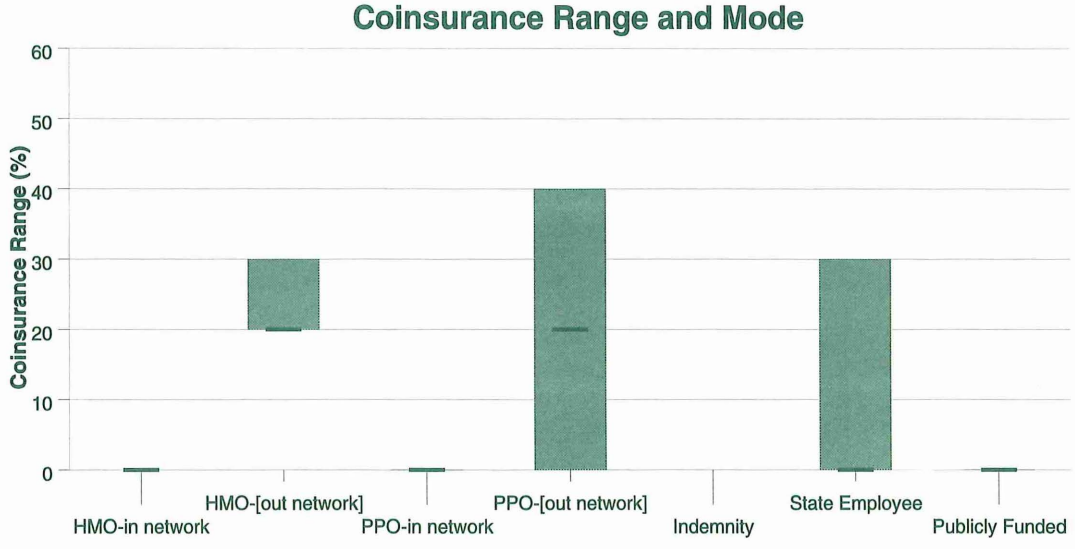
# VISION CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=70) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *74%* | | *6%* | *9%* | *1%* |
| $1-$10 | *9%* | | | | |
| $11-$20 | *1%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage of service up to age 6 or 18
- limited to 1 exam per year
- limited to 1 exam every 2 years

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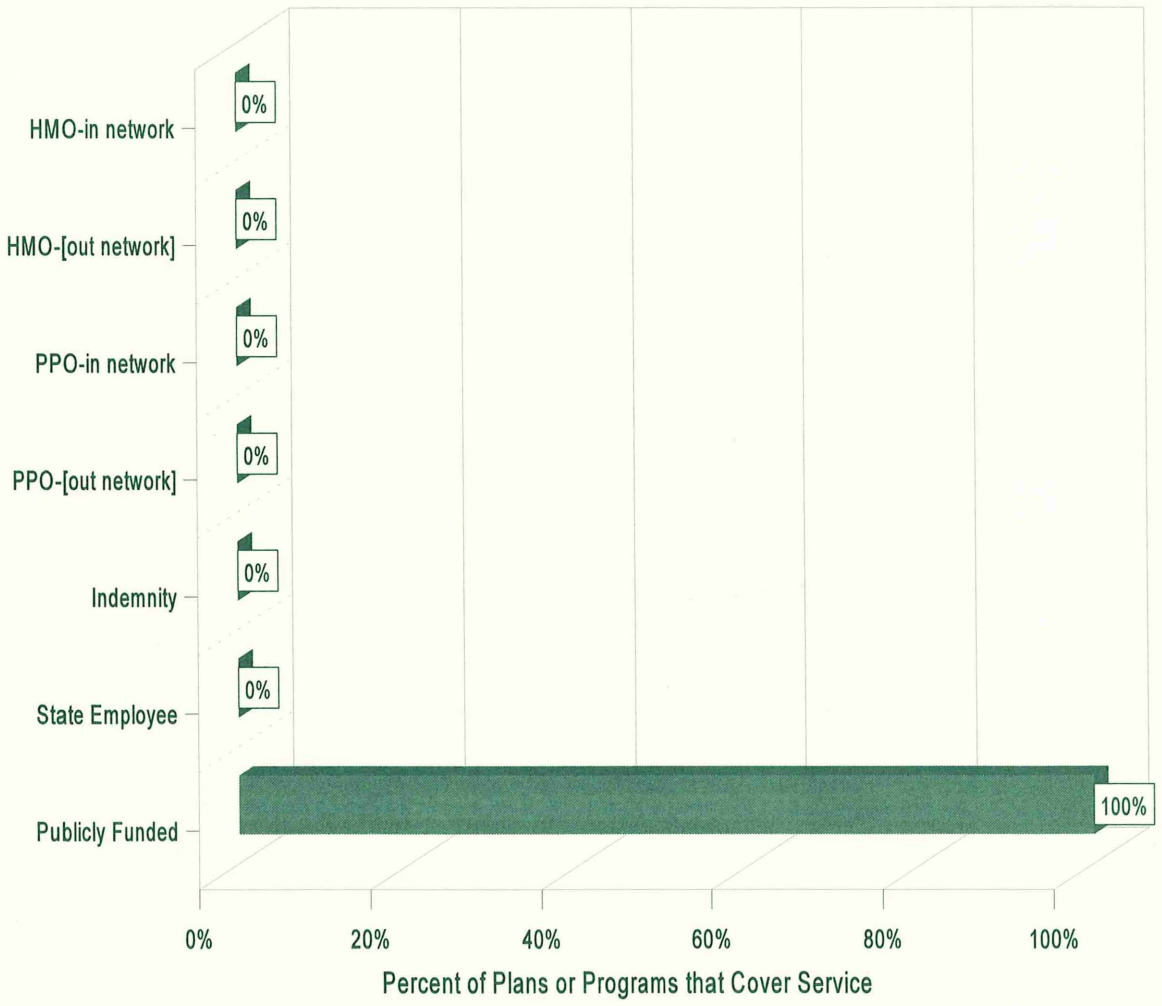
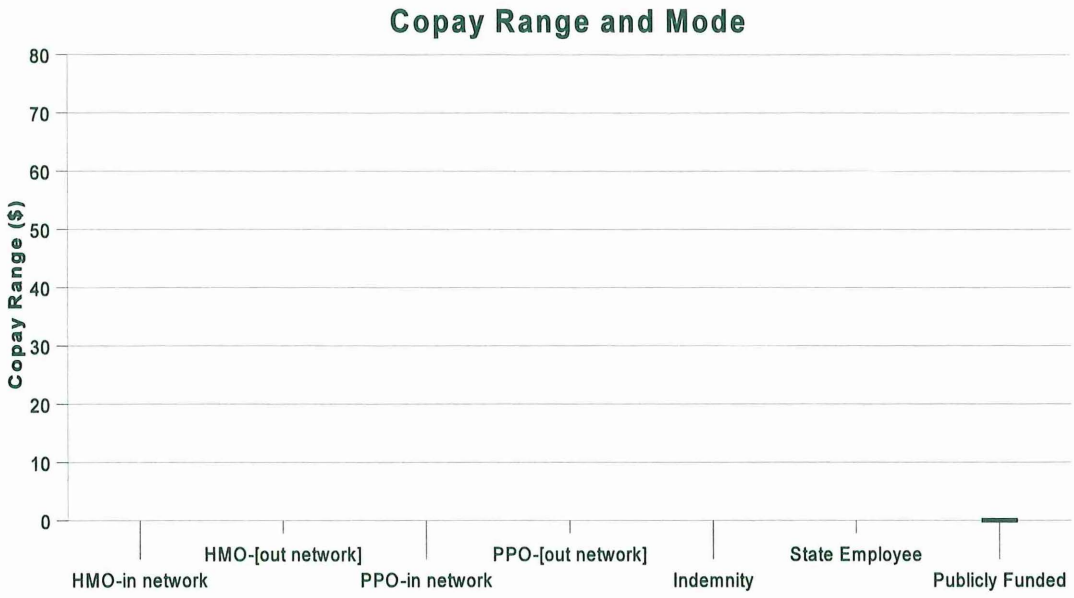
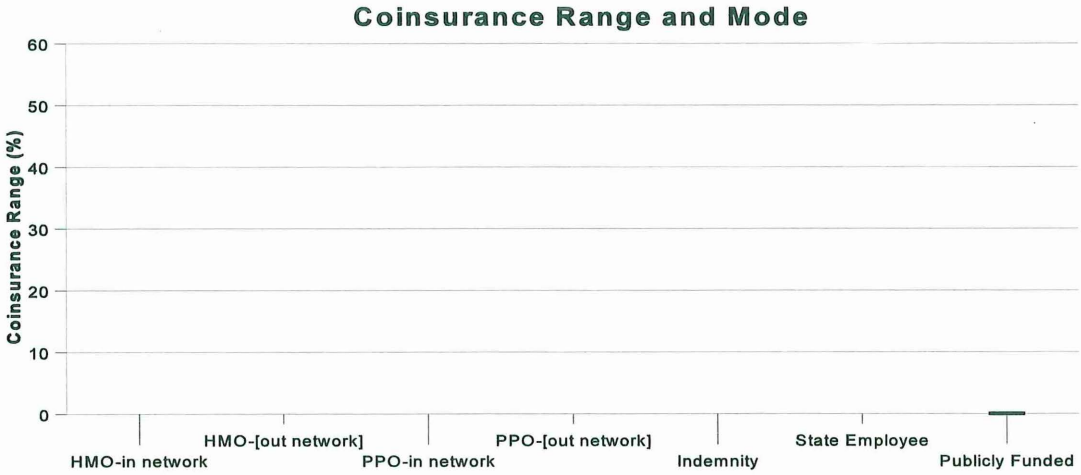
# EYE GLASSES AND CONTACT LENSES

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance | n=0 | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|---|
| | $0 | | | | | |
| | $1-$10 | | | | | |
| | $11-$20 | | | | | |
| | $21-$30 | | | | | |
| | $31-$40 | | | | | |
| | >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- must have prior authorization

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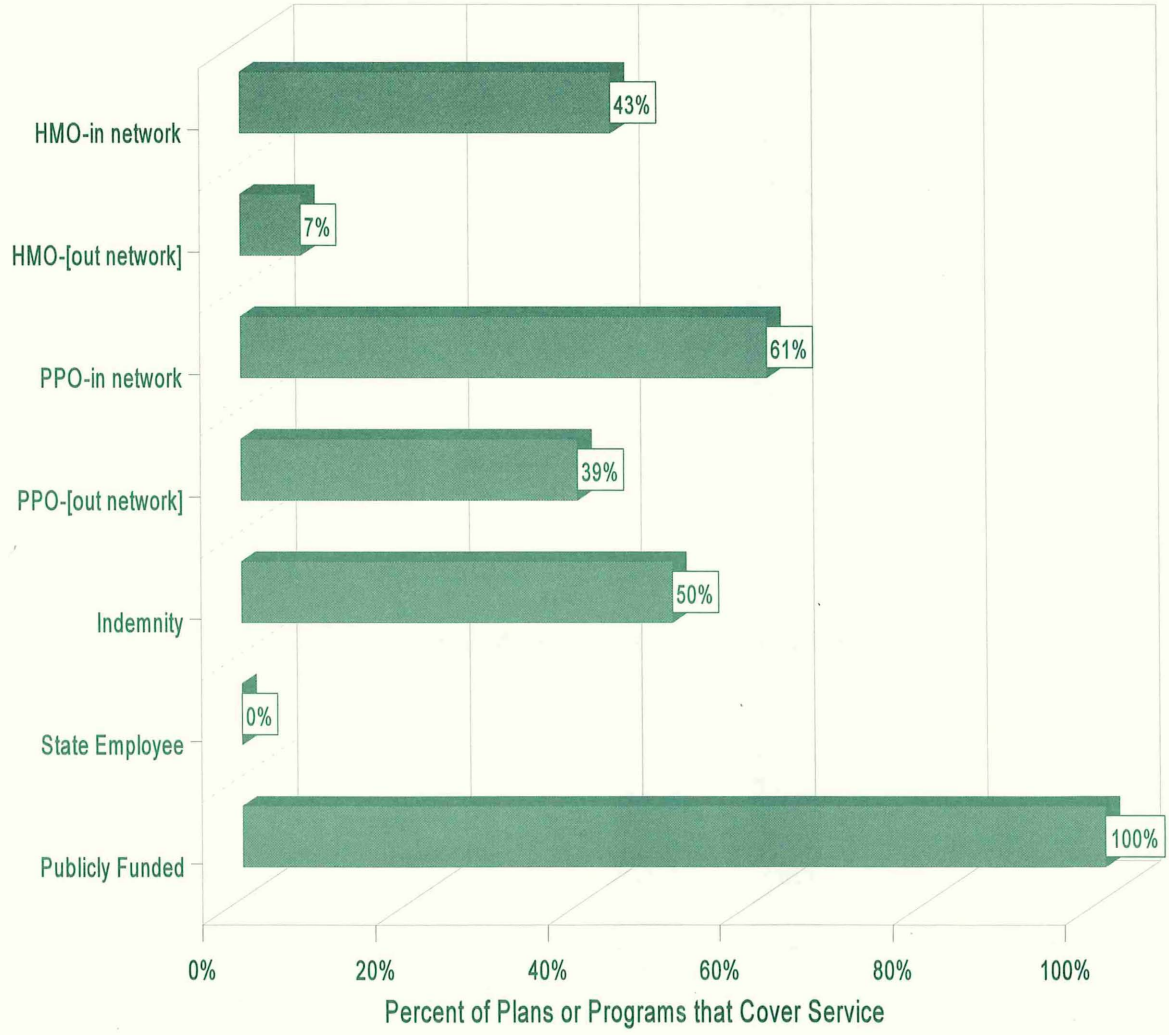
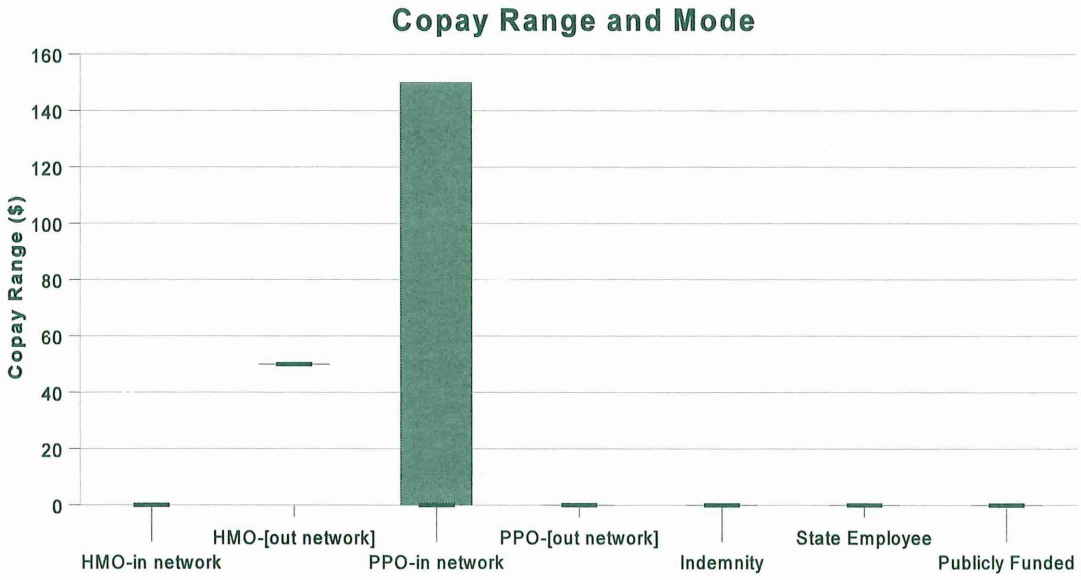
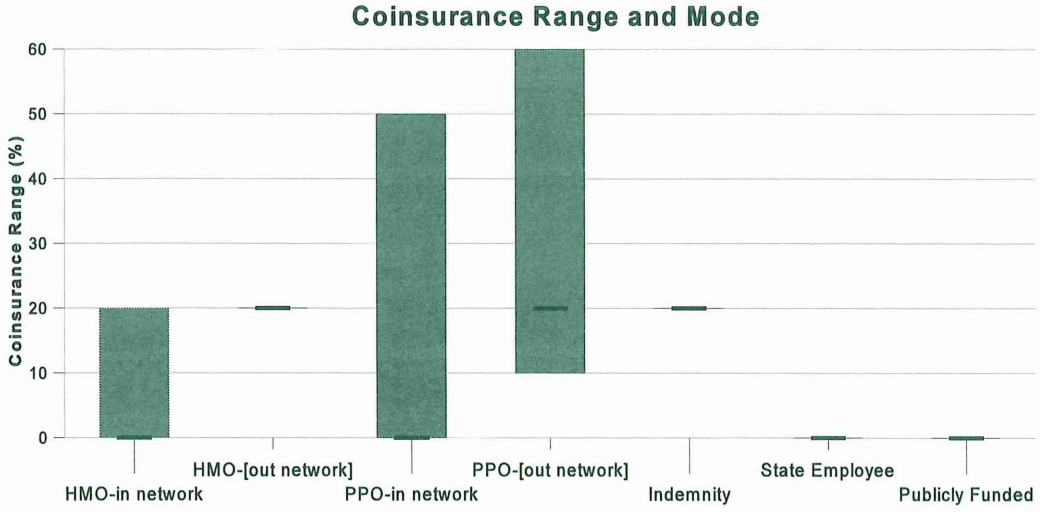
# DENTAL CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

**Combinations of Coinsurance and Copay (% of plans)**
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=58) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *36%* | *3%* | *36%* | *7%* | *9%* |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | 5% | | 3% | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- to restore damage
- to remove impacted teeth
- up to $300 worth of service per year
- for preventive care

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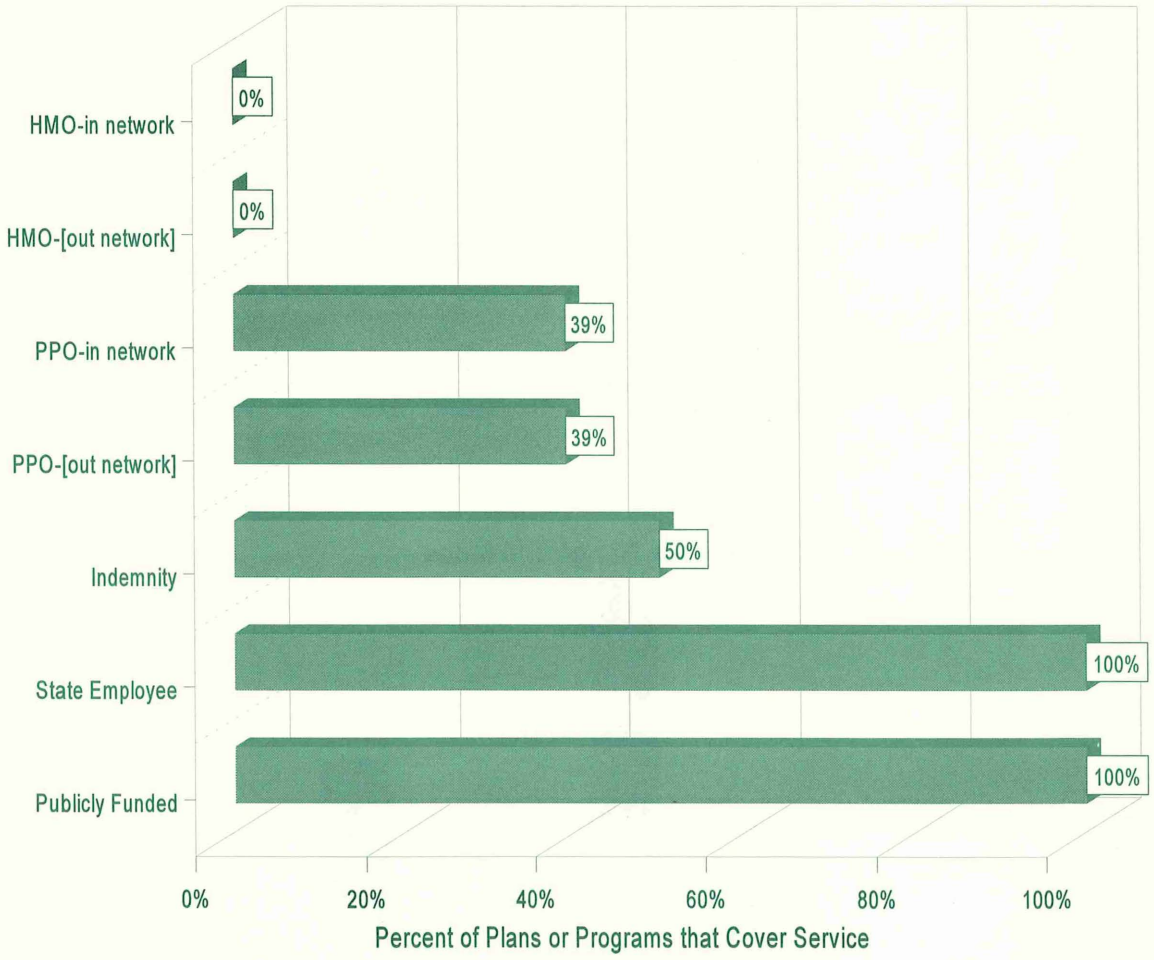
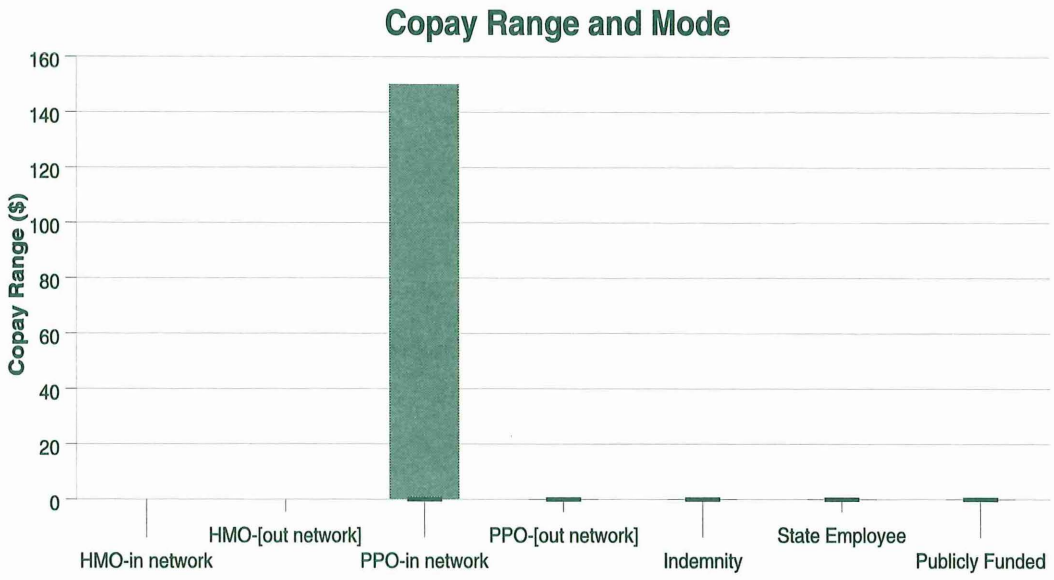
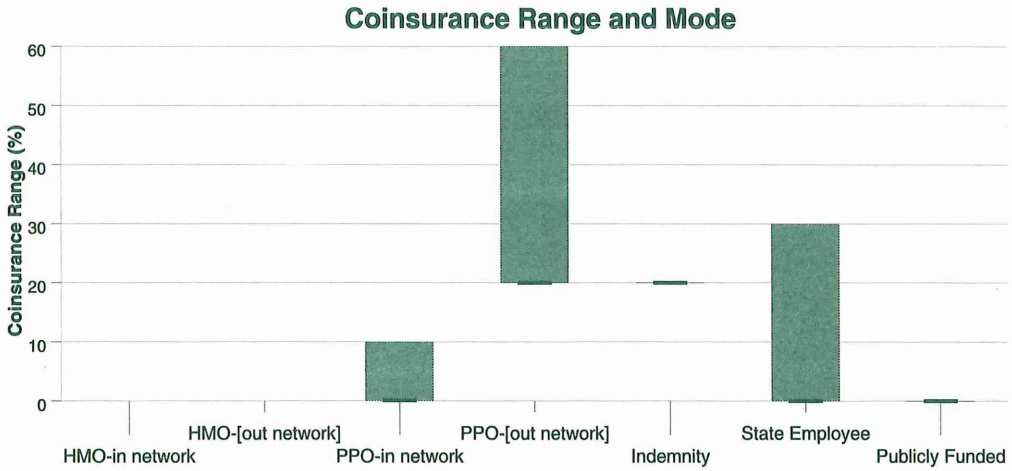
# ORAL SURGERY

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=19) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *32%* | *16%* | *26%* | *5%* | *5%* |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | 16% | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- to restore damage
- to remove impacted teeth

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# Hospital Services

- Hospital (Inpatient)
- Hospital (Outpatient)
- Urgent Care
- Emergency Room
- Ambulance

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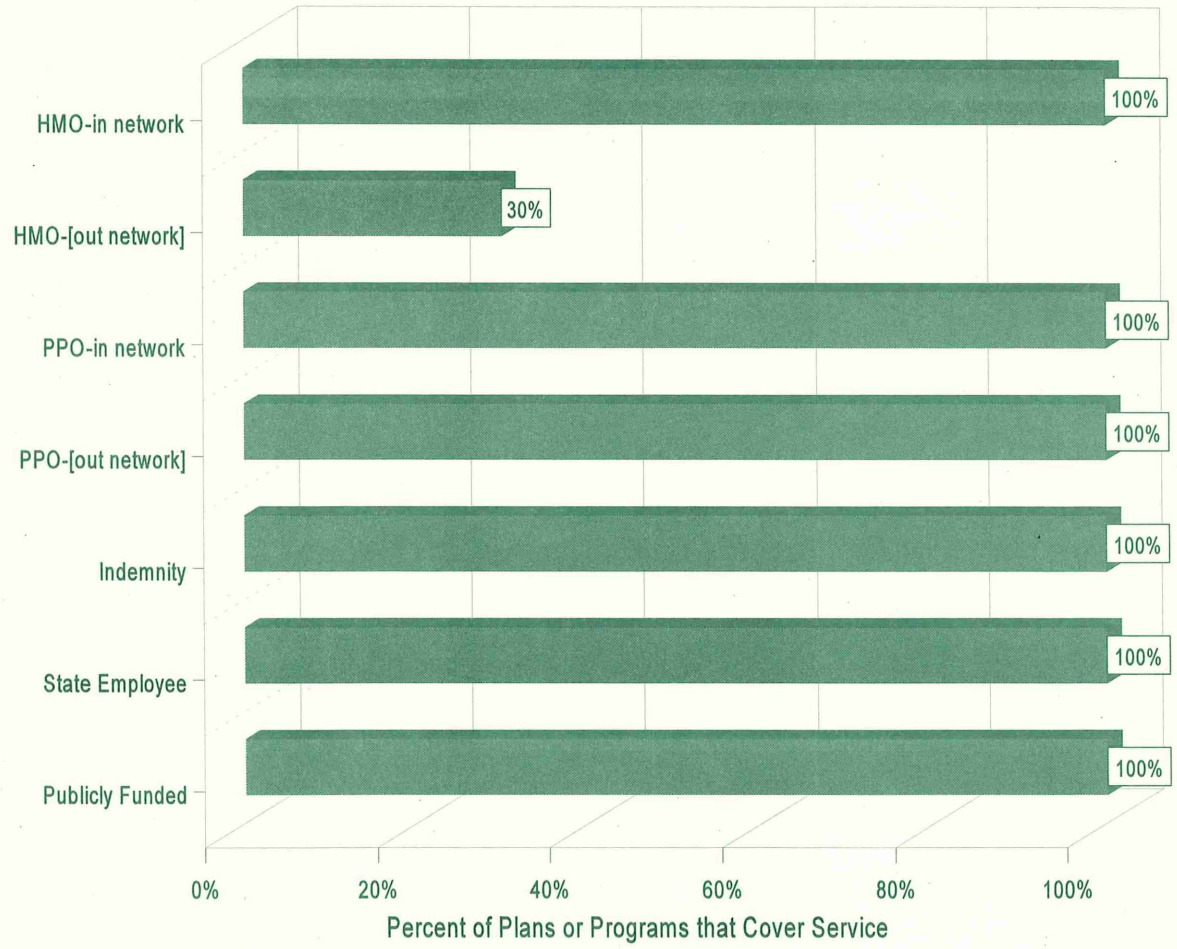
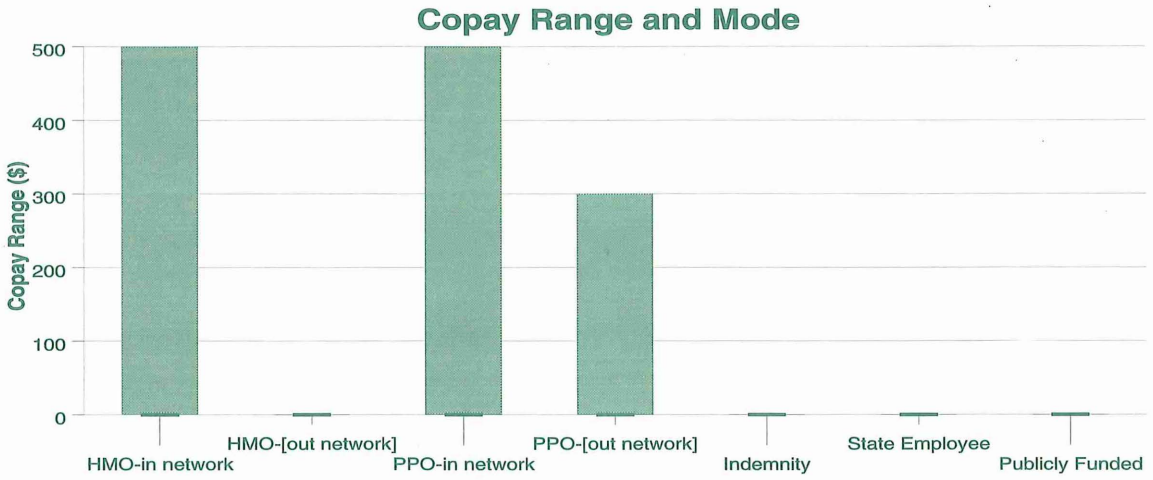
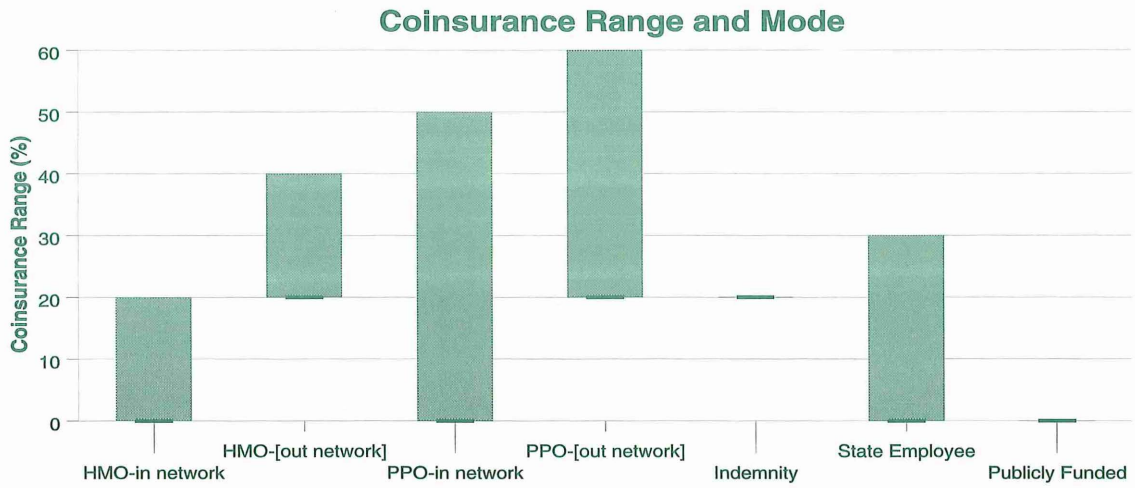
# HOSPITAL CARE (Inpatient)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=113) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *25%* | *8%* | *38%* | *12%* | *8%* |
| $1-$10 | *.9%* | | | | |
| $11-$20 | *2%* | *.9%* | | | |
| $21-$30 | 3% | | 2% | .9% | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- up to 120 or 365 days of service per period of confinement

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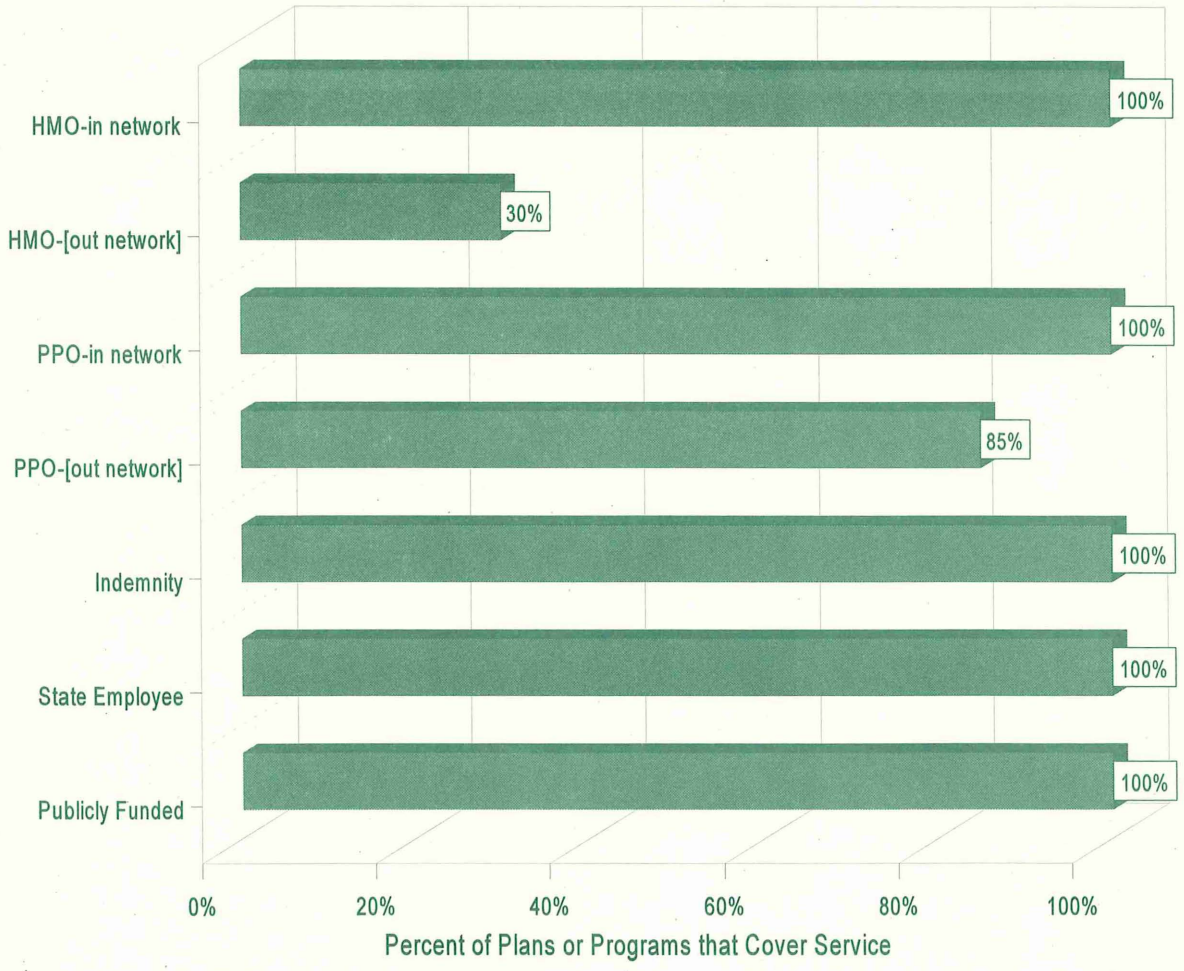
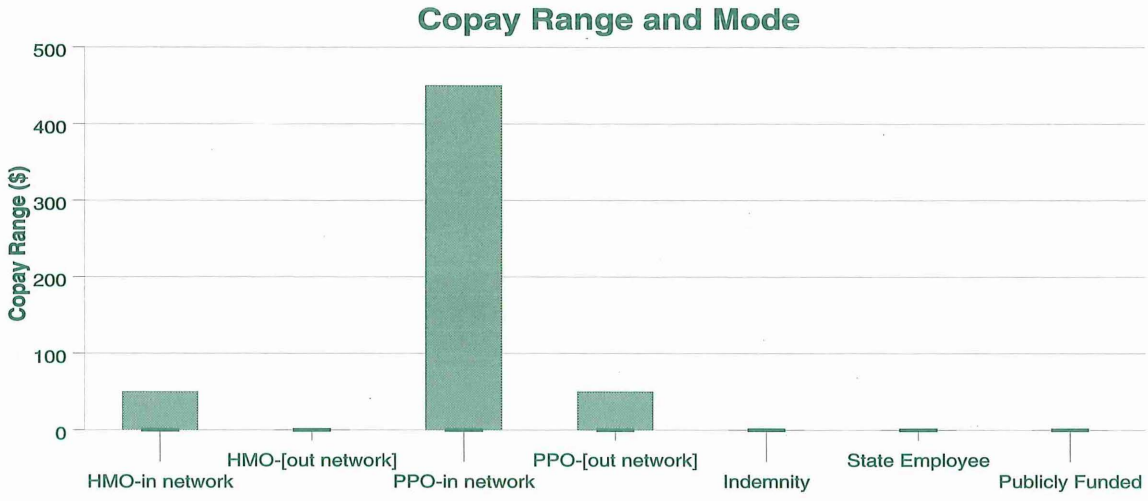
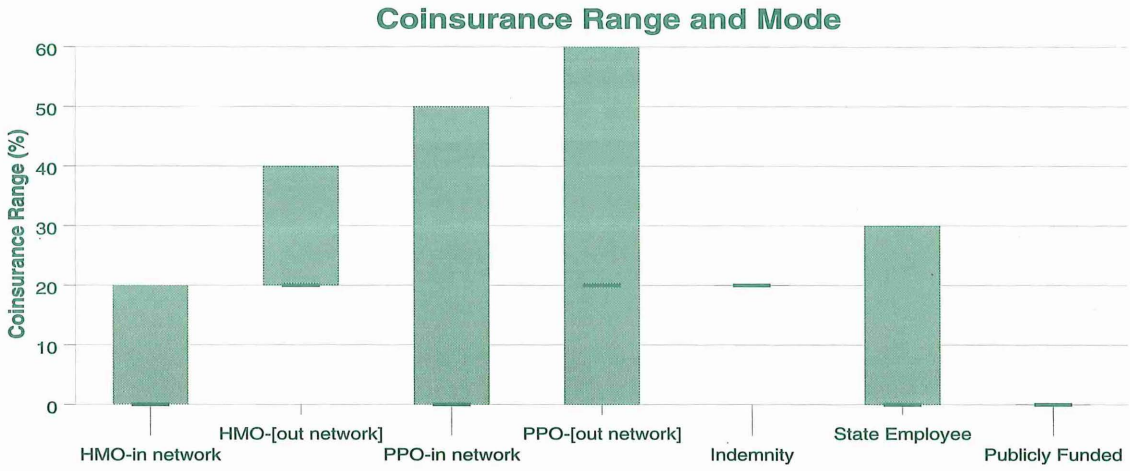
# HOSPITAL CARE (Outpatient)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=116) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *30%* | *7%* | *31%* | *9%* | *9%* |
| $1-$10 | *3%* | | *1%* | *1%* | |
| $11-$20 | *1%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | 3% | | 3% | 1% | 1% |

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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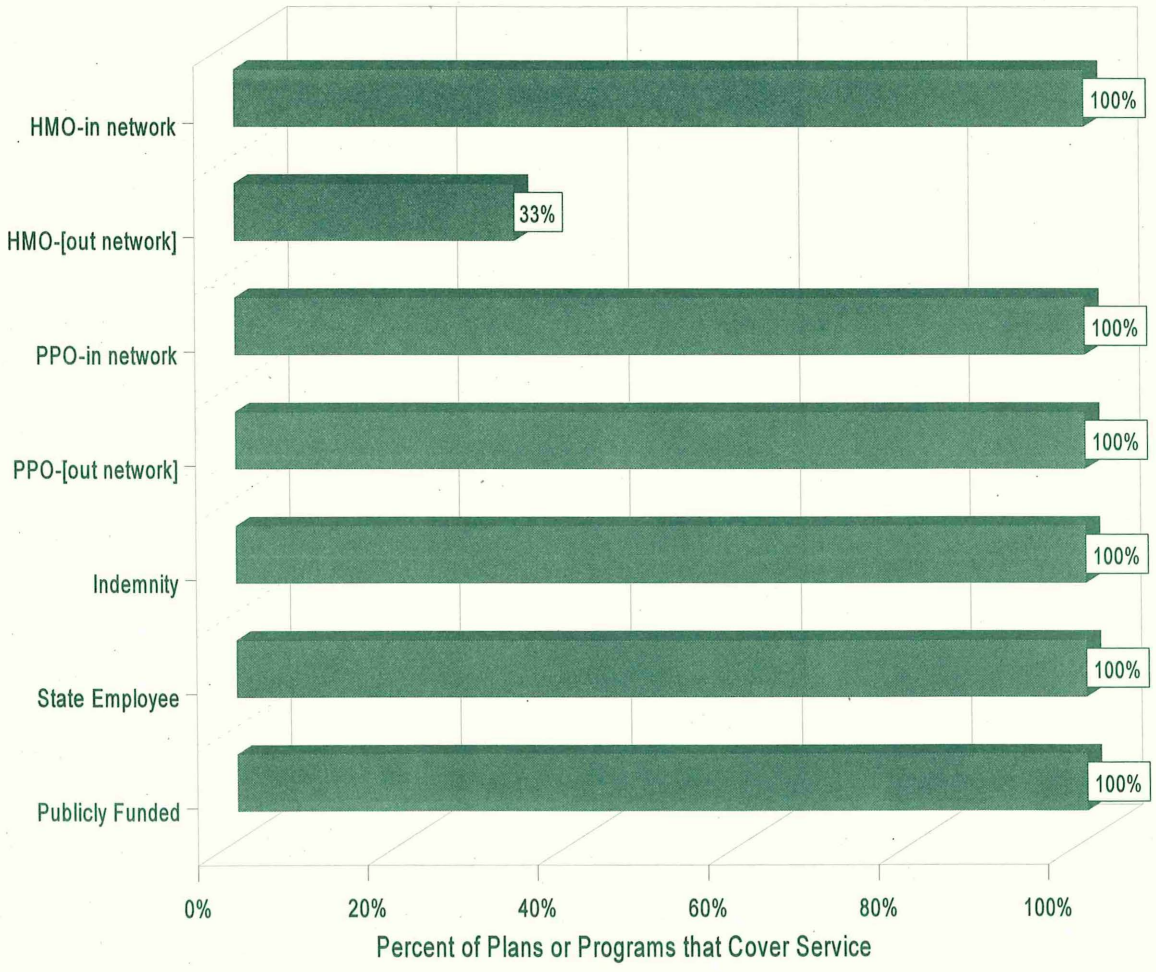
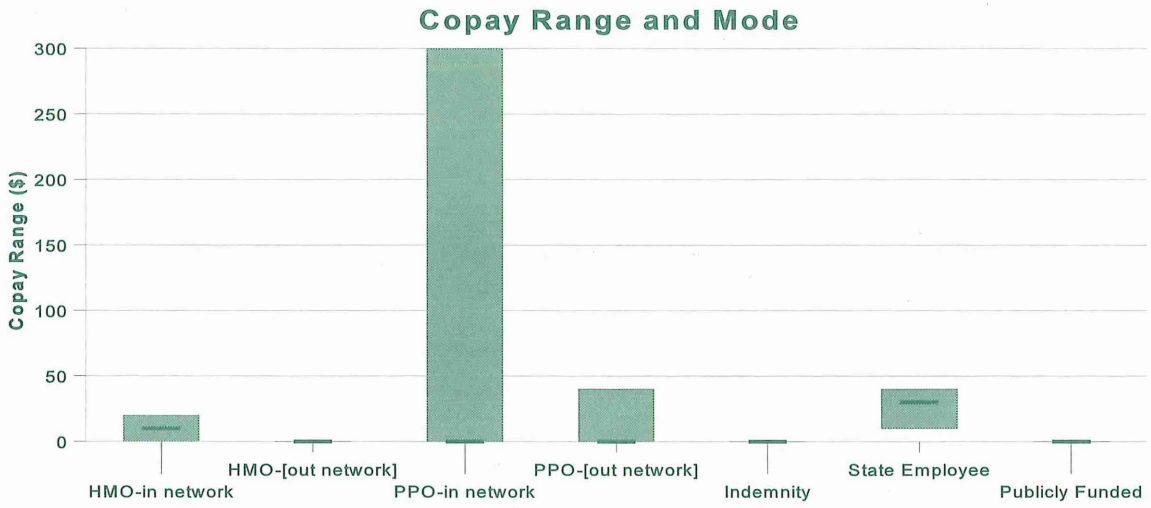
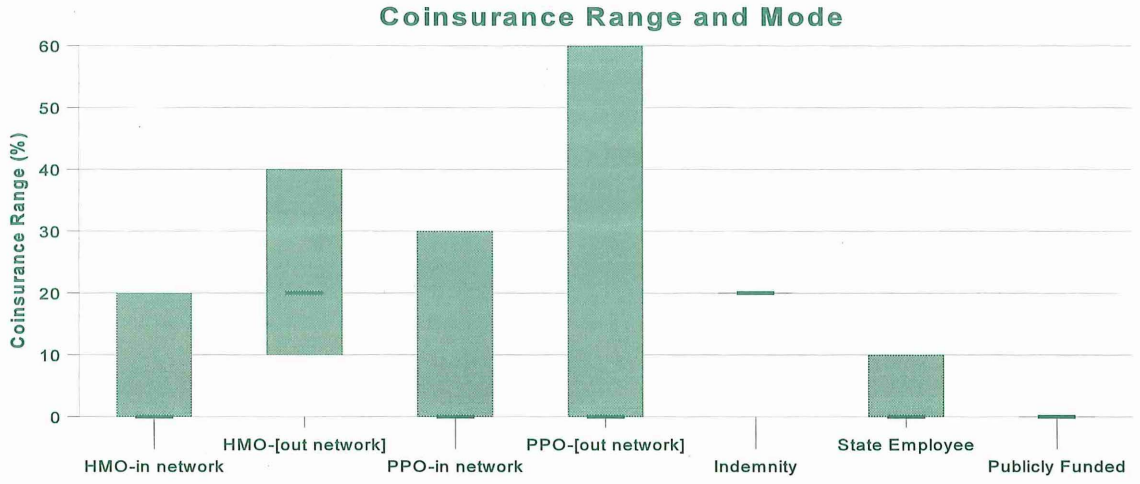
# URGENT CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=113) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *13%* | *4%* | *25%* | *6%* | *7%* |
| $1-$10 | *17%* | *2%* | | | |
| $11-$20 | *4%* | | *3%* | | |
| $21-$30 | 6% | 1% | | | |
| $31-$40 | 11% | | | | |
| >$40 | 1% | 1% | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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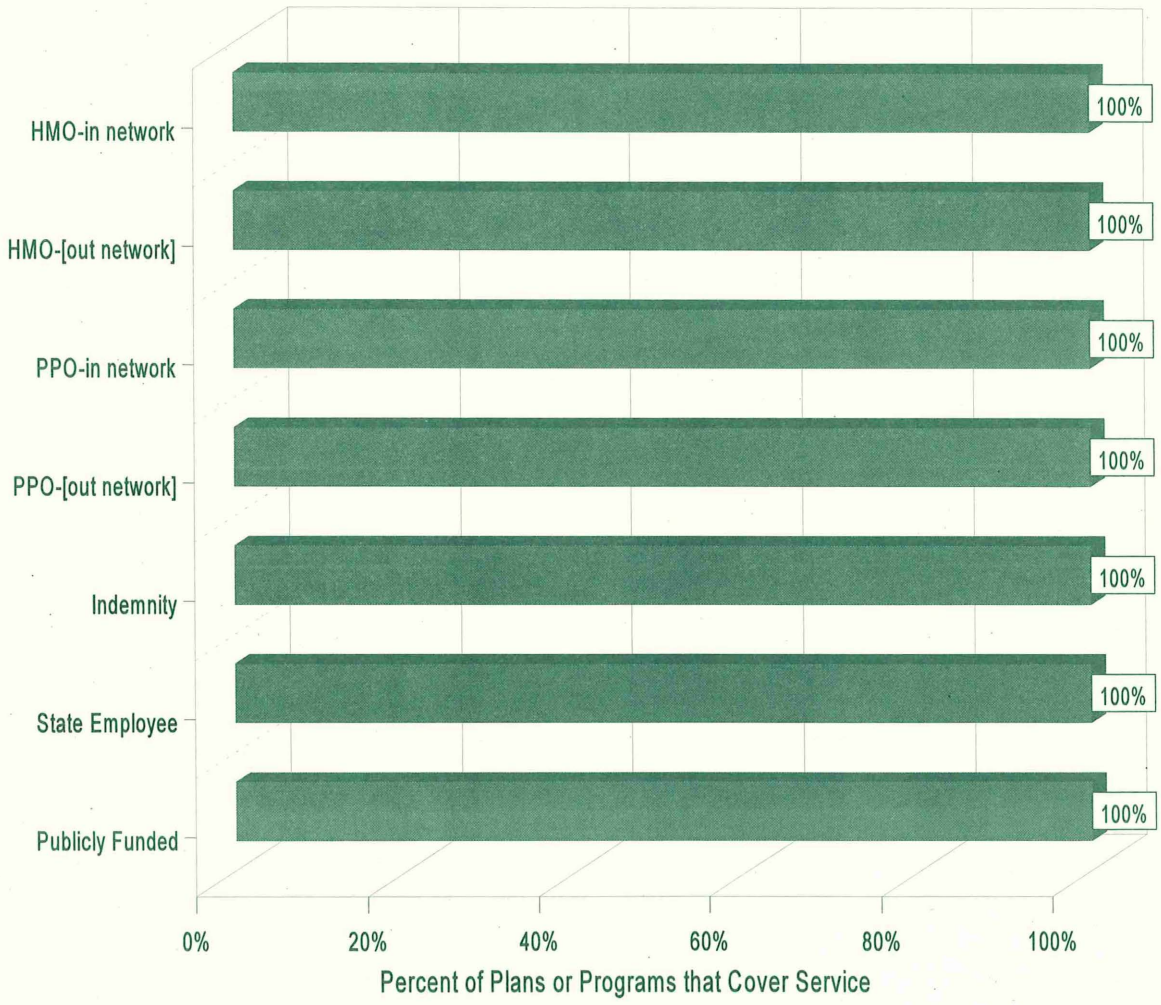
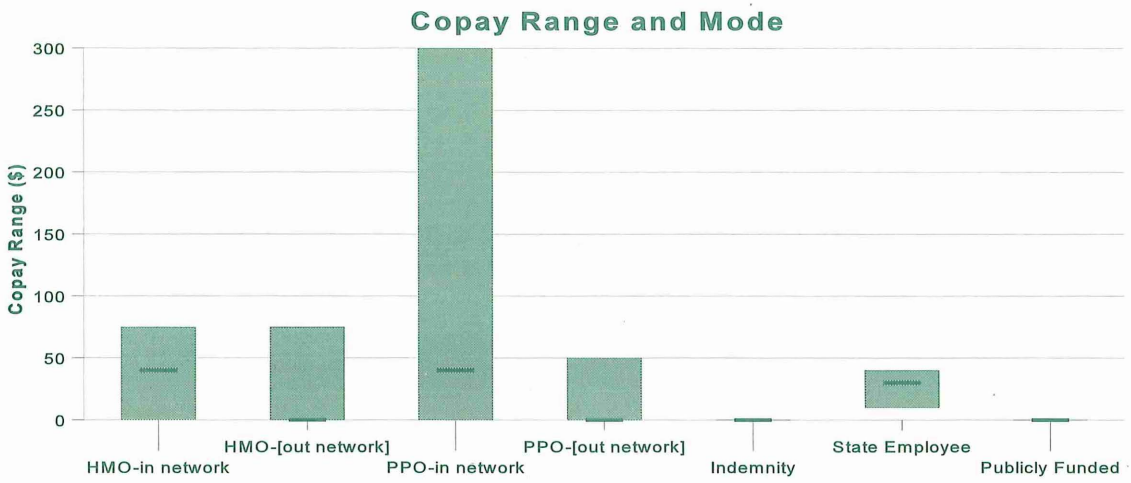
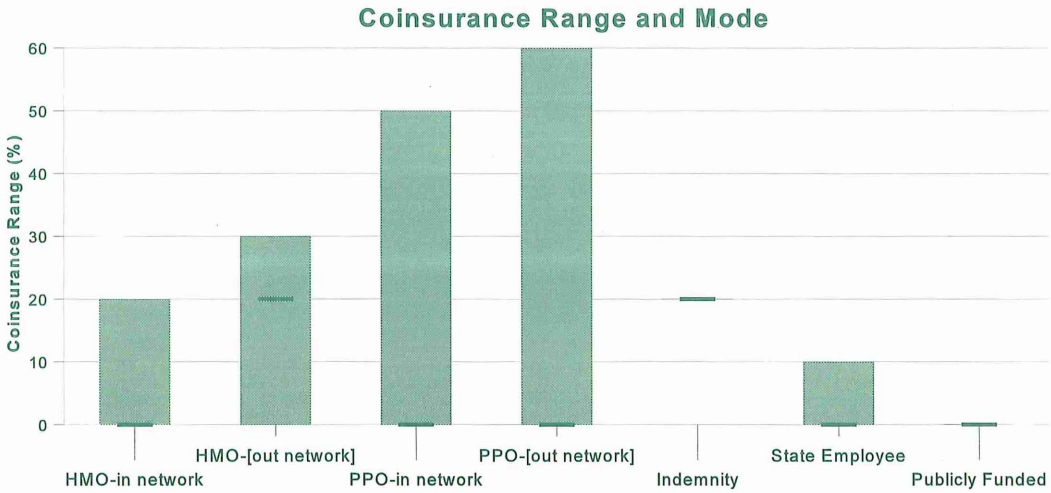
# EMERGENCY ROOM

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=114) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *4%* | *4%* | *26%* | *5%* | *6%* |
| $1-$10 | | *2%* | | | |
| $11-$20 | | | | | |
| $21-$30 | 12% | 2% | 1% | 1% | 1% |
| $31-$40 | 23% | | | | |
| >$40 | 9% | 1% | 3% | | 1% |

n=number of plans that cover service

## What are the common limitations associated with this service?

- Copay waived if admitted to hospital

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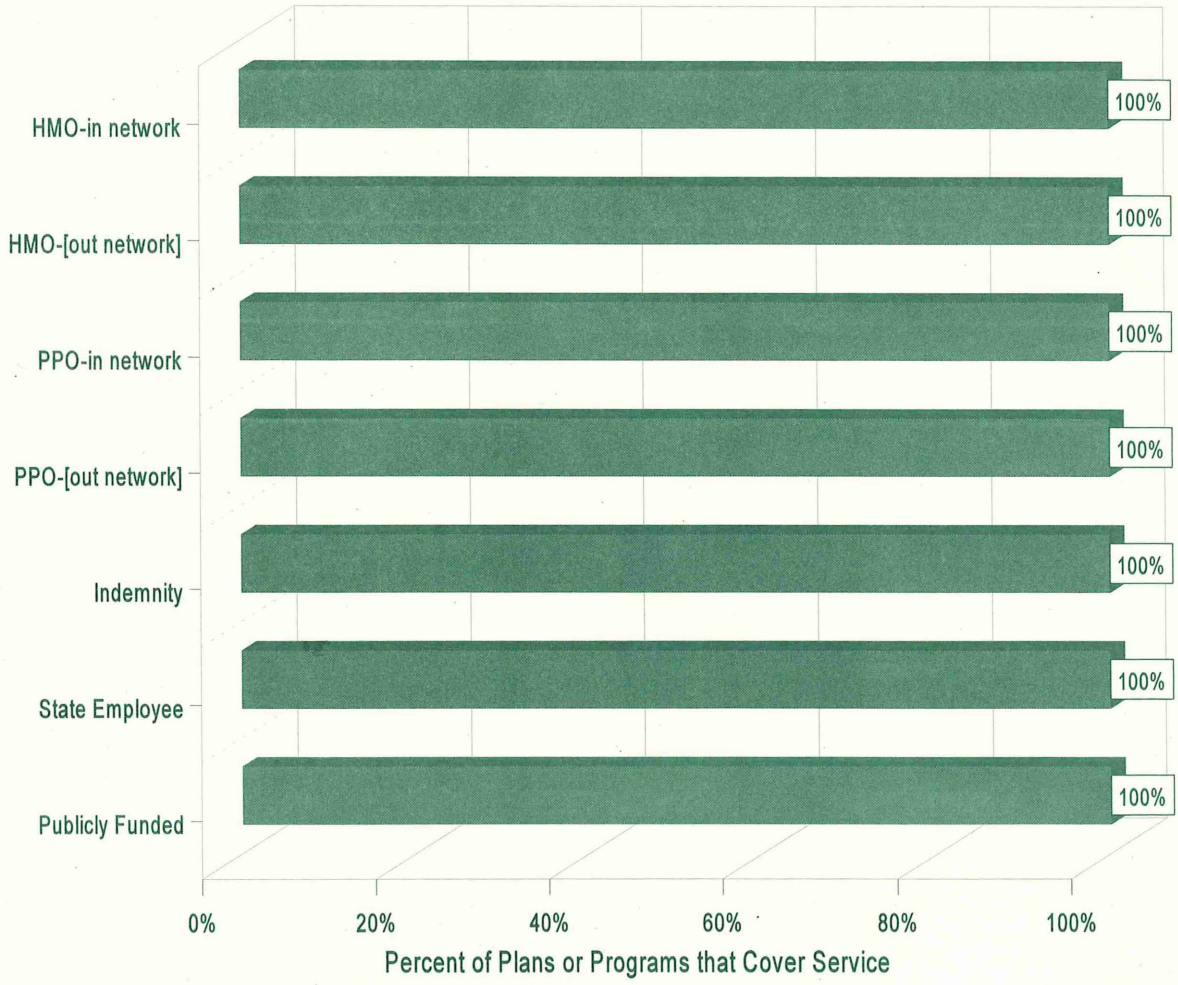
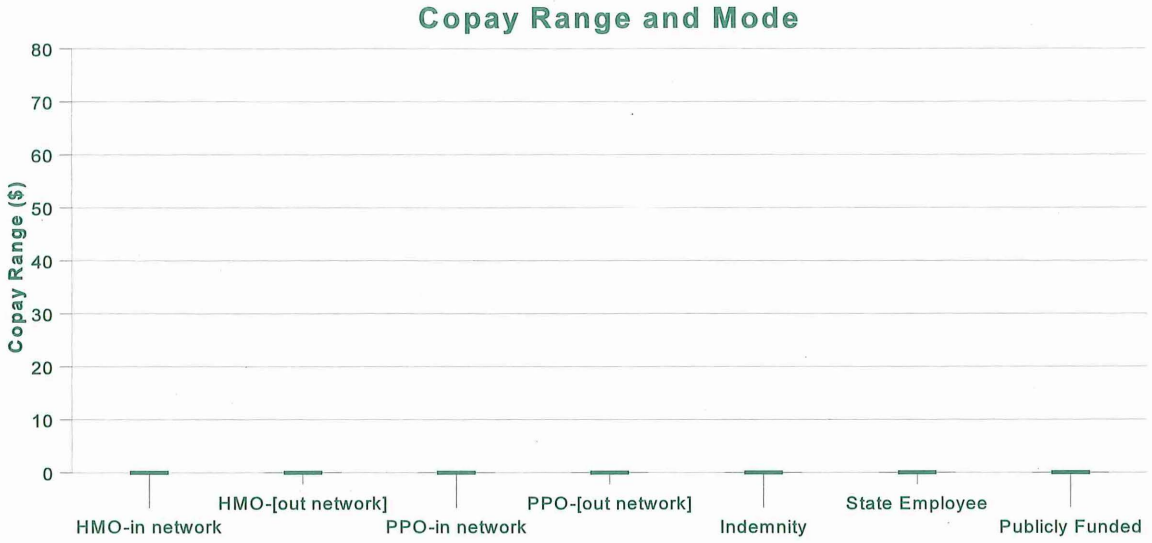
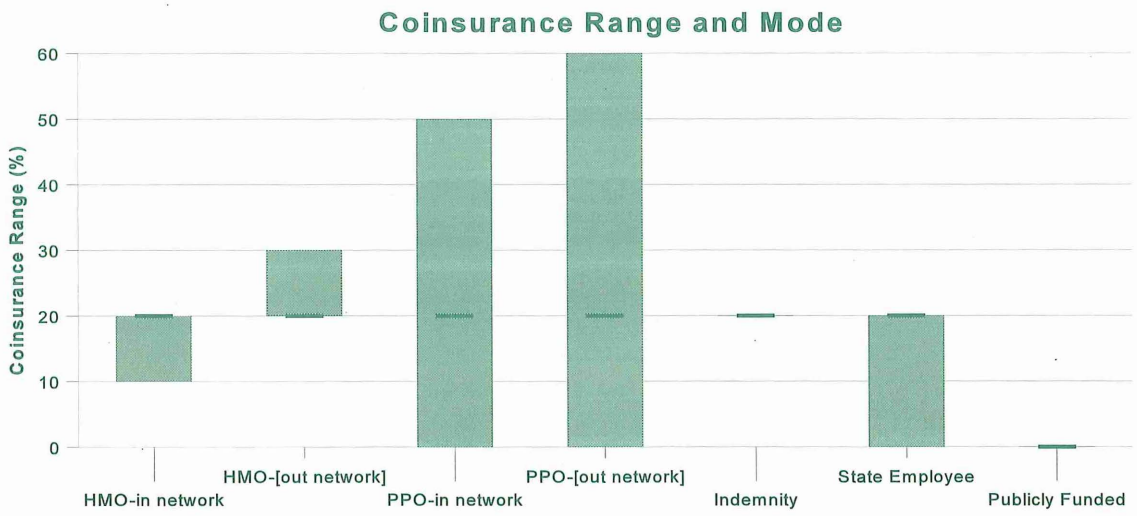
# AMBULANCE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=132) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *5%* | *8%* | *74%* | *5%* | *5%* |
| $1-$10 | *2%* | | | | |
| $11-$20 | *2%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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# Mental Health Care Services

- Mental Health (Inpatient)
- Mental Health (Outpatient)

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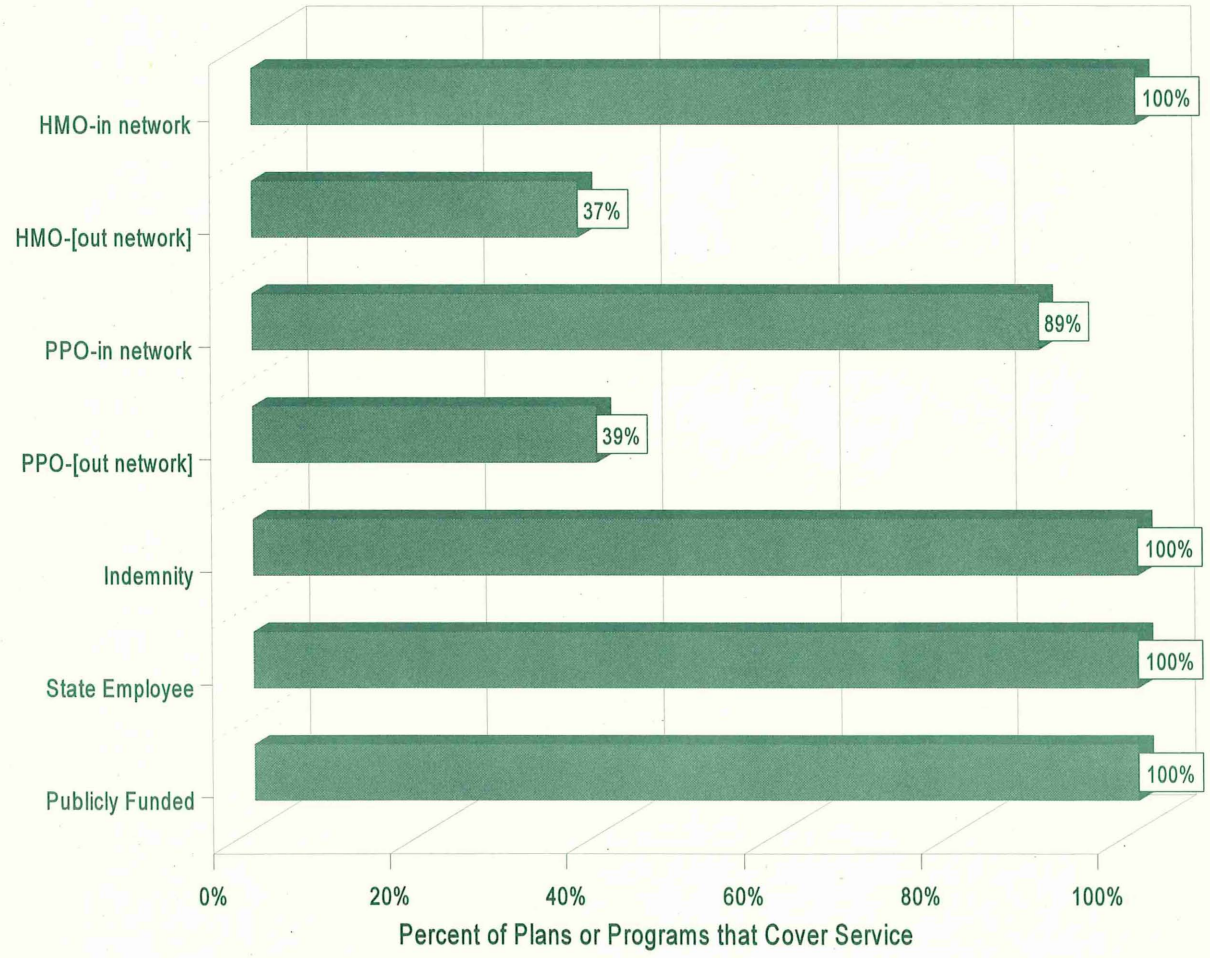
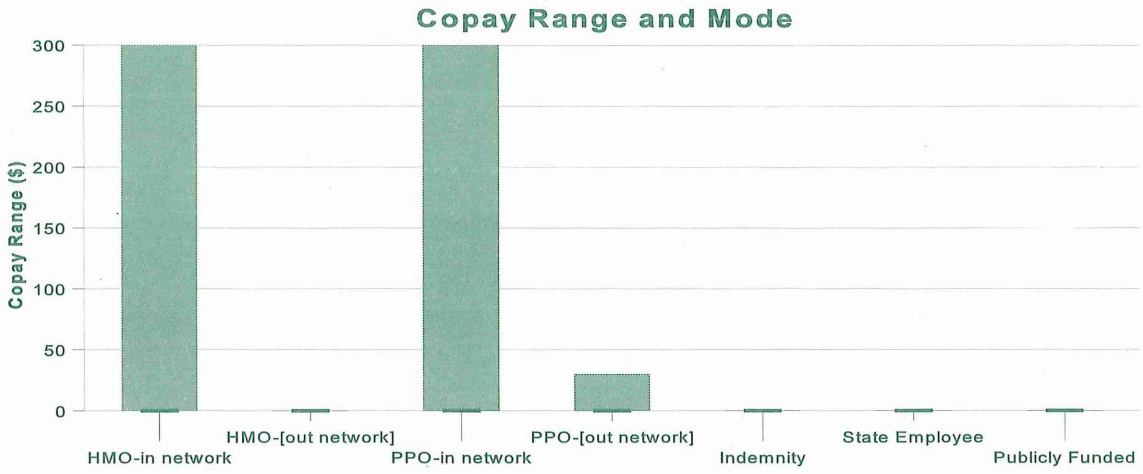
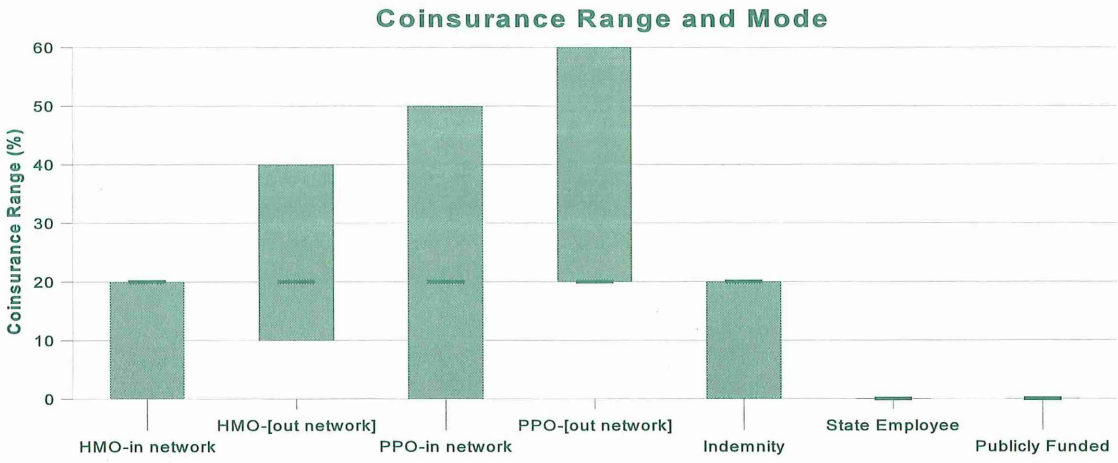
# MENTAL HEALTH (Inpatient)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=95) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *28%* | *11%* | *43%* | *5%* | *4%* |
| $1-$10 | | *1%* | | *1%* | |
| $11-$20 | *1%* | | | | *1%* |
| $21-$30 | 1% | | | | |
| $31-$40 | | | | | |
| >$40 | 2% | | 2% | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- covered only if amenable to favorable modification
- limited to 30, 60, 73 or 365 days of service per year
- limited to 30 days per lifetime
- limited to $10,000 worth of service per year
- limited to $25,000 or $100,000 worth of service per lifetime

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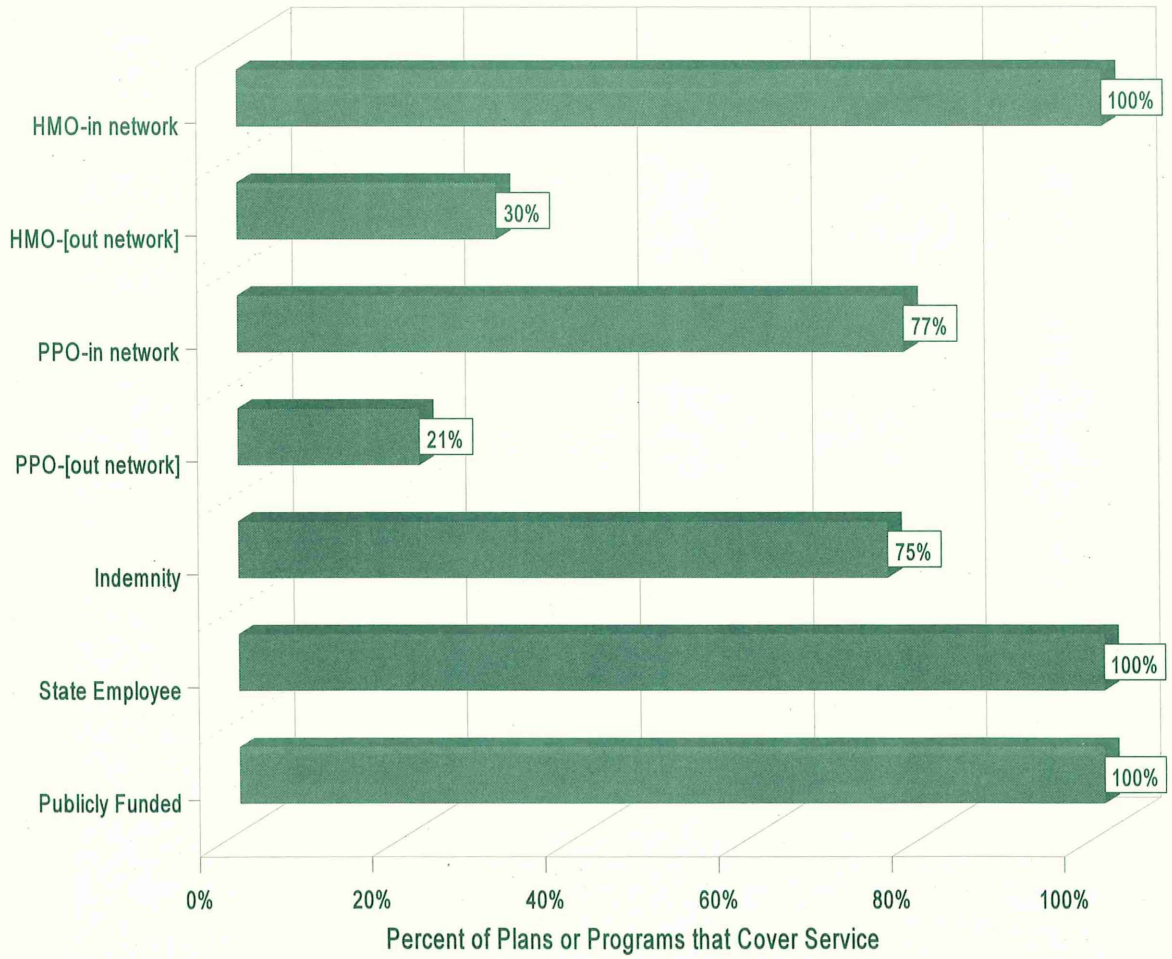
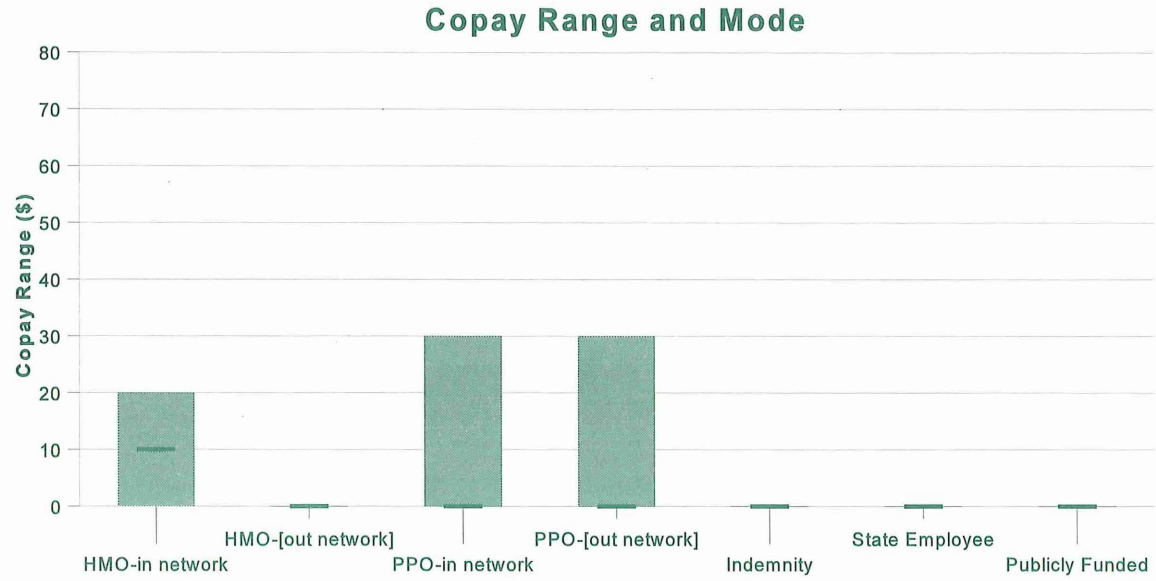
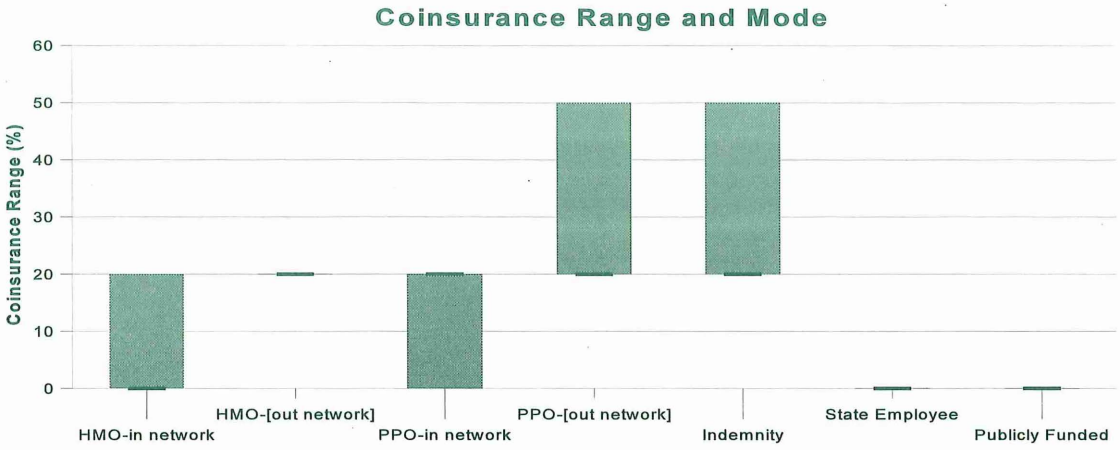
# MENTAL HEALTH (Outpatient)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=82) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *18%* | *5%* | *38%* | *2%* | *2%* |
| $1-$10 | *23%* | | | | |
| $11-$20 | *6%* | *1%* | | *1%* | |
| $21-$30 | 1% | | | | 15% |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- covered only if amenable to favorable modification
- limited to 40 or 50 one hour visits per year
- limited to 10 hours of service per year
- limited to 365 days of service per year
- limited to $100,000 worth of service per lifetime

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# Chemical Health Care Services

- Chemical Health (Inpatient)
- Chemical Health (Outpatient)

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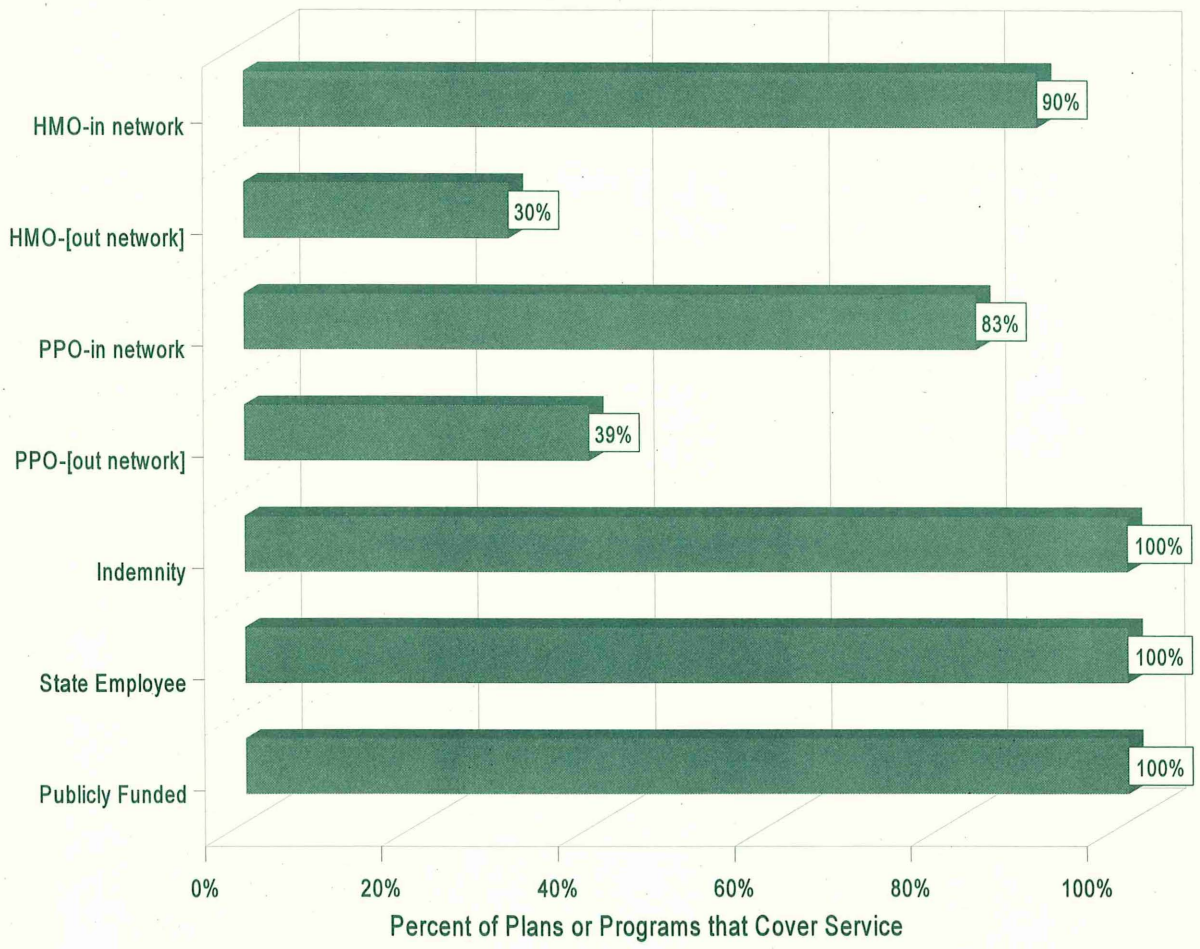
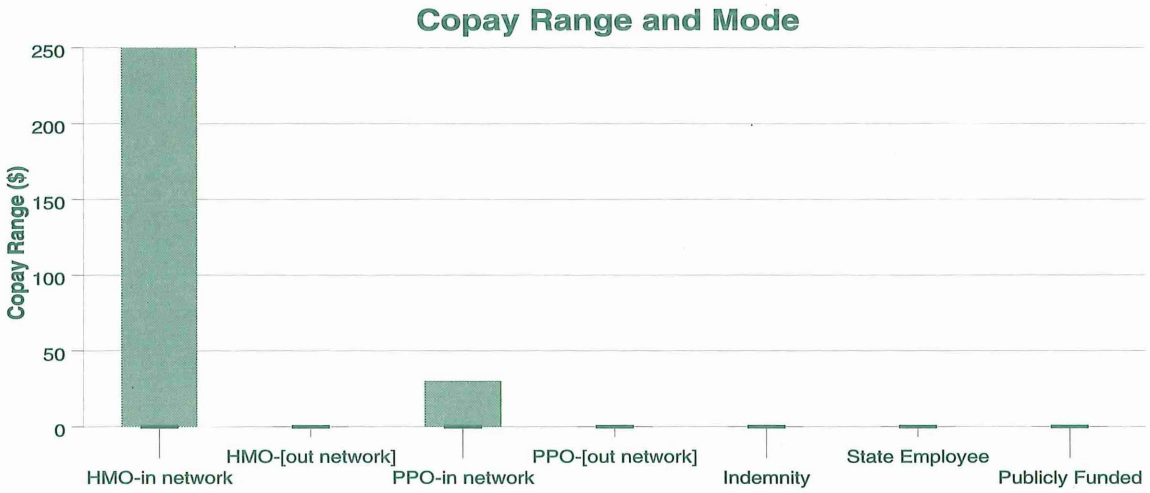
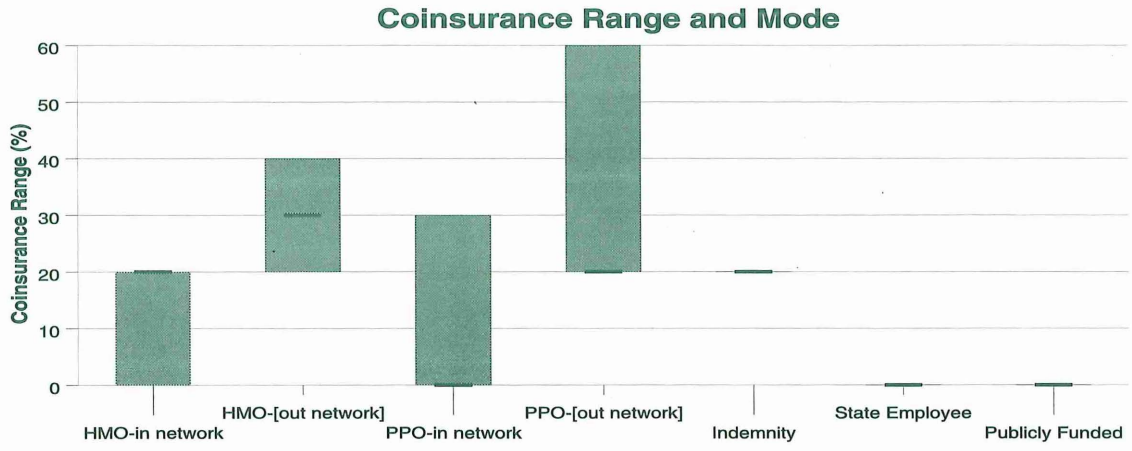
# CHEMICAL HEALTH (Inpatient)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=90) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *22%* | *6%* | *43%* | *13%* | *4%* |
| $1-$10 | *2%* | | | | |
| $11-$20 | *1%* | *1%* | | | |
| $21-$30 | 2% | | | | |
| $31-$40 | 2% | | | | |
| >$40 | 2% | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- limited to 28, 73 or 365 days of service per year
- limited to 73 or 365 days of service per period of confinement
- lifetime limit of $10,000 or $25,000 worth of service
- must initially sign up for service or not available

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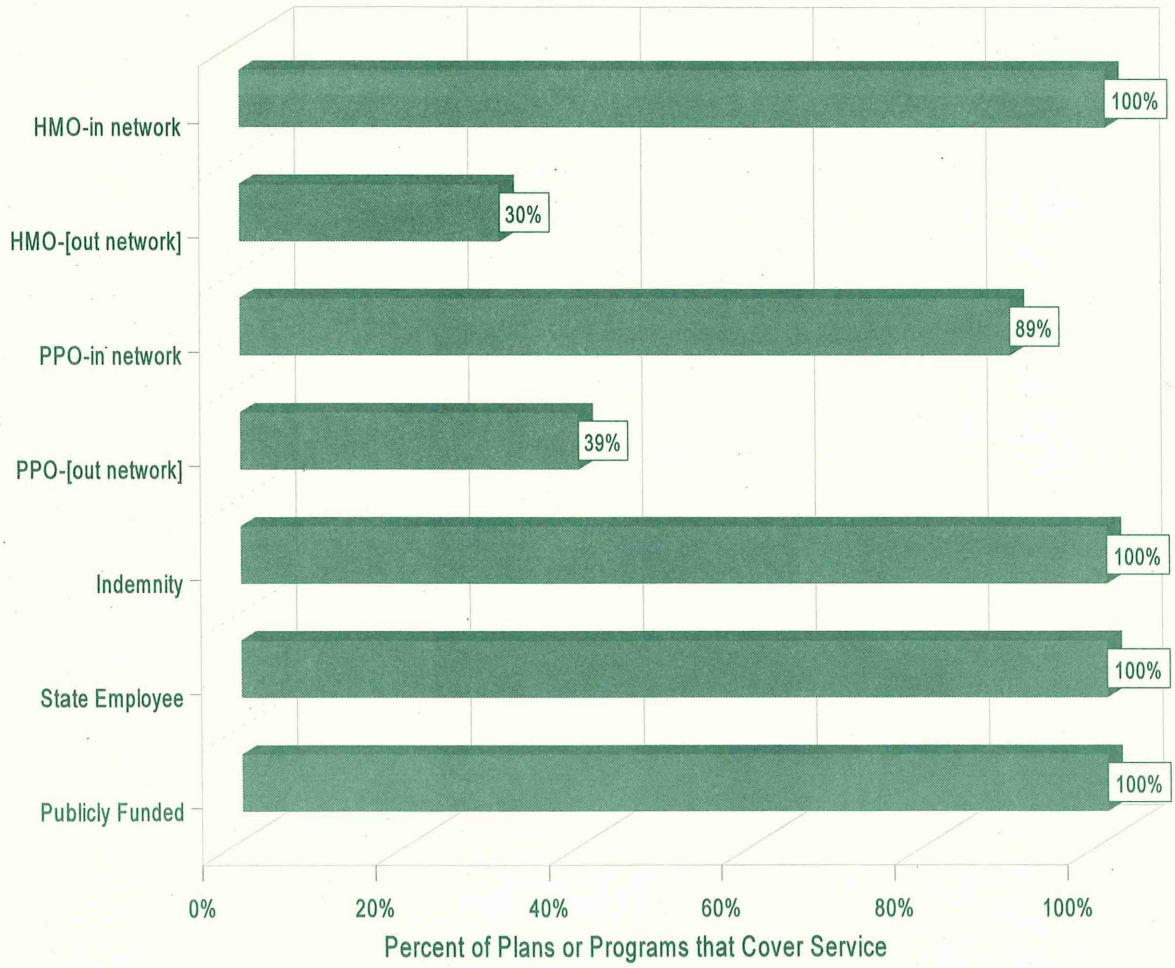
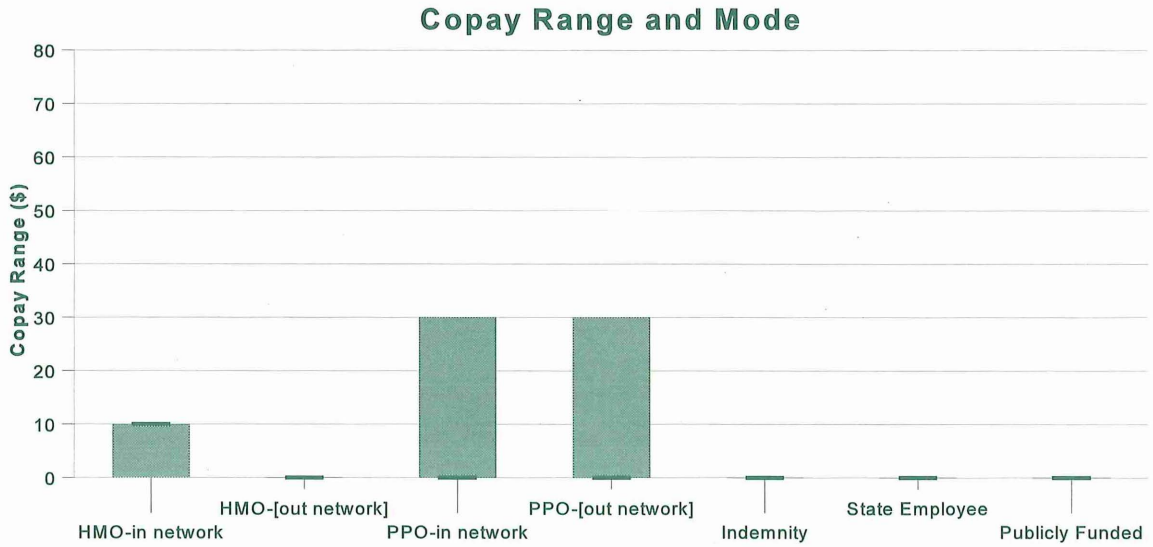
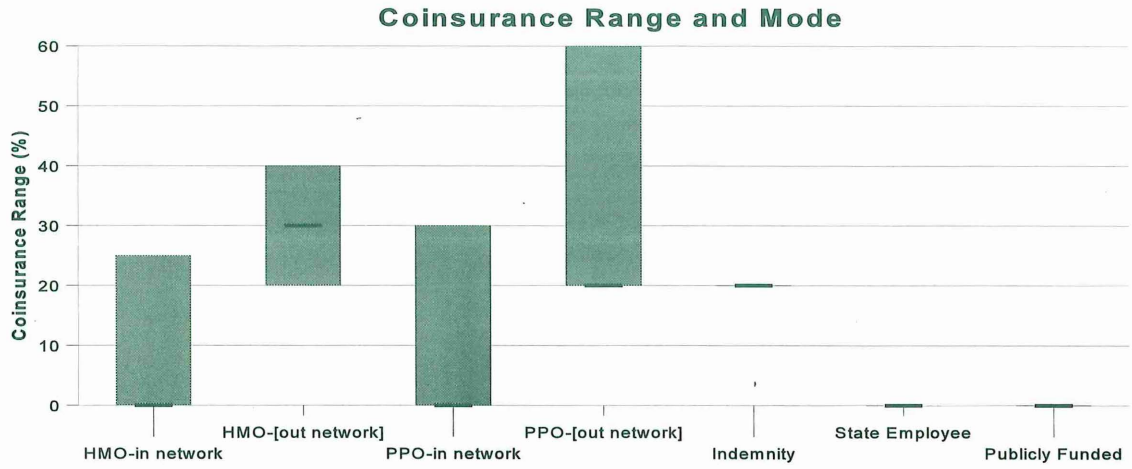
# CHEMICAL HEALTH (Outpatient)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=92) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *21%* | *4%* | *24%* | *15%* | *2%* |
| $1-$10 | *24%* | | | | |
| $11-$20 | *3%* | *1%* | | *1%* | |
| $21-$30 | 3% | | | | 1% |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- limited to 10, 60 or 130 hours of service per year
- limited to 20 or 50 visits per year
- must initially sign up for service or not available

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# Medications

- Prescription Drugs (Formulary)
- Prescription Drugs (Non-Formulary)
- Over-the-Counter Drugs
- Nutritional Products

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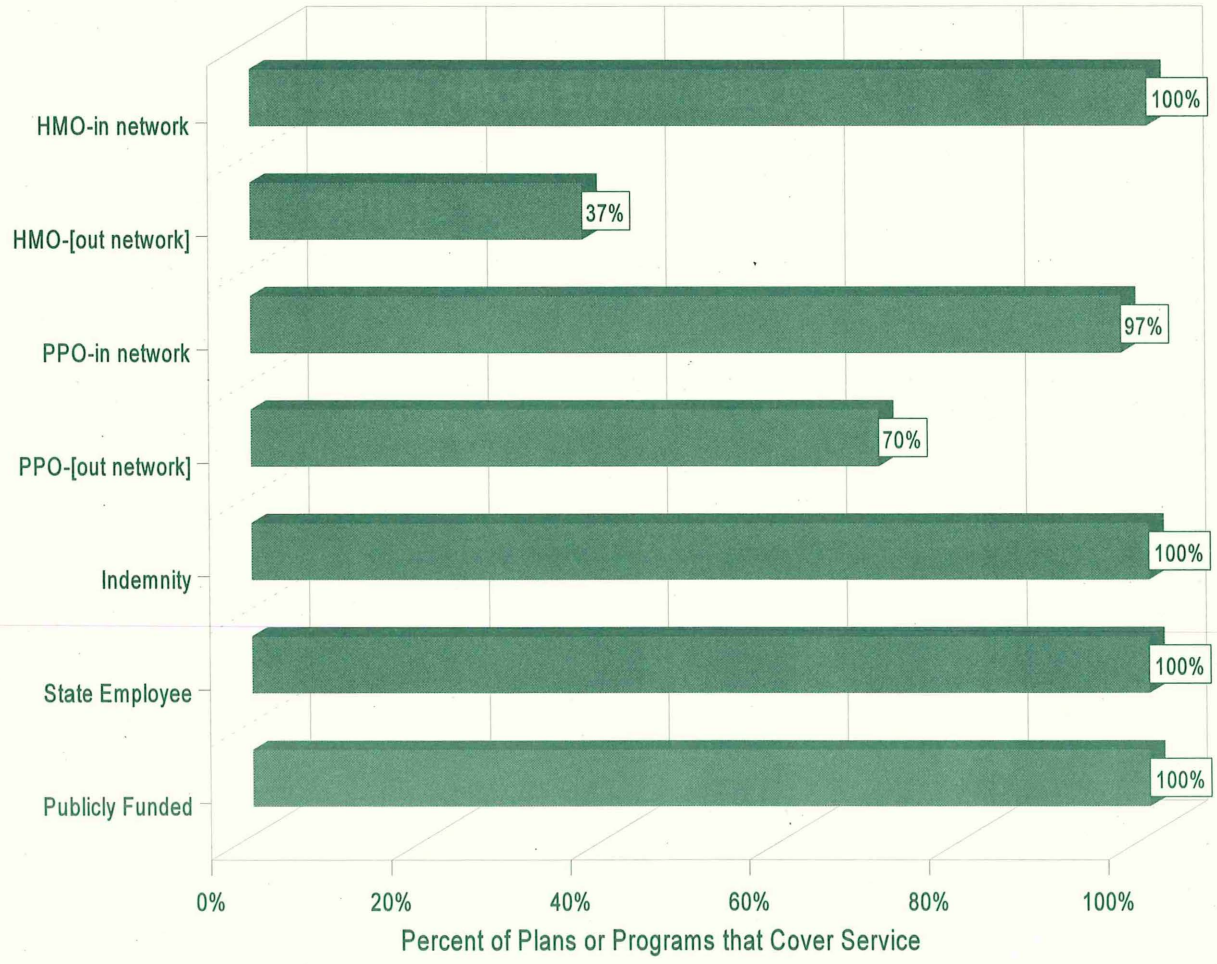
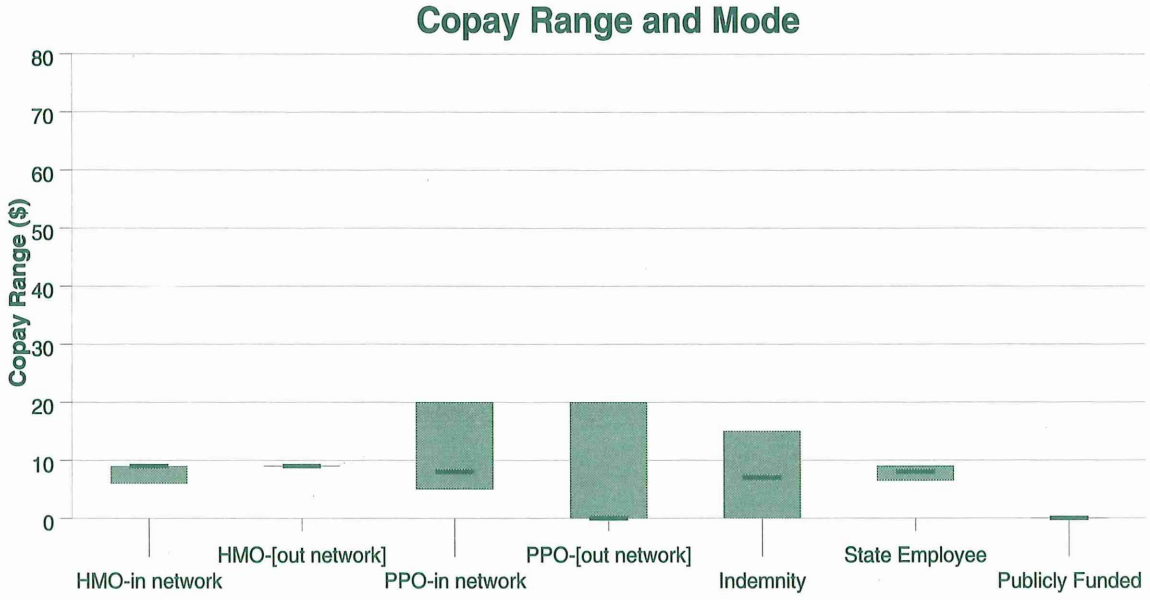
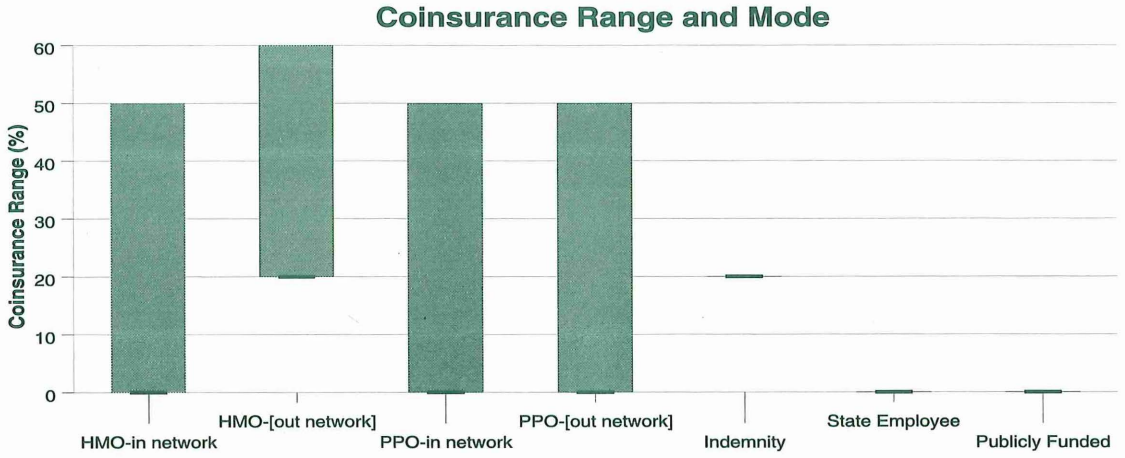
# PRESCRIPTION DRUGS (Formulary)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=92) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | *11%* | *2%* | *8%* |
| $1-$10 | *61%* | *1%* | *7%* | *1%* | *2%* |
| $11-$20 | *3%* | | *4%* | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage for 30 day supply
- coverage for 34 day supply

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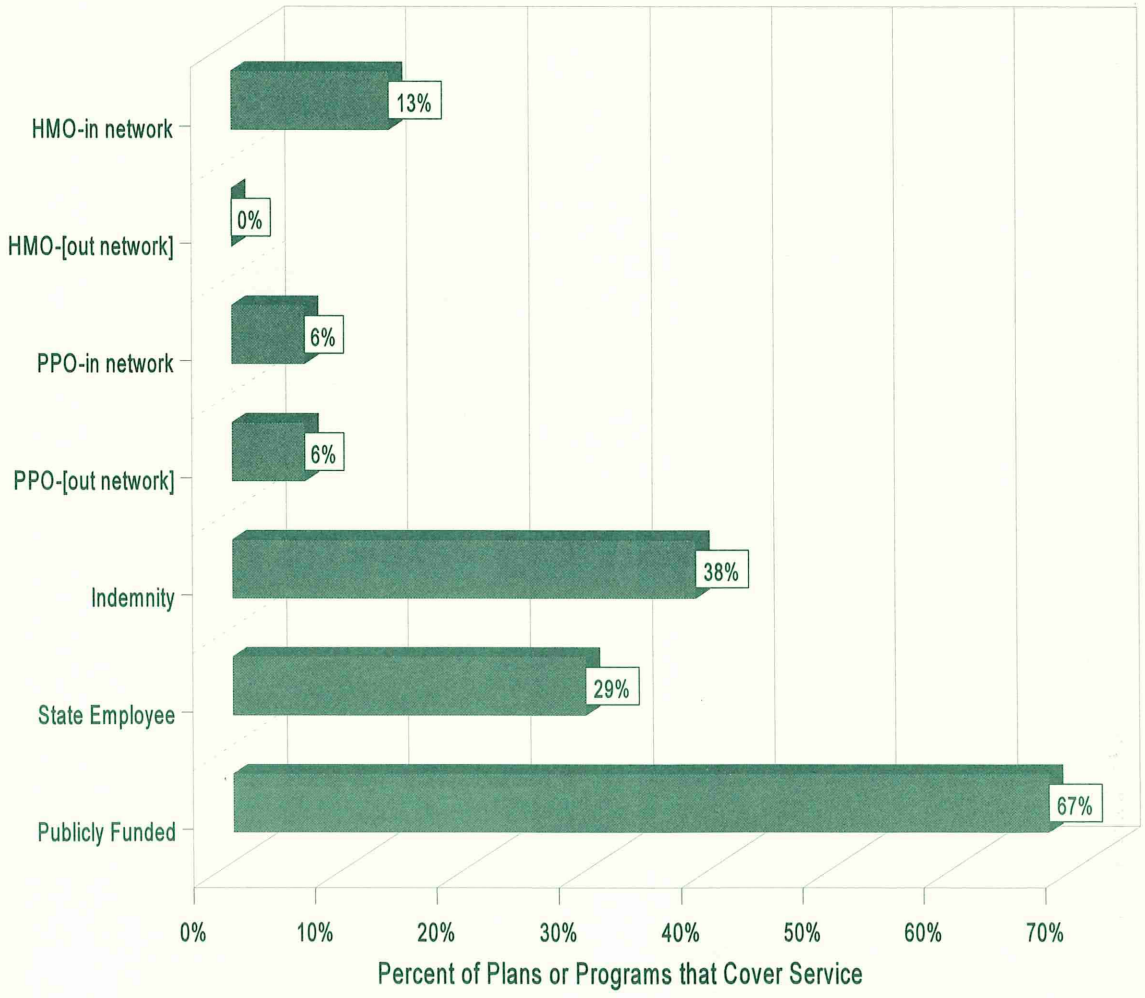
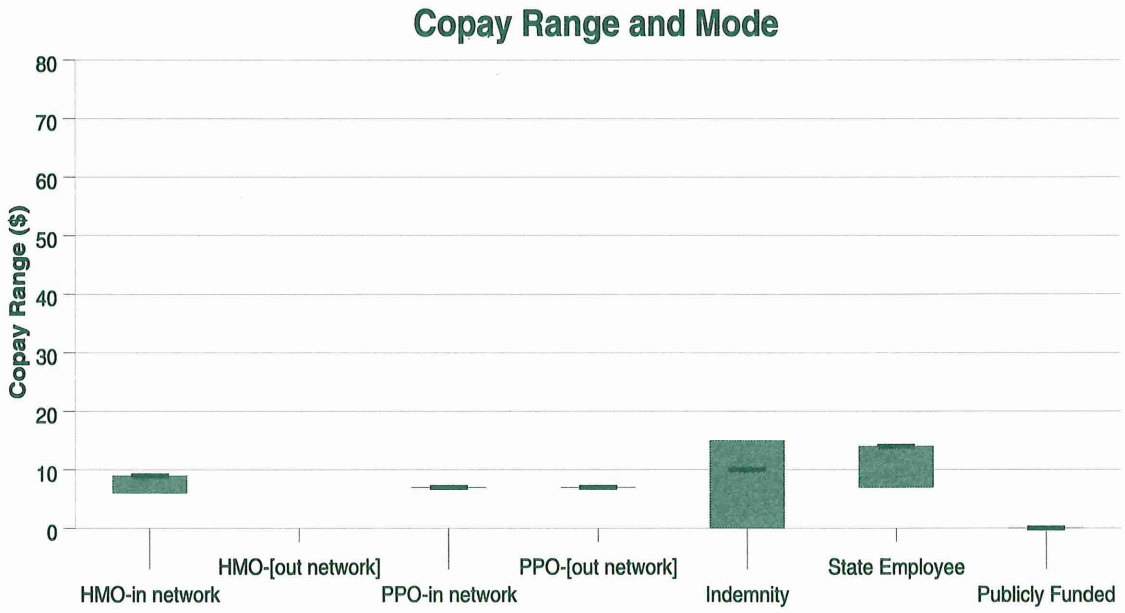
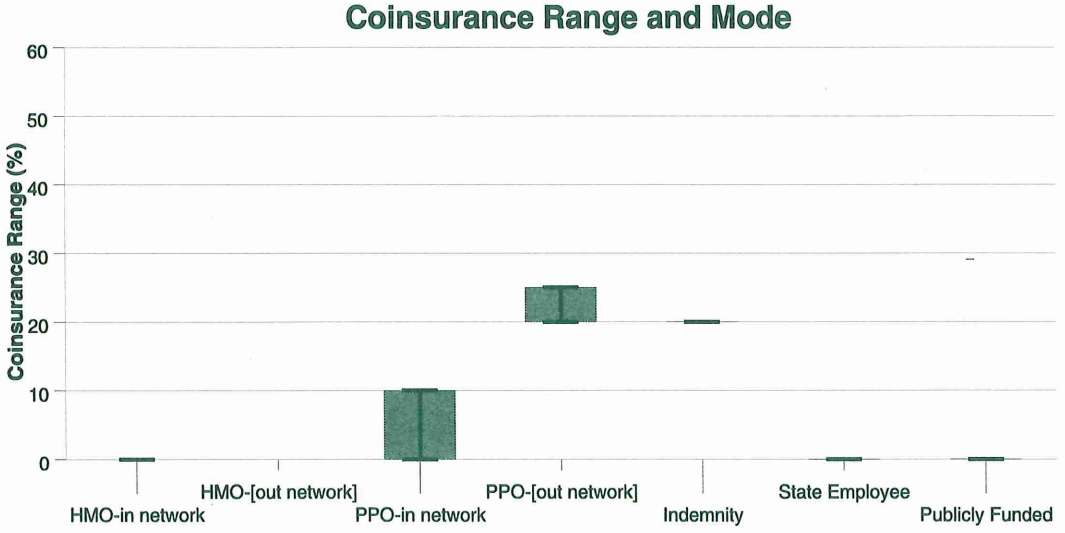
# PRESCRIPTION DRUGS (Non-Formulary)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=12) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | *8%* | | |
| $1-$10 | *50%* | *8%* | *8%* | *8%* | |
| $11-$20 | *17%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- must have prior authorization

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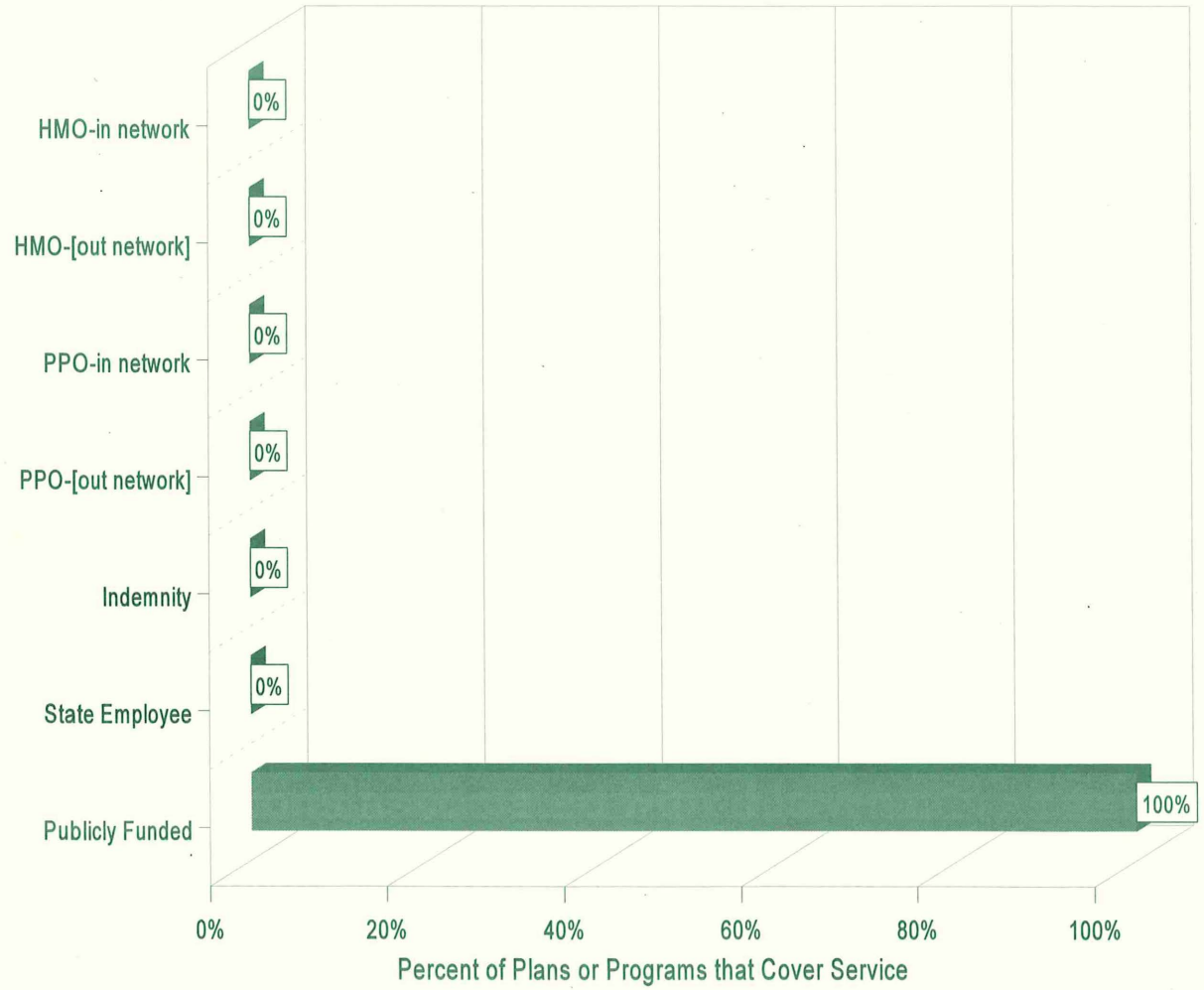
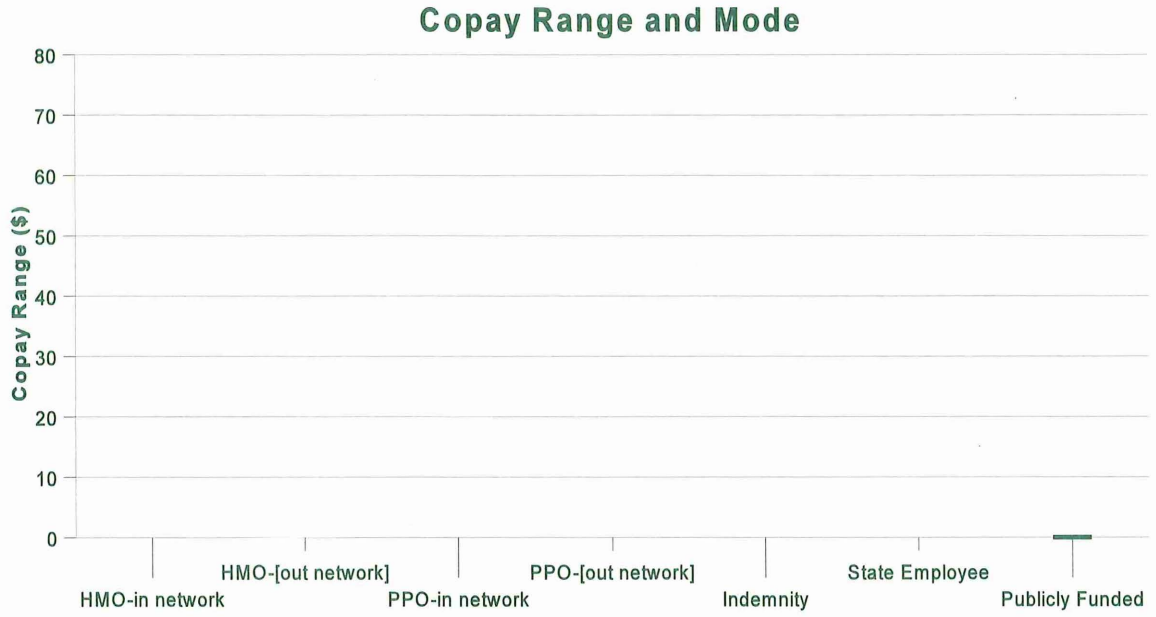
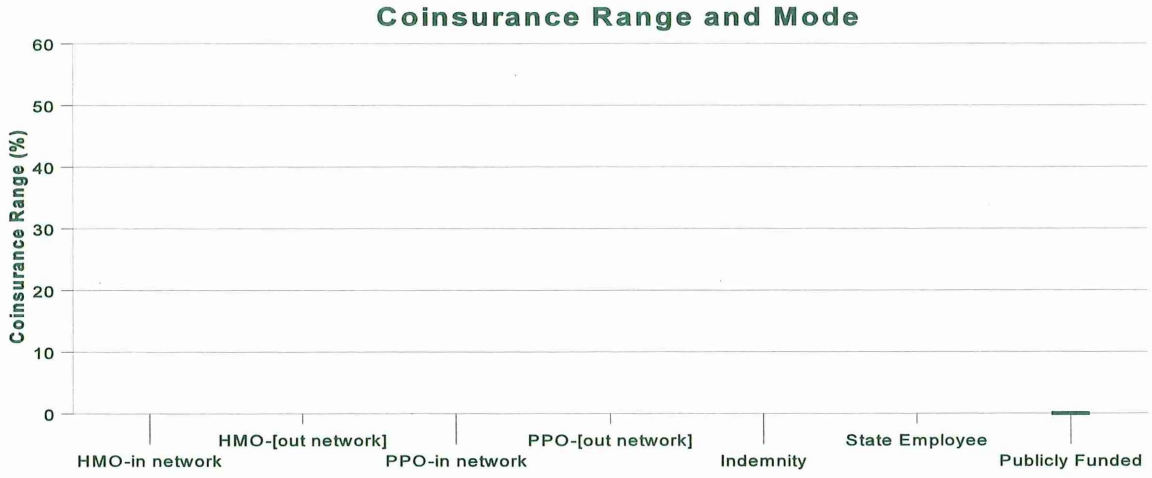
# OVER-THE-COUNTER DRUGS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- must have prior authorization

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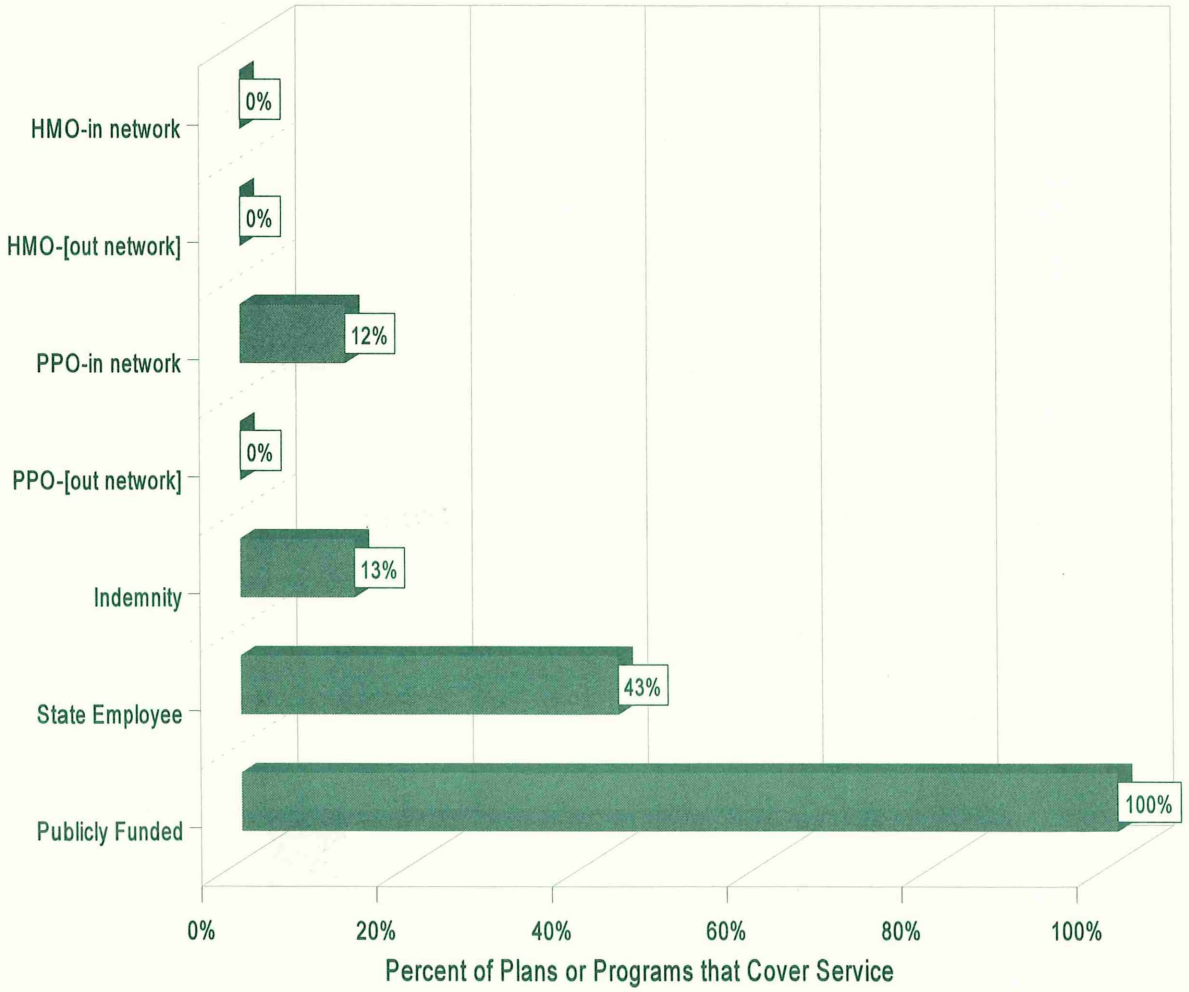
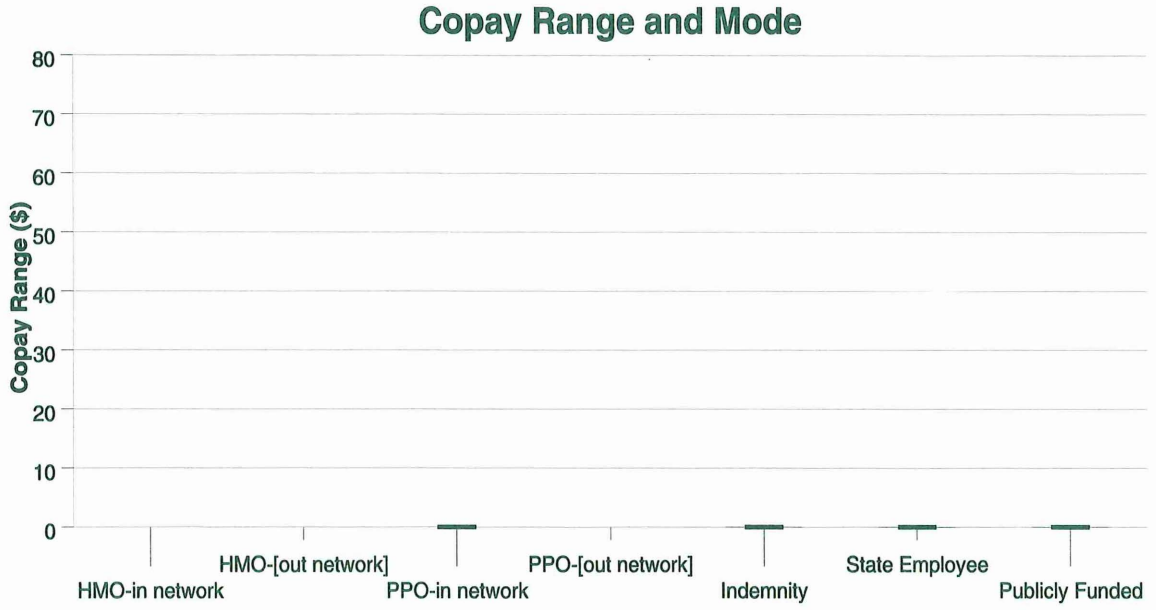
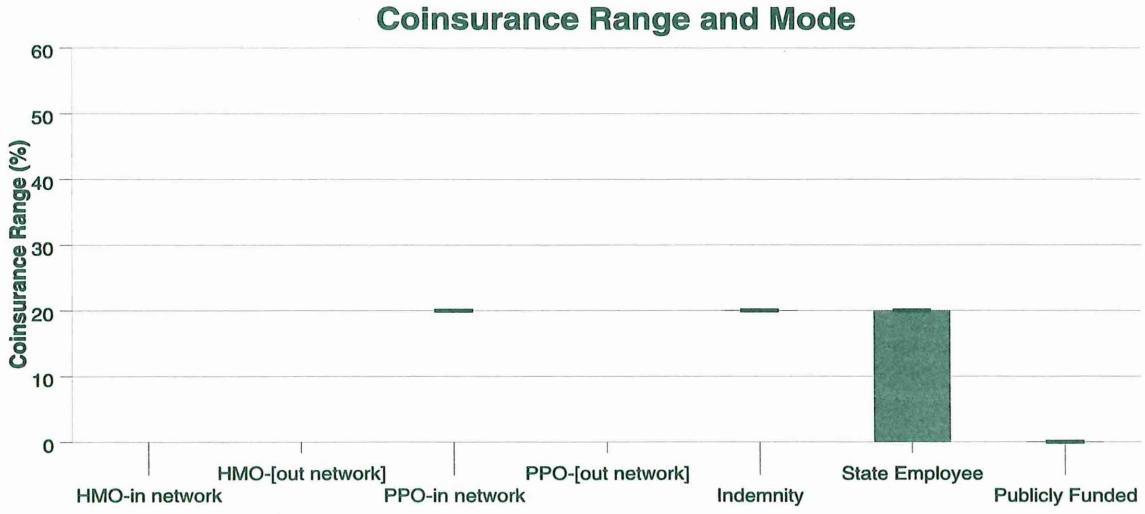
# NUTRITIONAL PRODUCTS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=4) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | *75%* | | |
| $1-$10 | *25%* | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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# Home Health Care Services

- Home Health Care
- Skilled Nursing
- Personal Care Attendant

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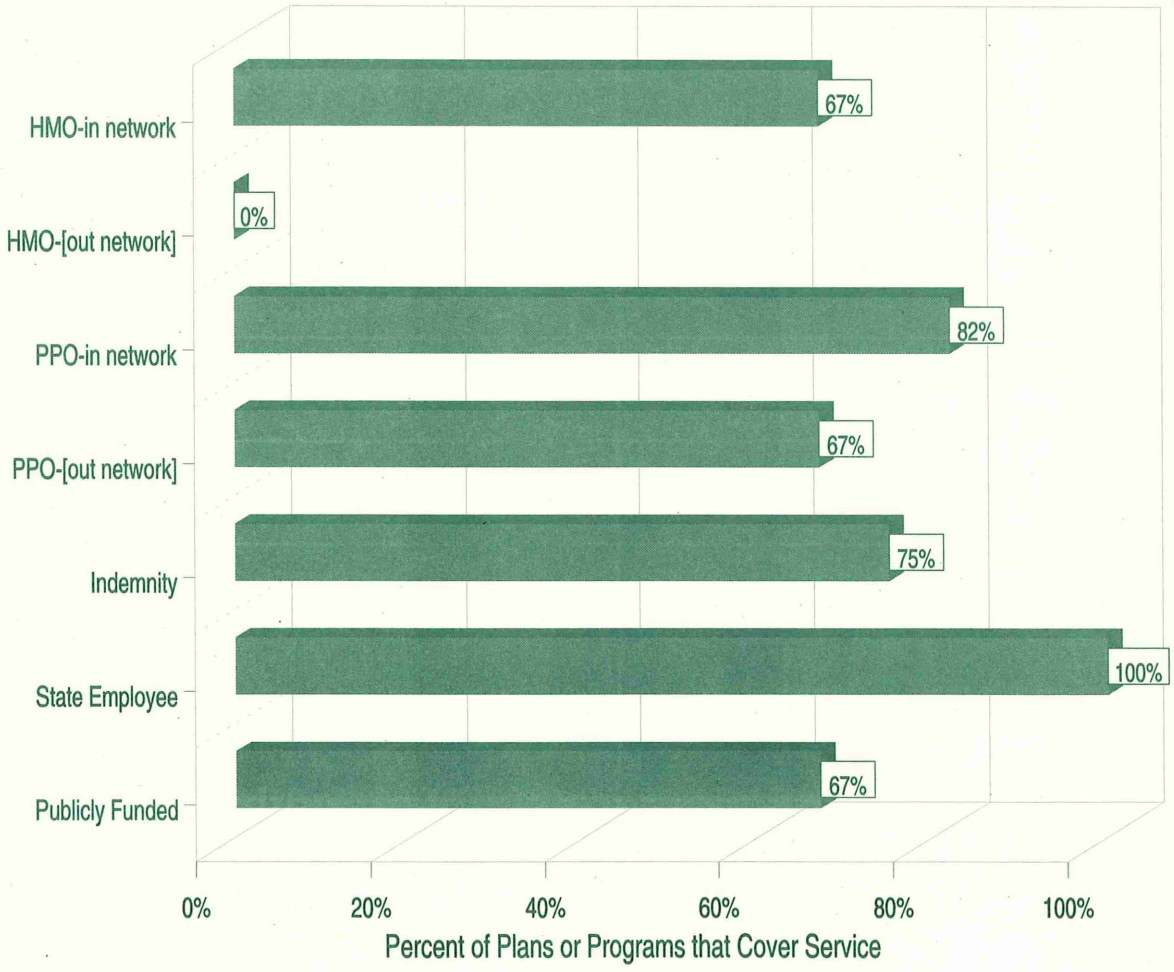
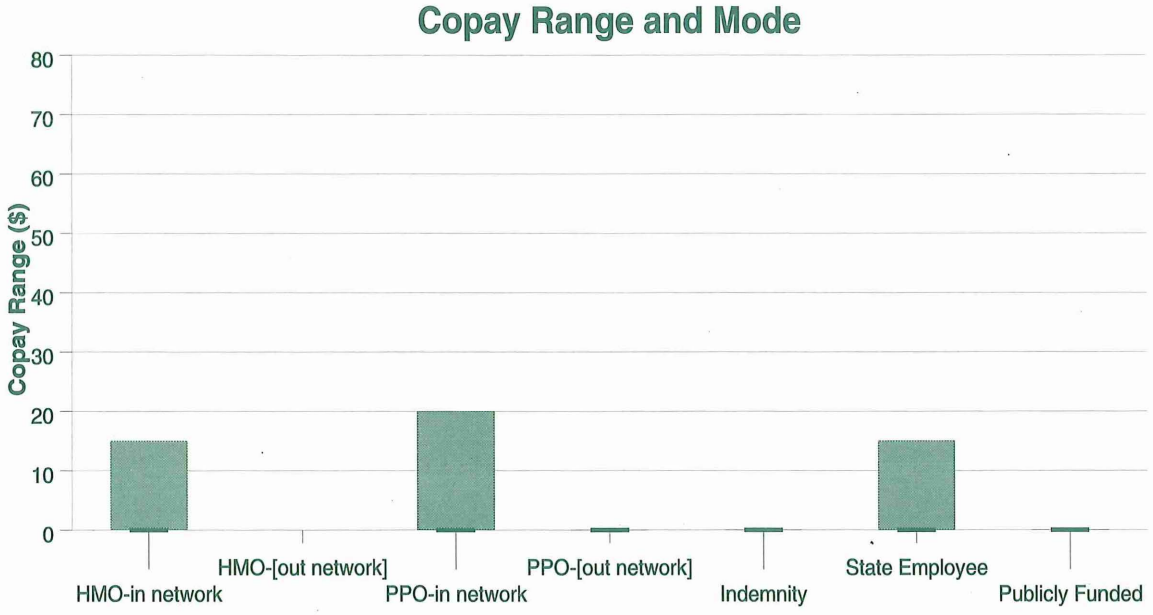
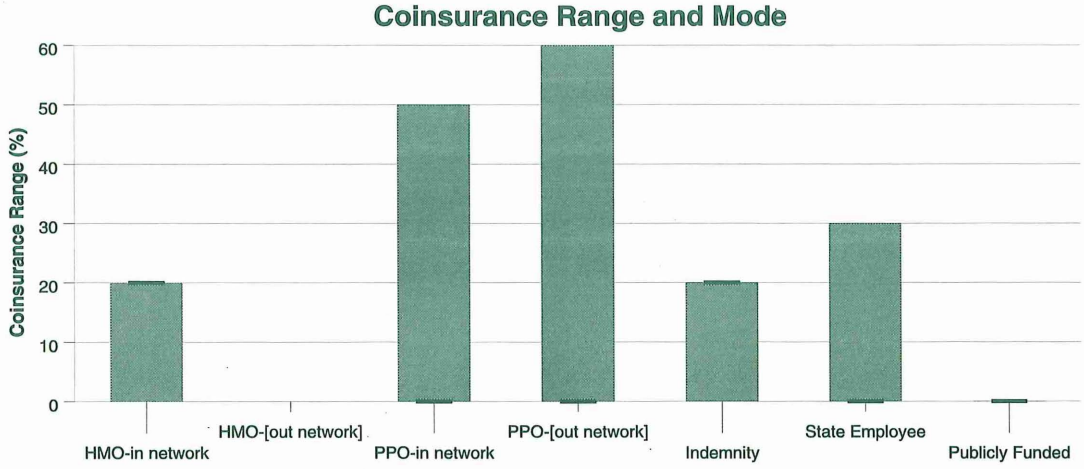
# HOME HEALTH CARE

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=78) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *24%* | *6%* | *45%* | *6%* | *9%* |
| $1-$10 | | | | | |
| $11-$20 | *9%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- for non-custodial care only
- must be certified health care provider
- limited to 60-180 days of service per period of confinement
- limited to a maximum of 20, 40, 100, 120, or 180 visits per year
- limited to $5,000 or $10,000 worth of service per year

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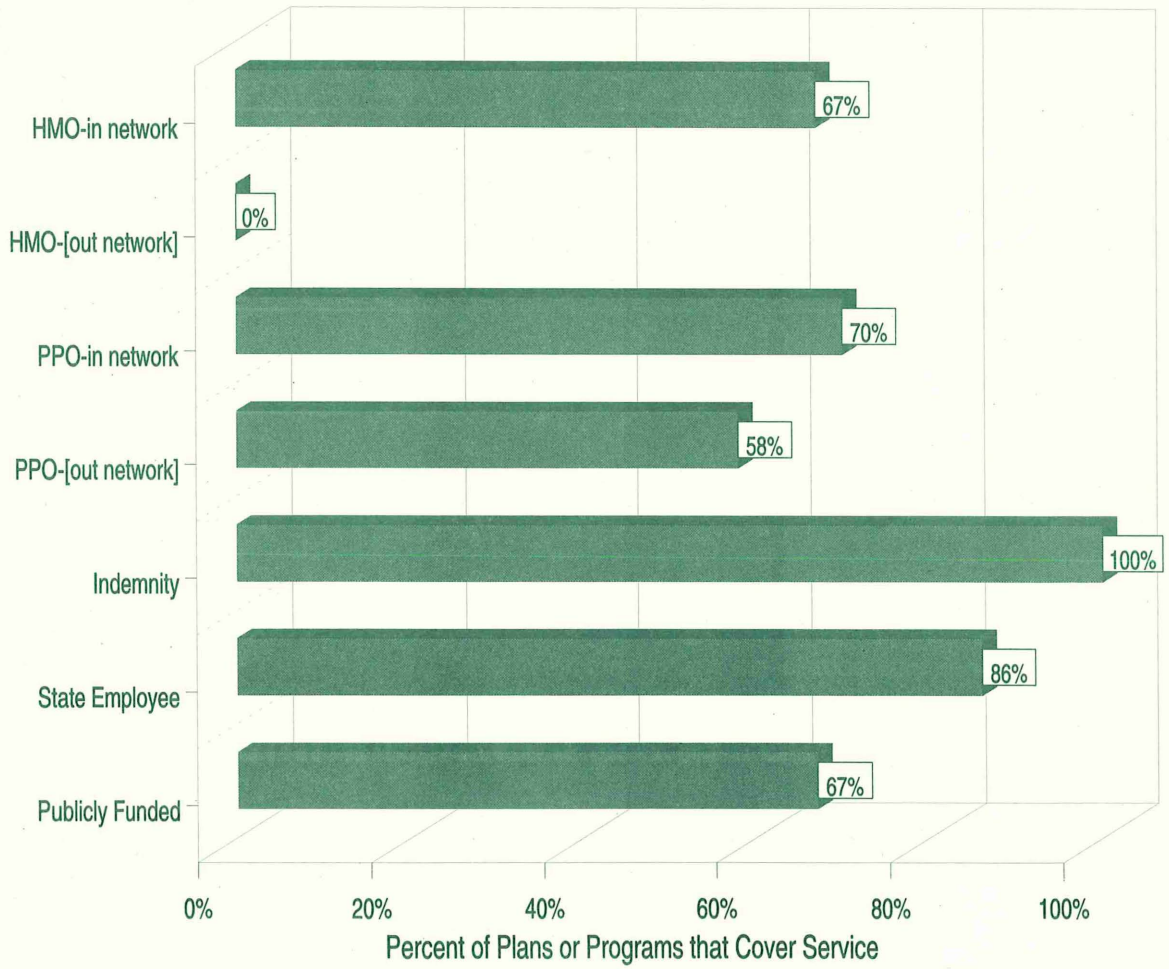
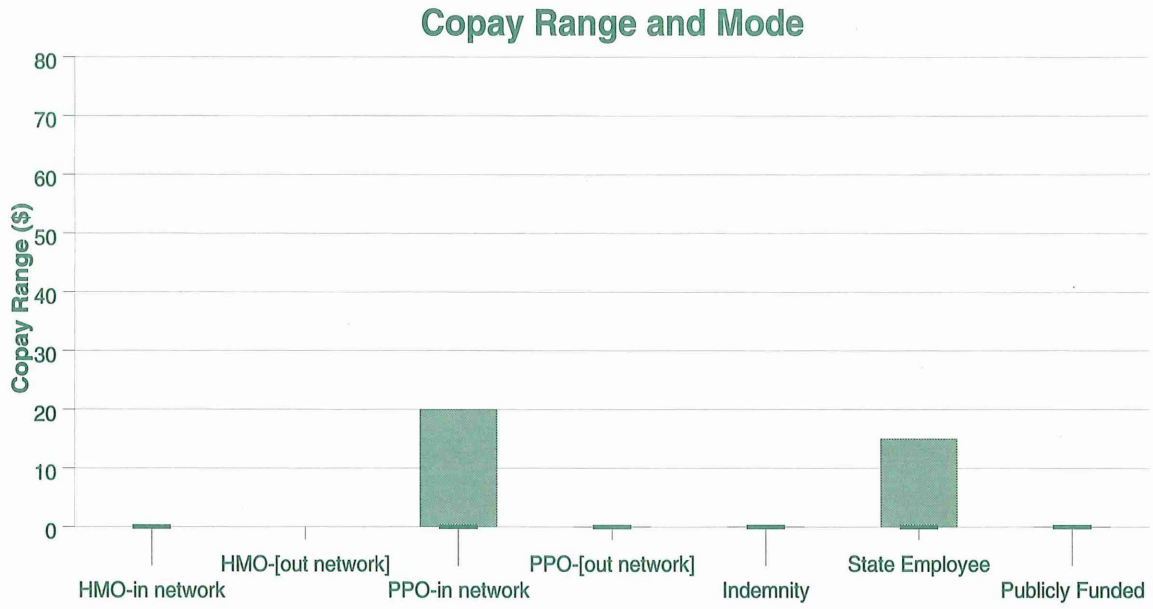
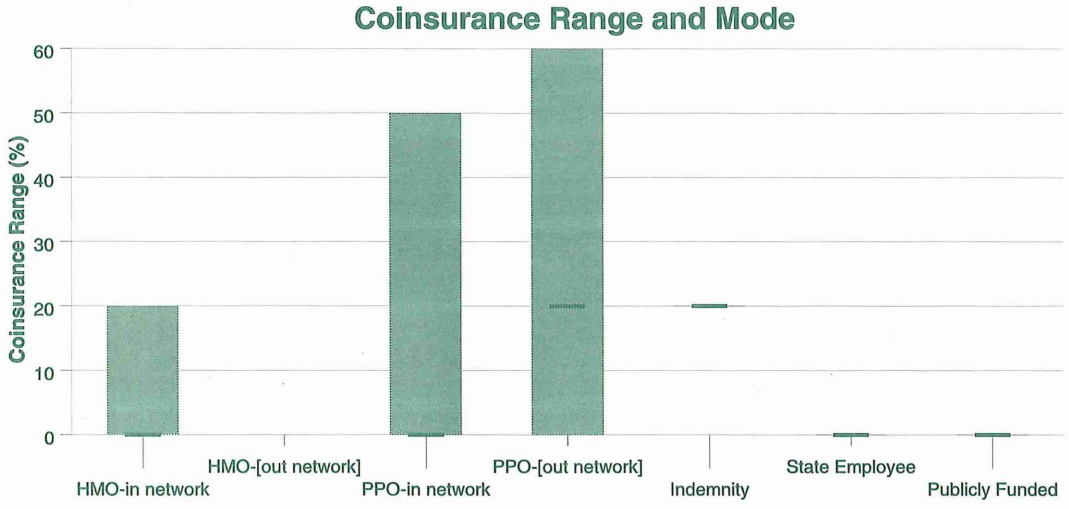
# SKILLED NURSING

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=64) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *34%* | *6%* | *38%* | *6%* | *11%* |
| $1-$10 | | | | | |
| $11-$20 | *5%* | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- for non-custodial care only
- limited to 365 days of service per period of confinement
- limited to 120 or 180 days of service per year
- limited to 20 or 40 visits per year
- limited to $5,000 or $10,000 worth of service per year
- lifetime maximum of $25,000 worth of service

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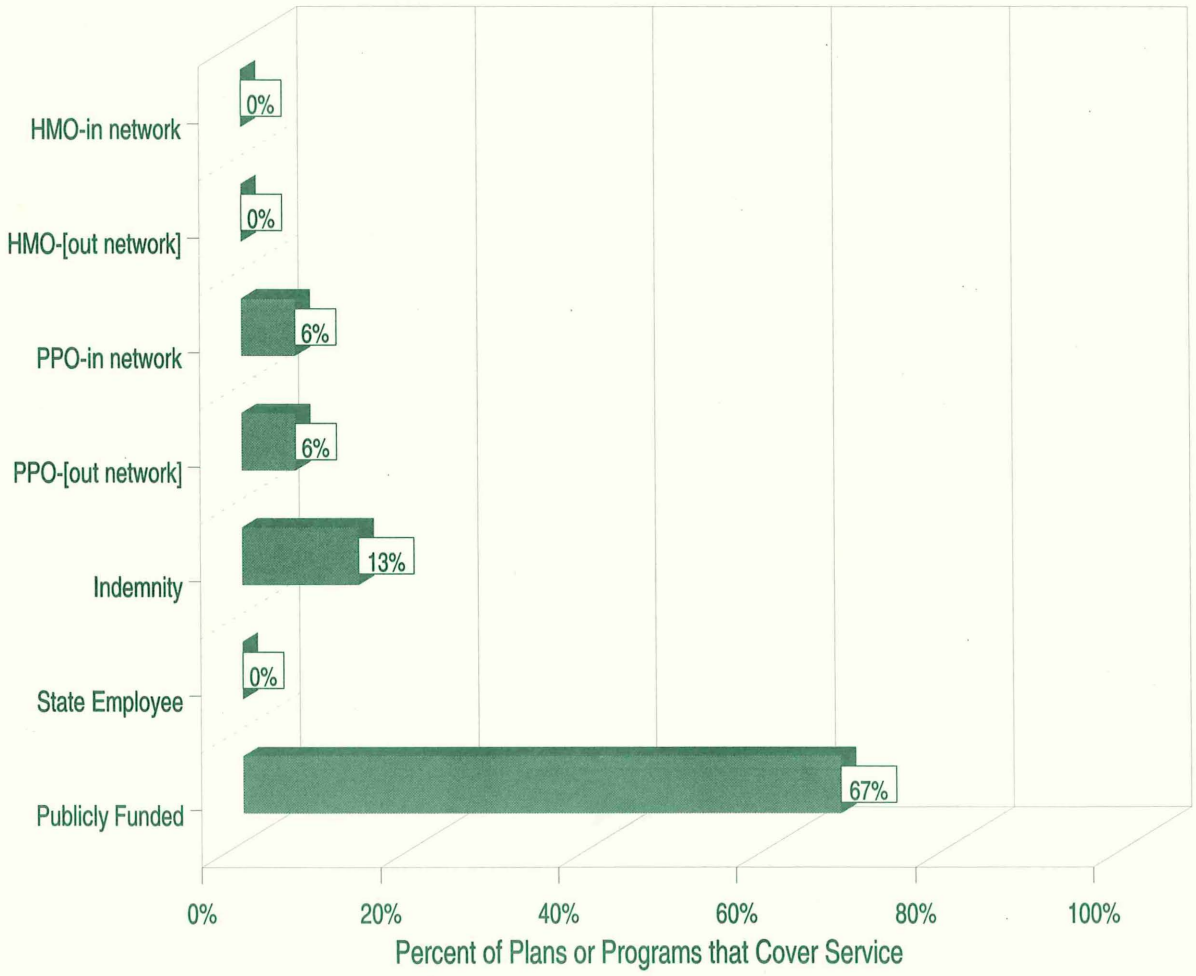
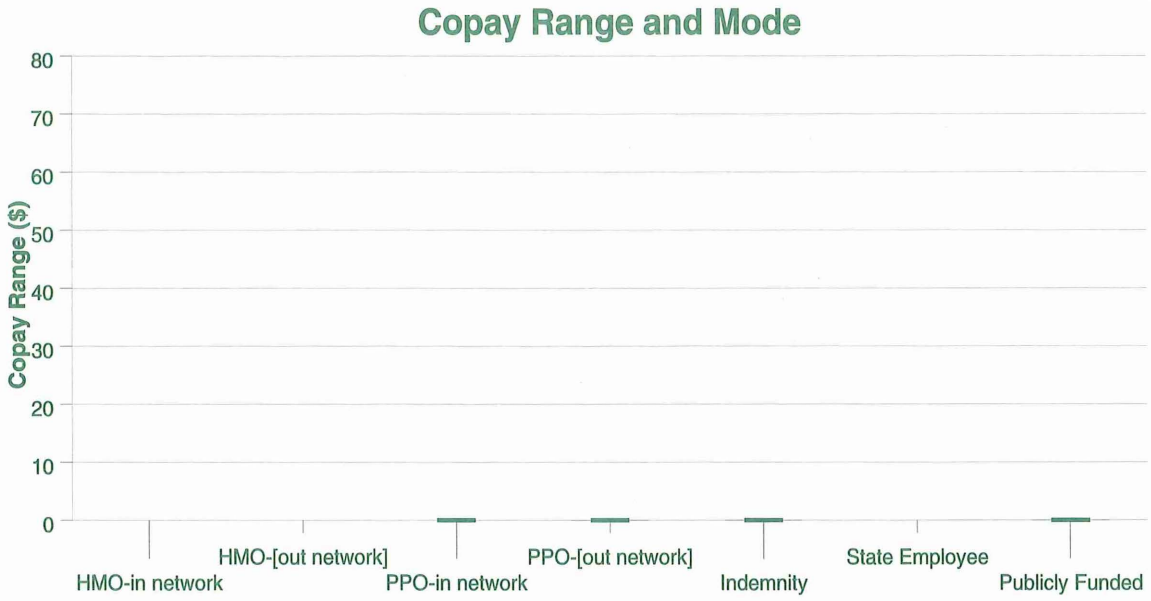
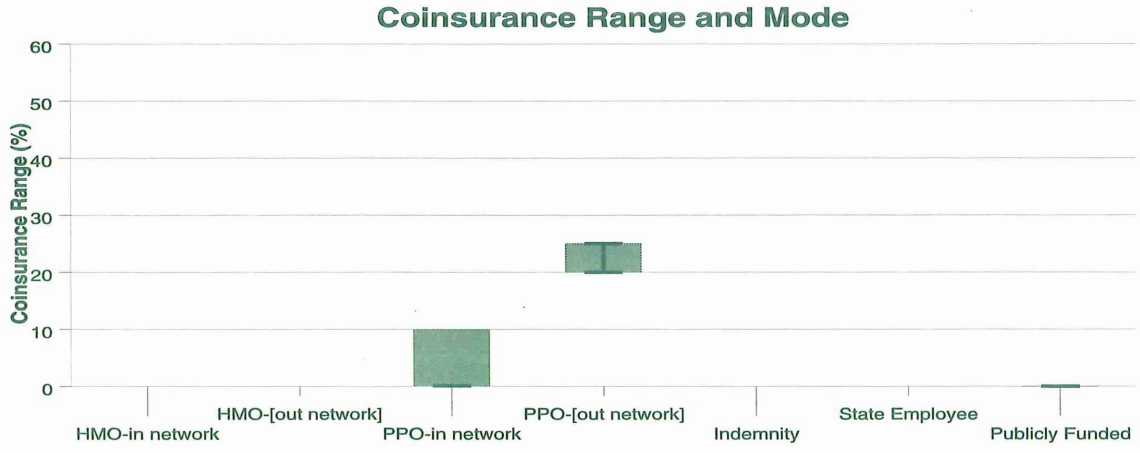
# PERSONAL CARE ATTENDANT

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

**Combinations of Coinsurance and Copay (% of plans)**
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=4) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *25%* | *25%* | *25%* | *25%* | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- must be certified health care provider

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# Therapy

- Chiropractic
- Physical Therapy (Rehabilitative)
- Physical Therapy (Habilitative)
- Occupational Therapy (Rehabilitative)
- Occupational Therapy (Habilitative)
- Speech Therapy (Rehabilitative)
- Speech Therapy (Habilitative)

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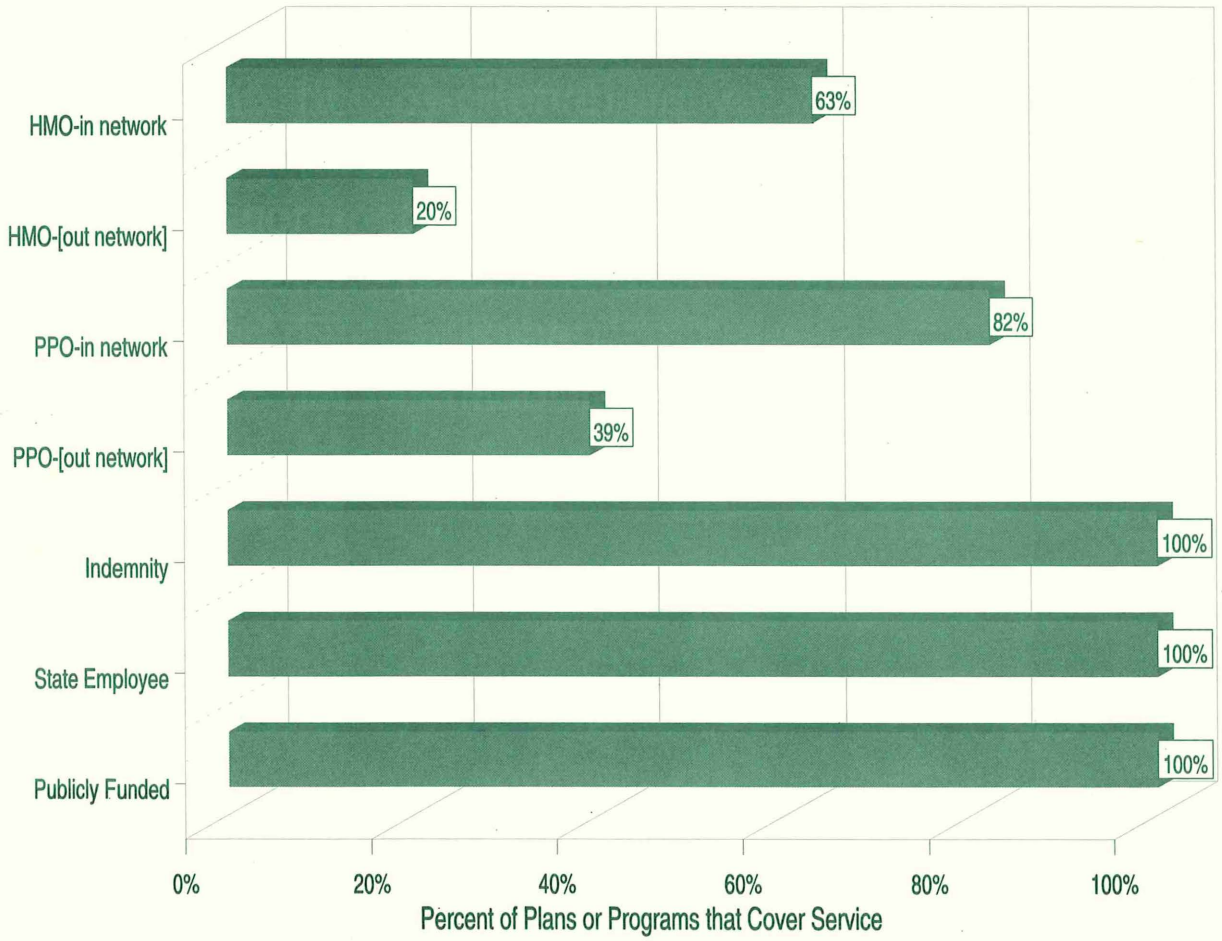
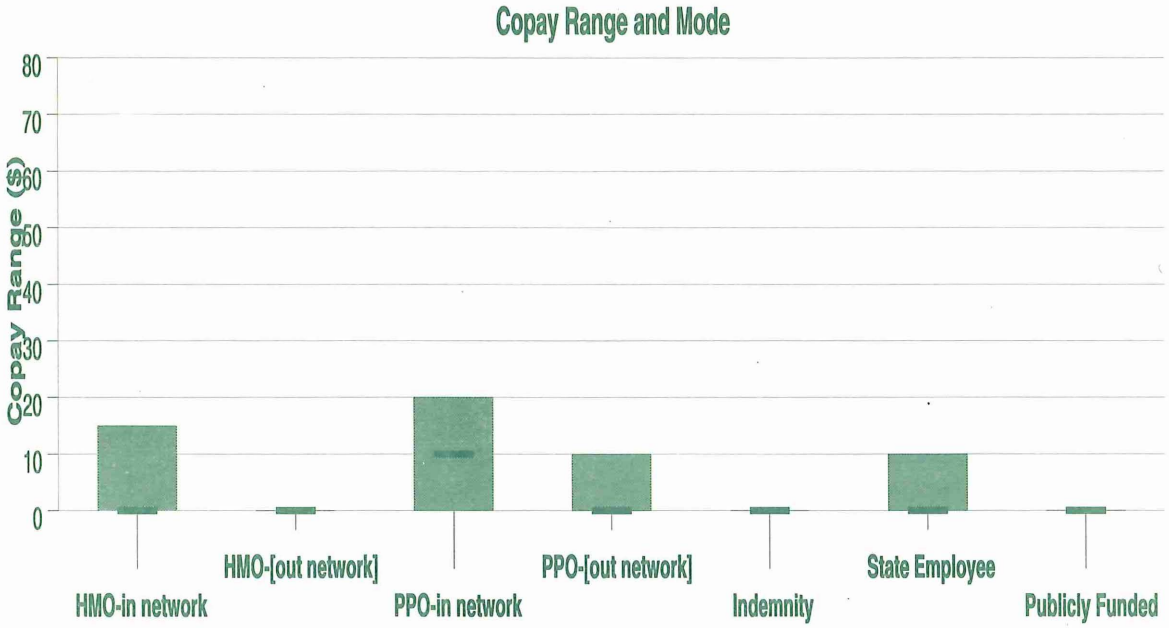
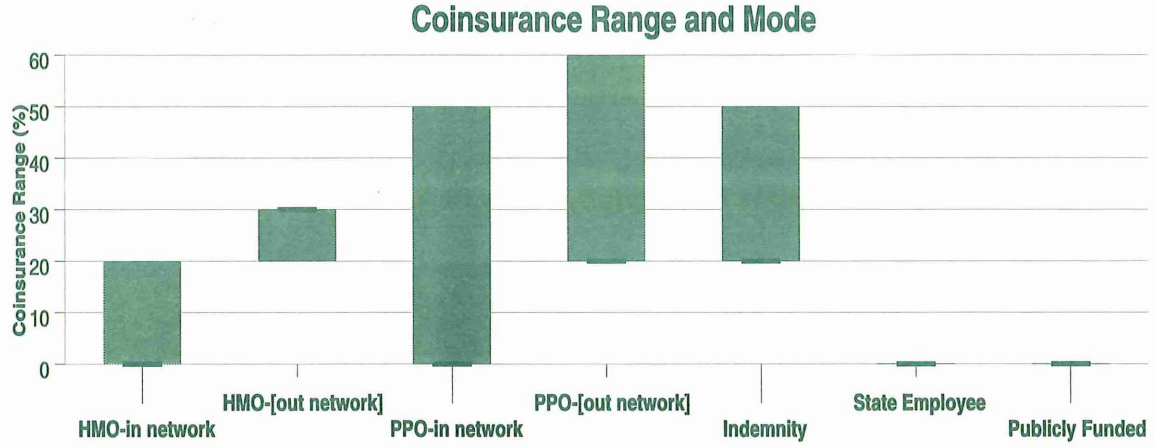
# CHIROPRACTIC

## What percent of plans or programs cover this service?



## What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=80) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *18%* | *1%* | *23%* | *8%* | *5%* |
| $1-$10 | *25%* | | *4%* | *1%* | *1%* |
| $11-$20 | *11%* | *1%* | *3%* | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- maximum of 15 visits per year
- up to $1000 worth of service per year
- need referral

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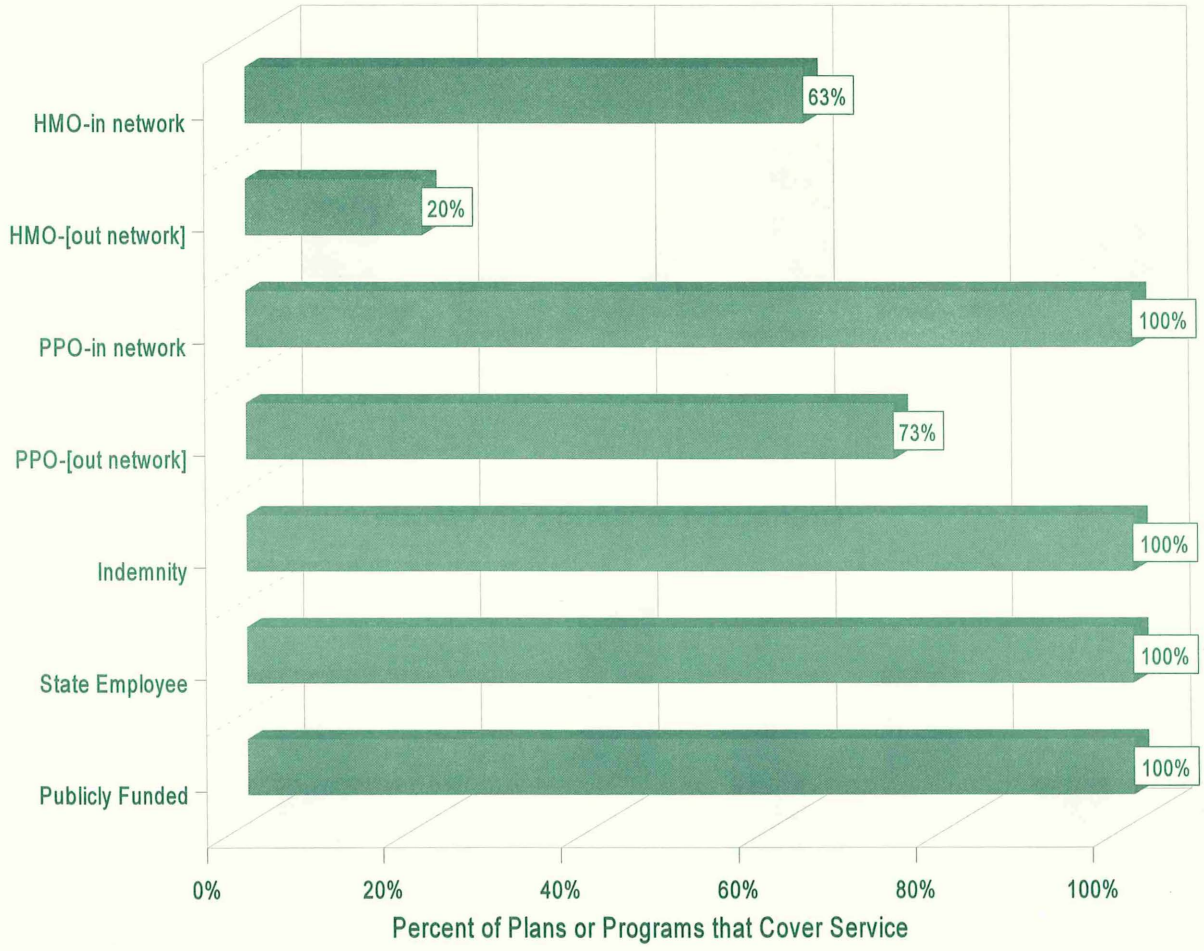
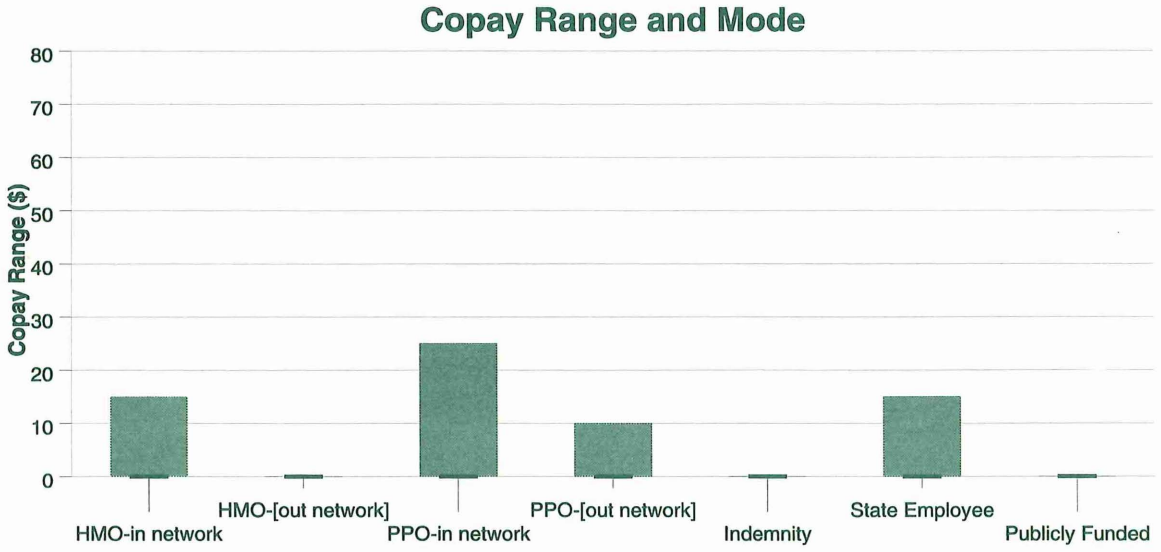
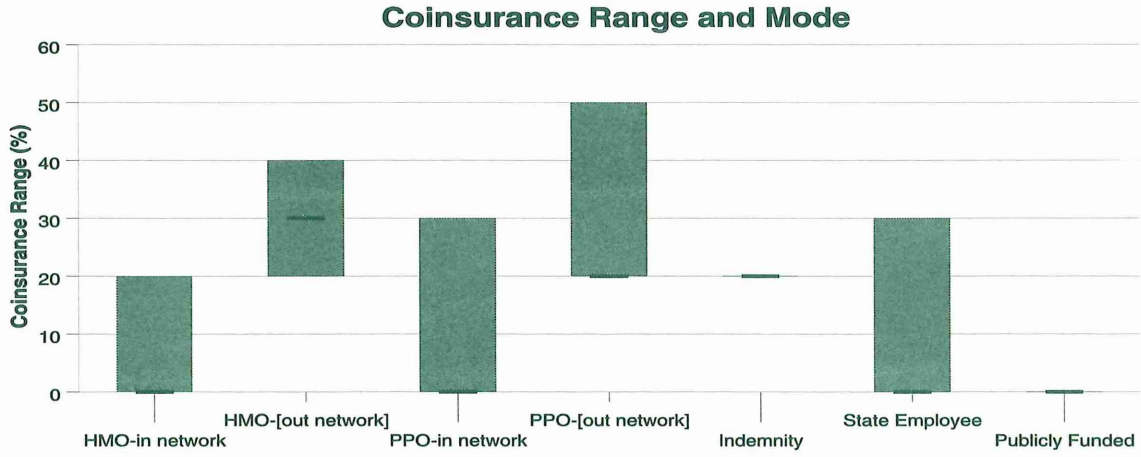
# PHYSICAL THERAPY (Rehabilitative)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=88) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *18%* | *6%* | *27%* | *7%* | *5%* |
| $1-$10 | *20%* | | *3%* | *1%* | |
| $11-$20 | *7%* | | *3%* | *1%* | |
| $21-$30 | 1% | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- service available only to regain loss
- time based on medical neccesity
- limited to $10,000 worth of service per person per year
- limited to 6 or 15 visits per person per year

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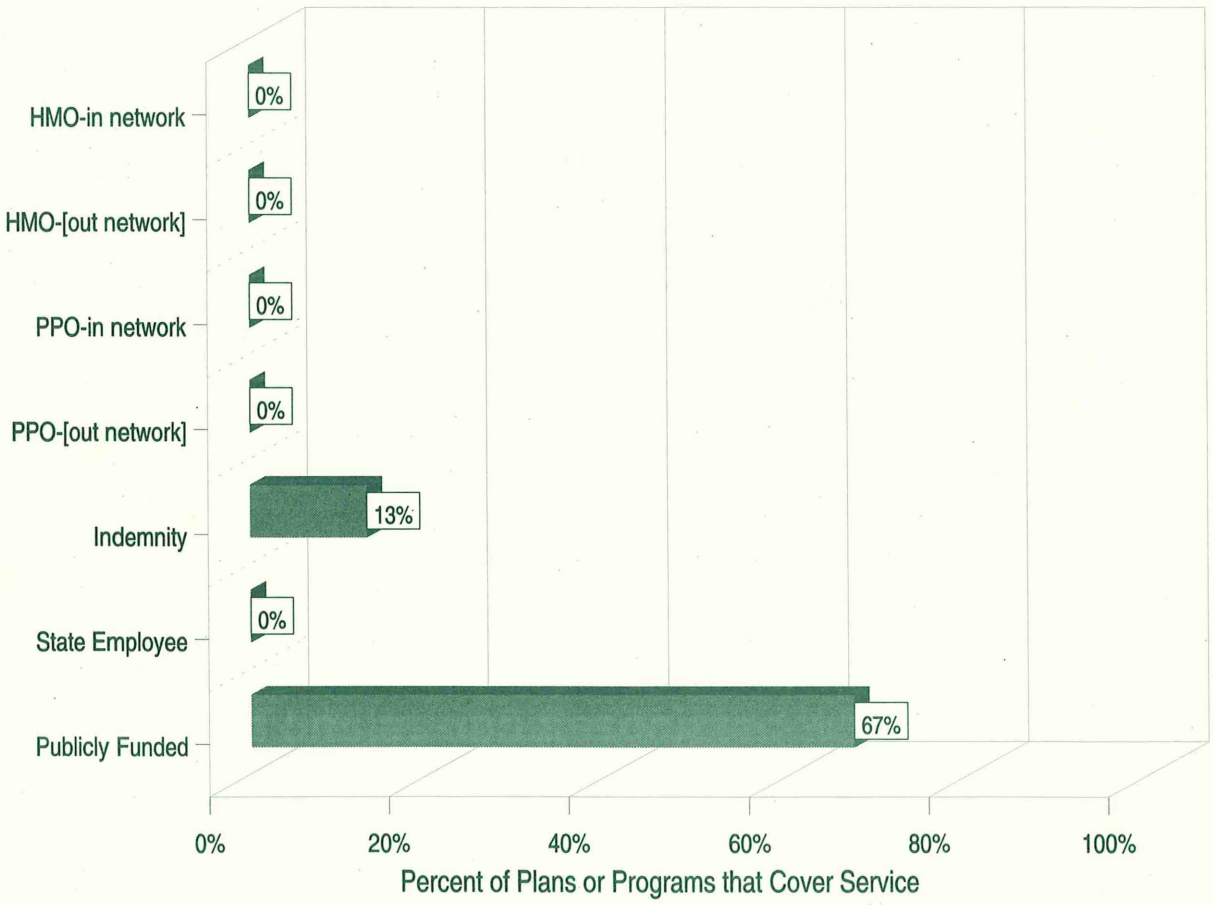
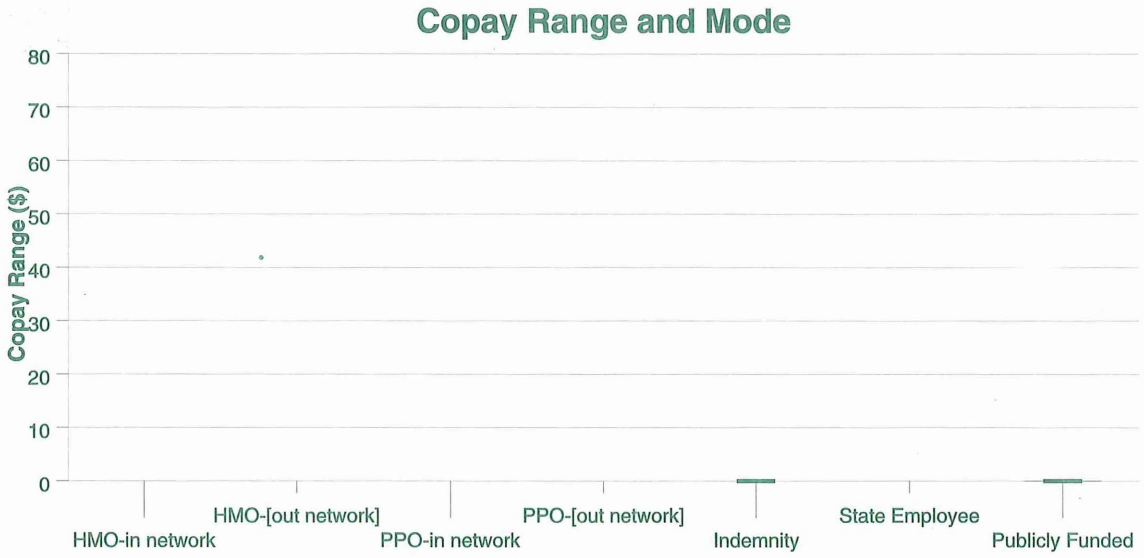
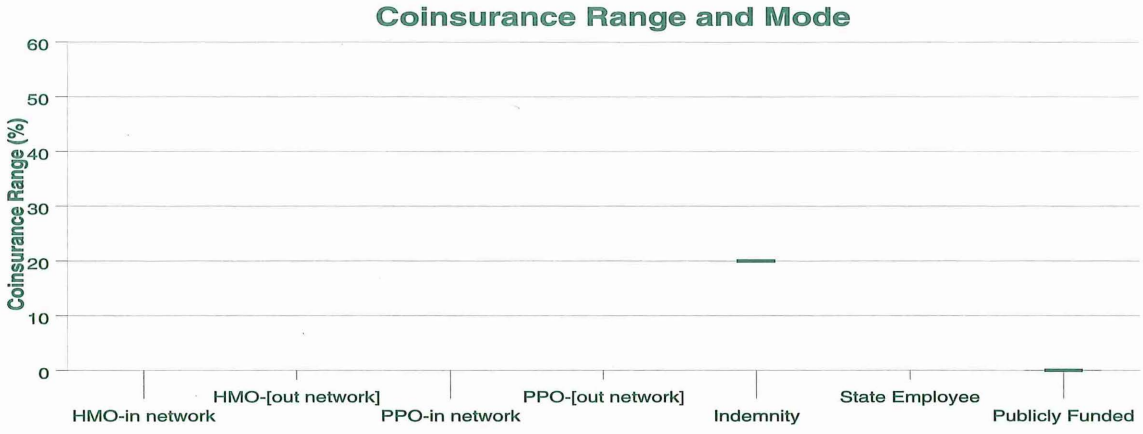
# PHYSICAL THERAPY (Habilitative)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=1) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | *100%* | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- available only if medically necessary

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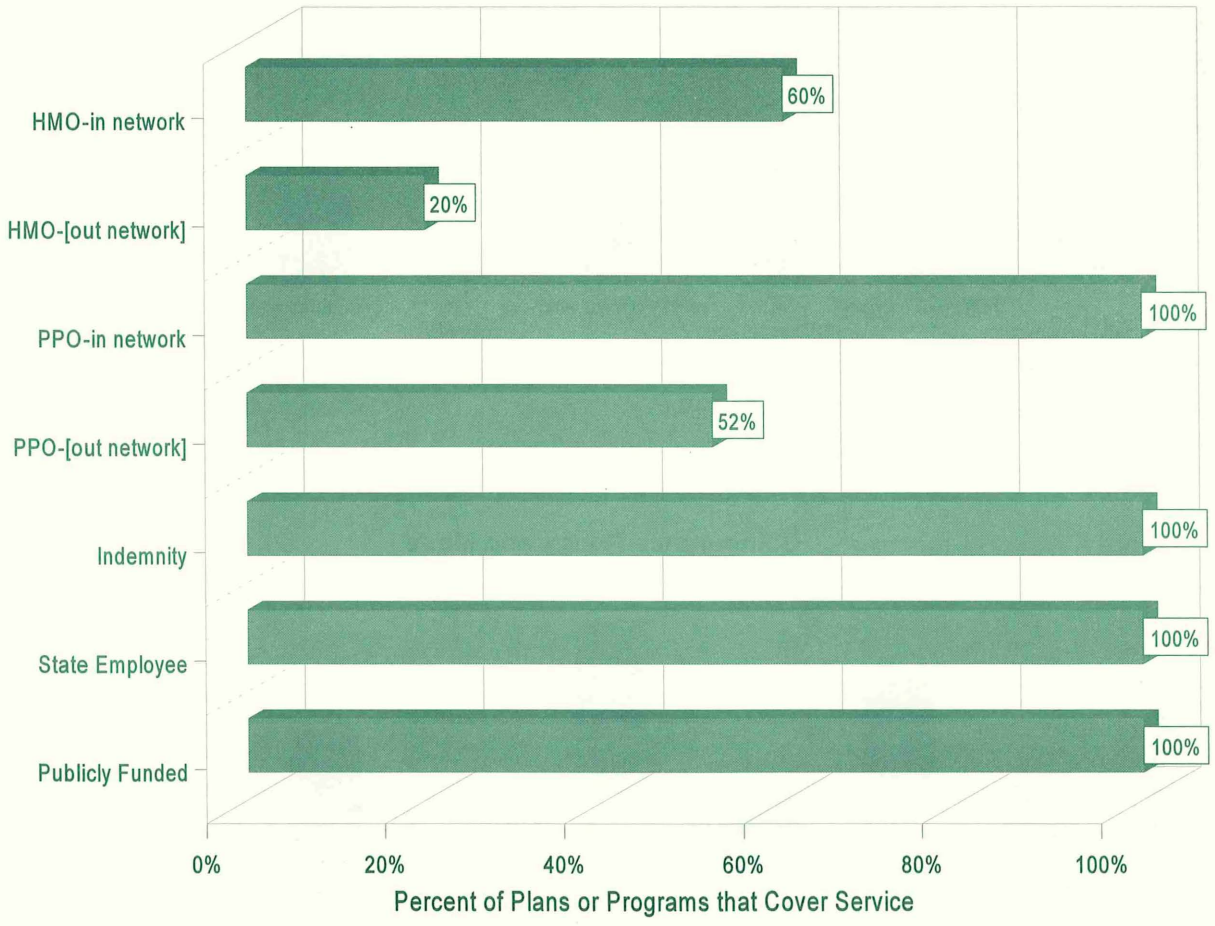
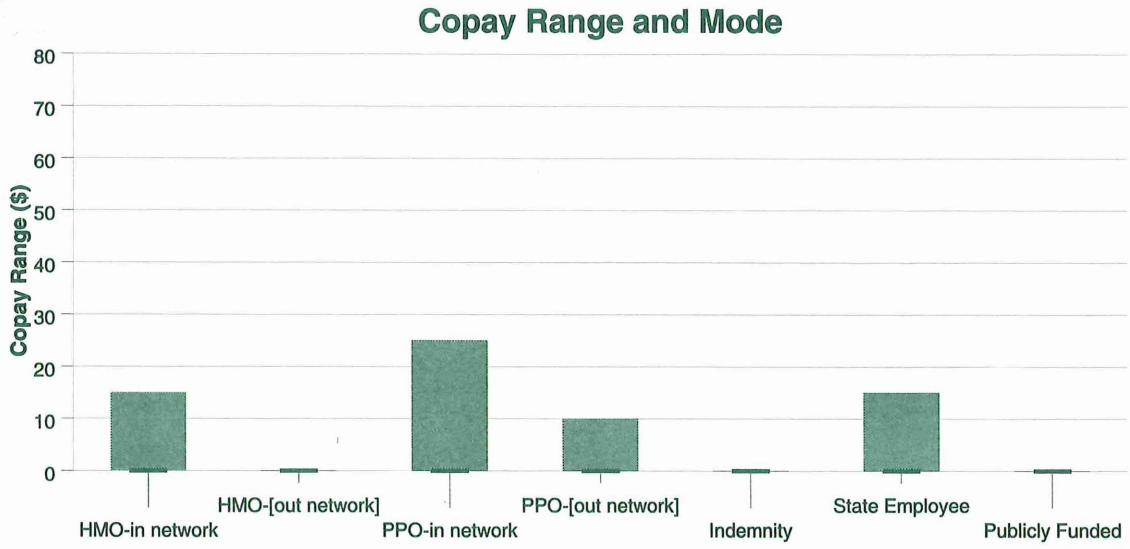
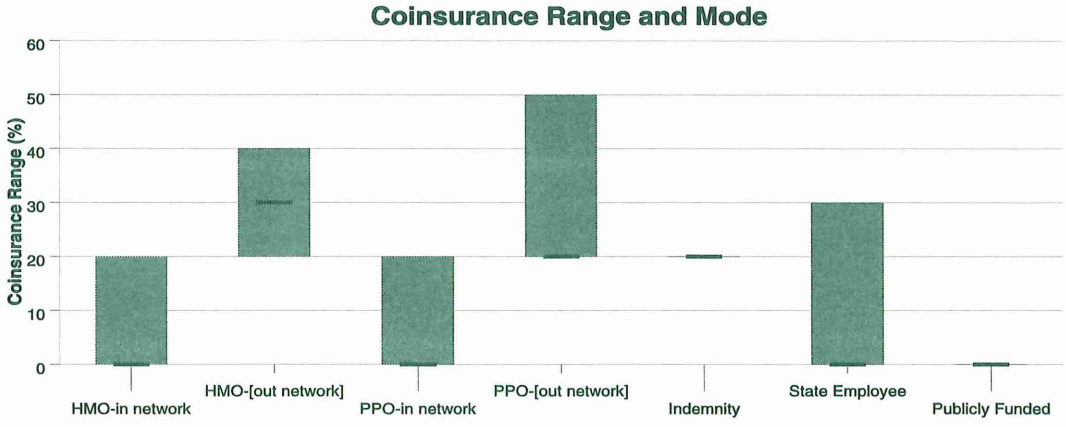
# OCCUPATIONAL THERAPY (Rehabilitative)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=80) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *16%* | *4%* | *34%* | *8%* | *5%* |
| $1-$10 | *18%* | | *1%* | *3%* | |
| $11-$20 | *6%* | | *1%* | | |
| $21-$30 | | | | | |
| $31-$40 | 4% | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- service available only to regain loss
- time based on medical neccesity
- limited to $10,000 worth of service per person per year
- limited to 6 or 15 visits per person per year

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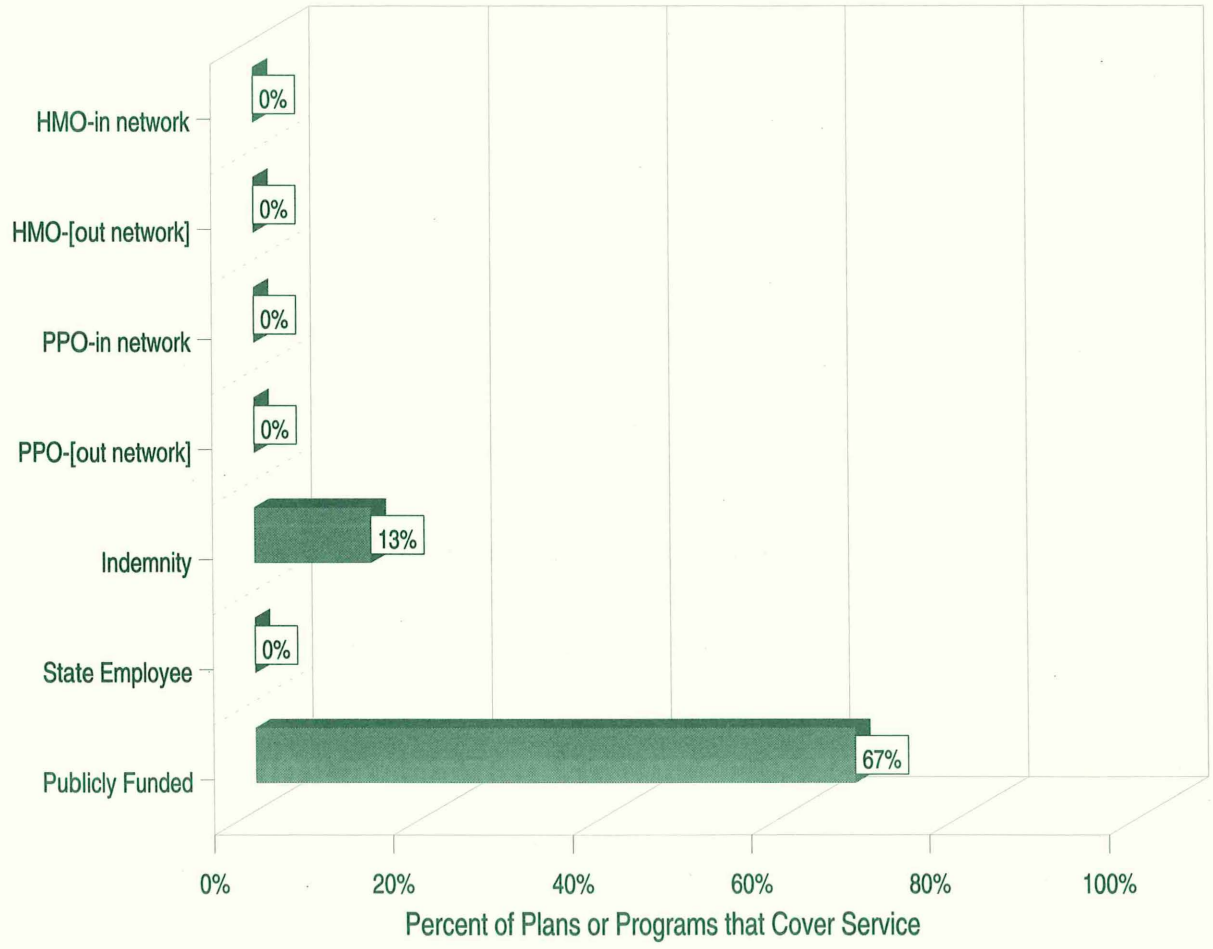
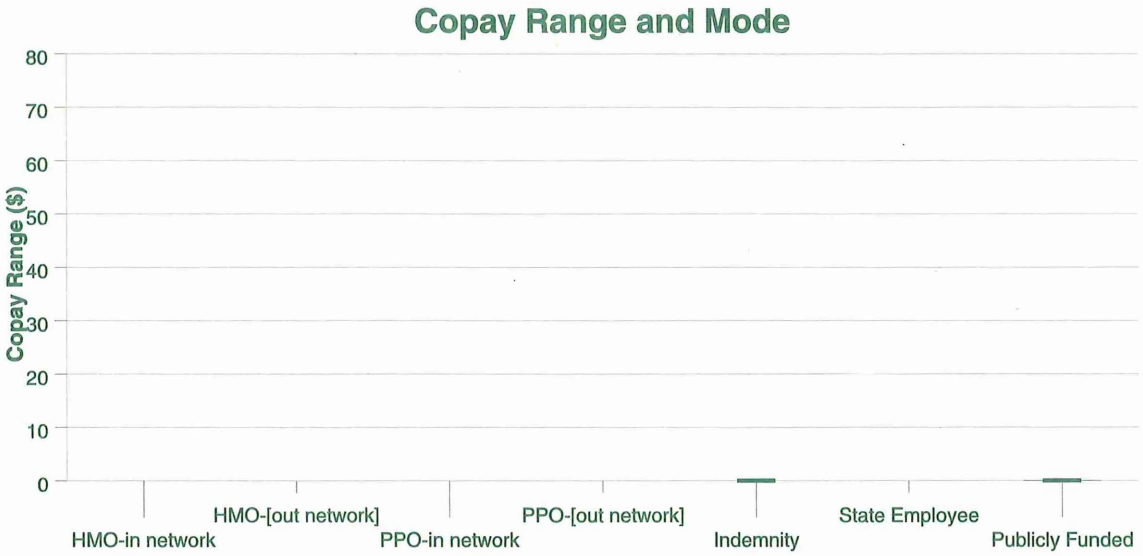
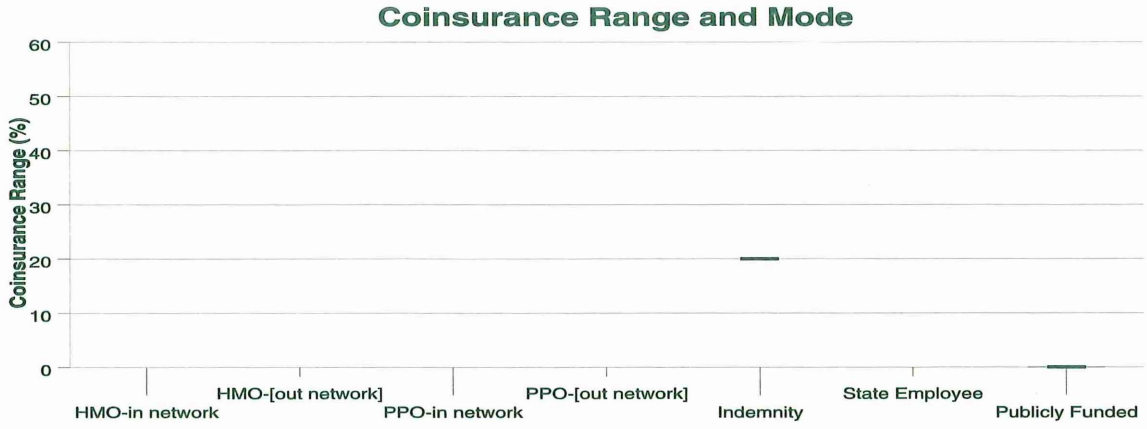
# OCCUPATIONAL THERAPY (Habilitative)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance | n=1 | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|---|
| | $0 | | | *100%* | | |
| | $1-$10 | | | | | |
| | $11-$20 | | | | | |
| | $21-$30 | | | | | |
| | $31-$40 | | | | | |
| | >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- available only if medically necessary

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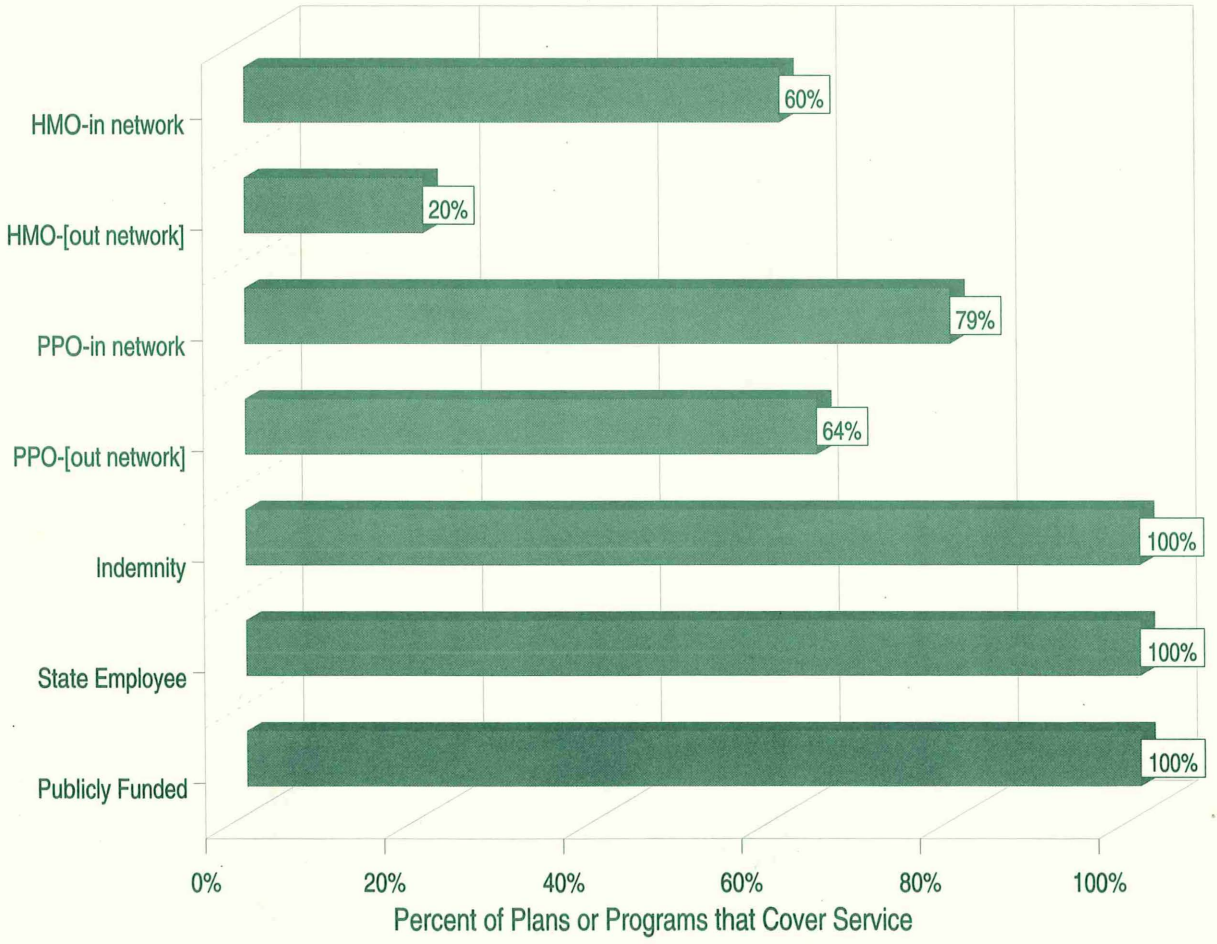
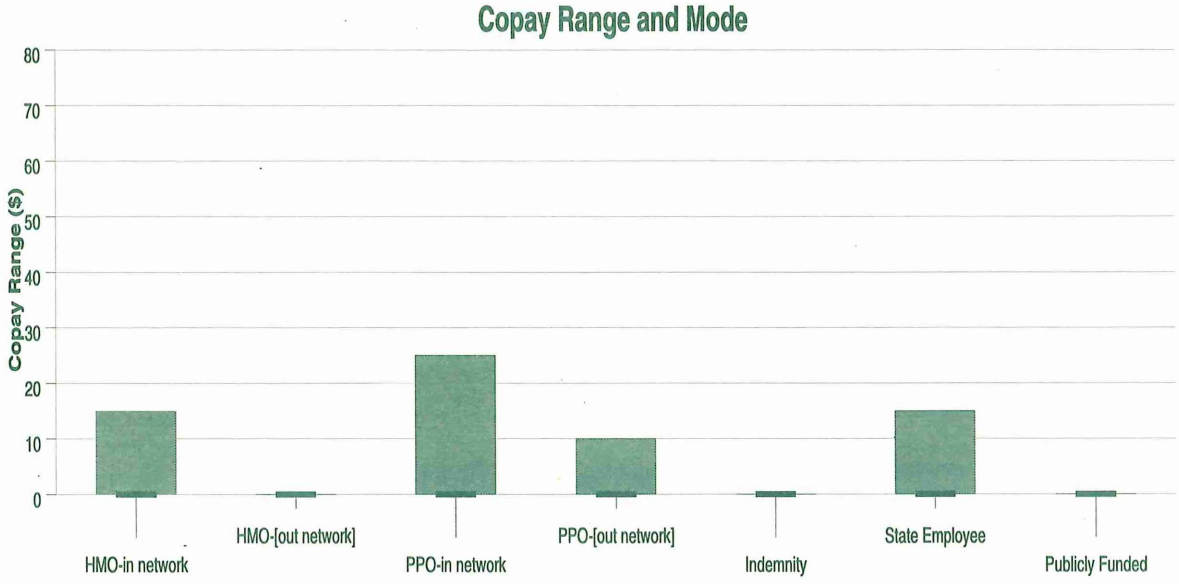
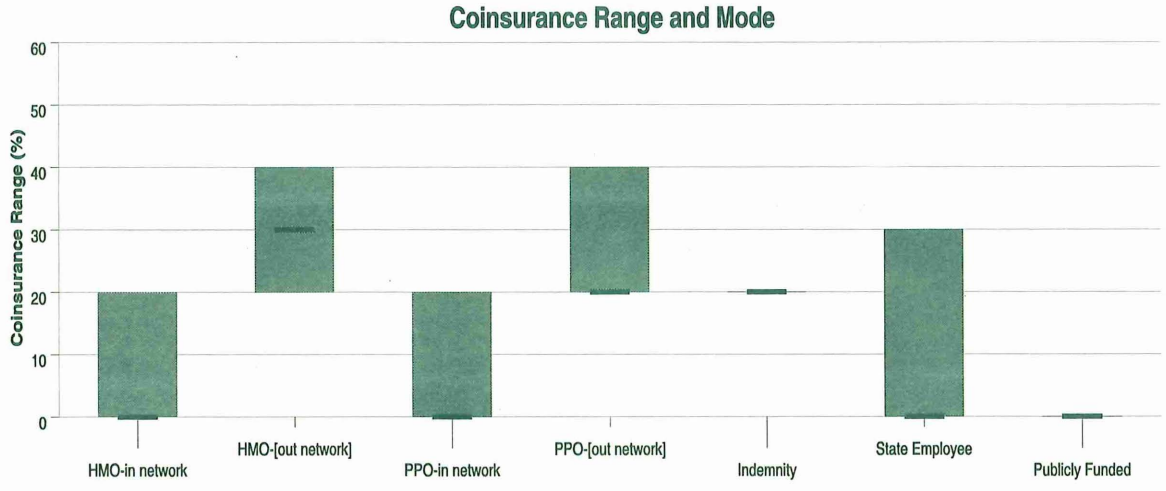
# SPEECH THERAPY (Rehabilitative)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance (n=83) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *16%* | *1%* | *35%* | *7%* | *6%* |
| $1-$10 | *23%* | | *1%* | *2%* | |
| $11-$20 | *6%* | | *1%* | | |
| $21-$30 | 1% | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- service available only to regain loss
- time based on medical necessity
- limited to $10,000 worth of service per person per year
- limited to 6 or 15 visits per person per year

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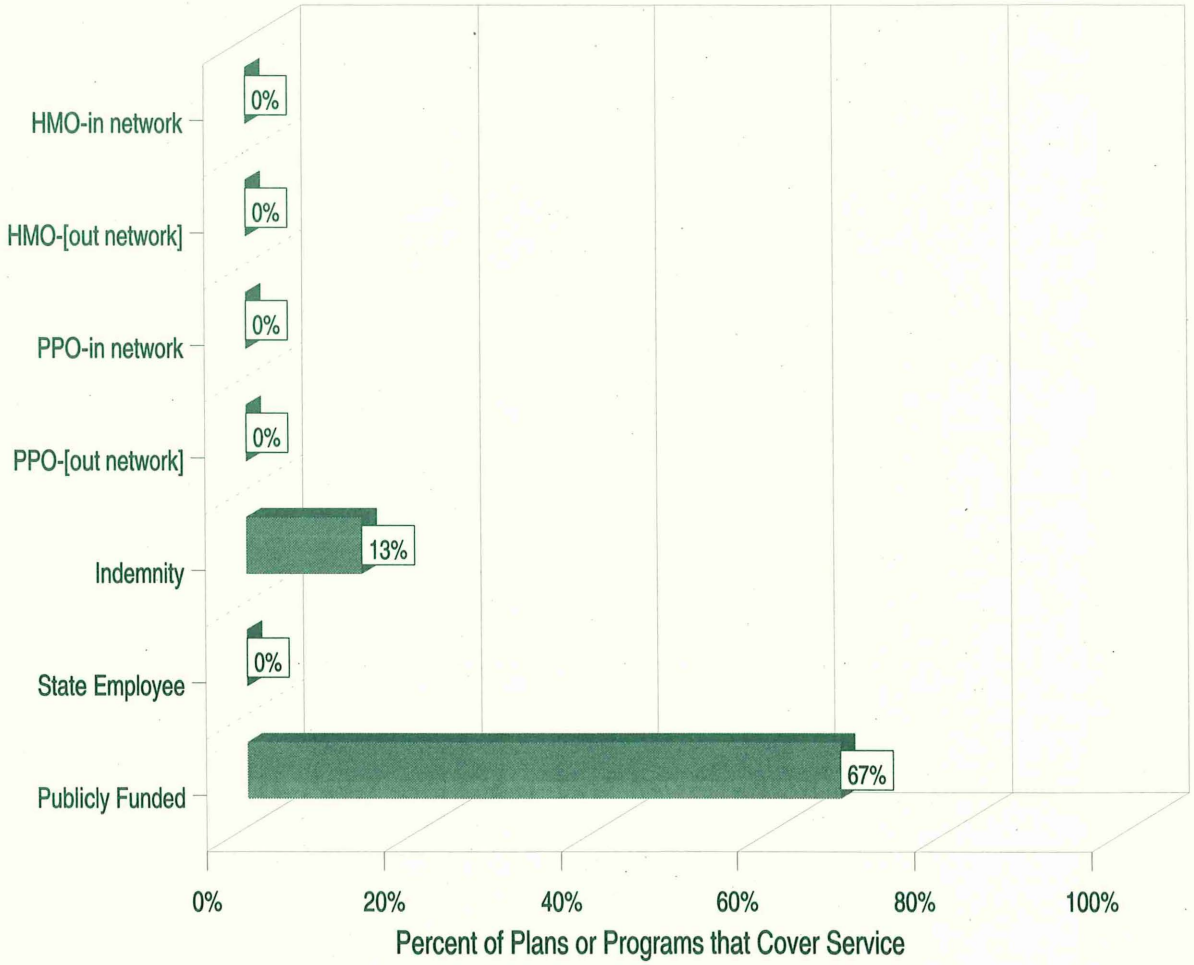
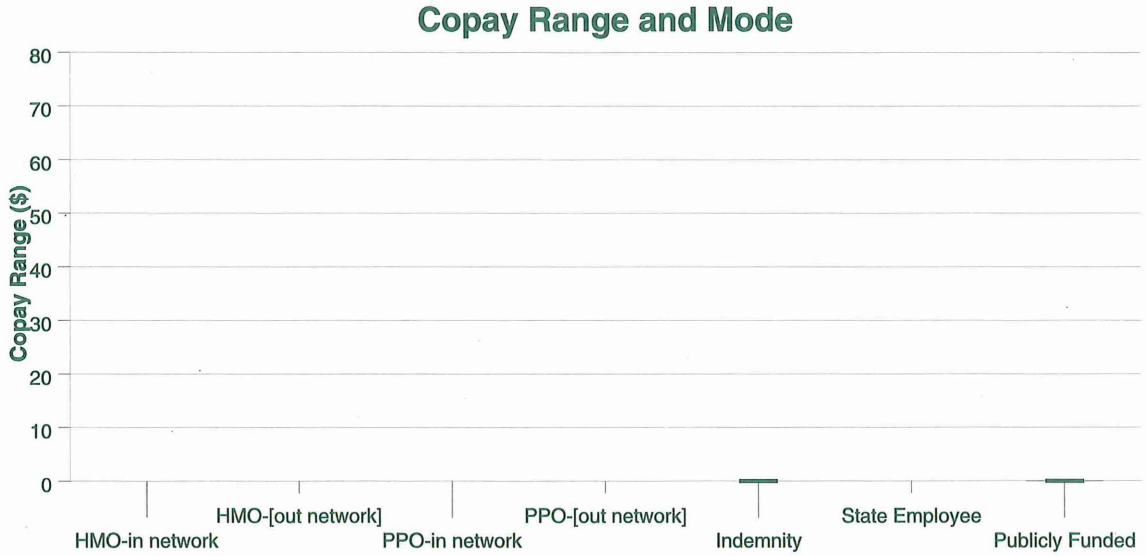
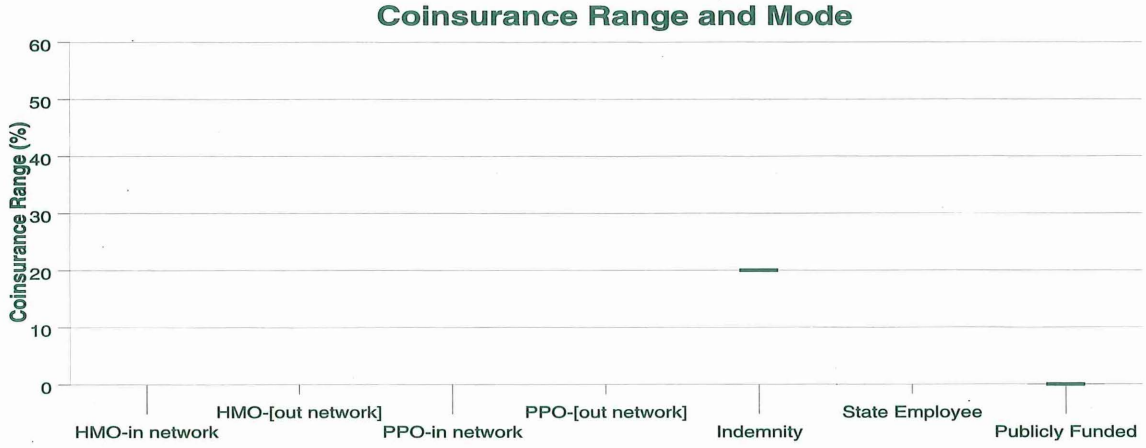
# SPEECH THERAPY (Habilitative)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)
**(grey box indicates most common combination)**

| Copay \ Coinsurance | n=1 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | *100%* | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- available only if medically necessary

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# Medical Equipment

- Orthotics
- Orthotics (Replacement)
- Prosthetics
- Prosthetics (Replacement)
- Durable Medical Equipment
- Disposable Medical Supplies

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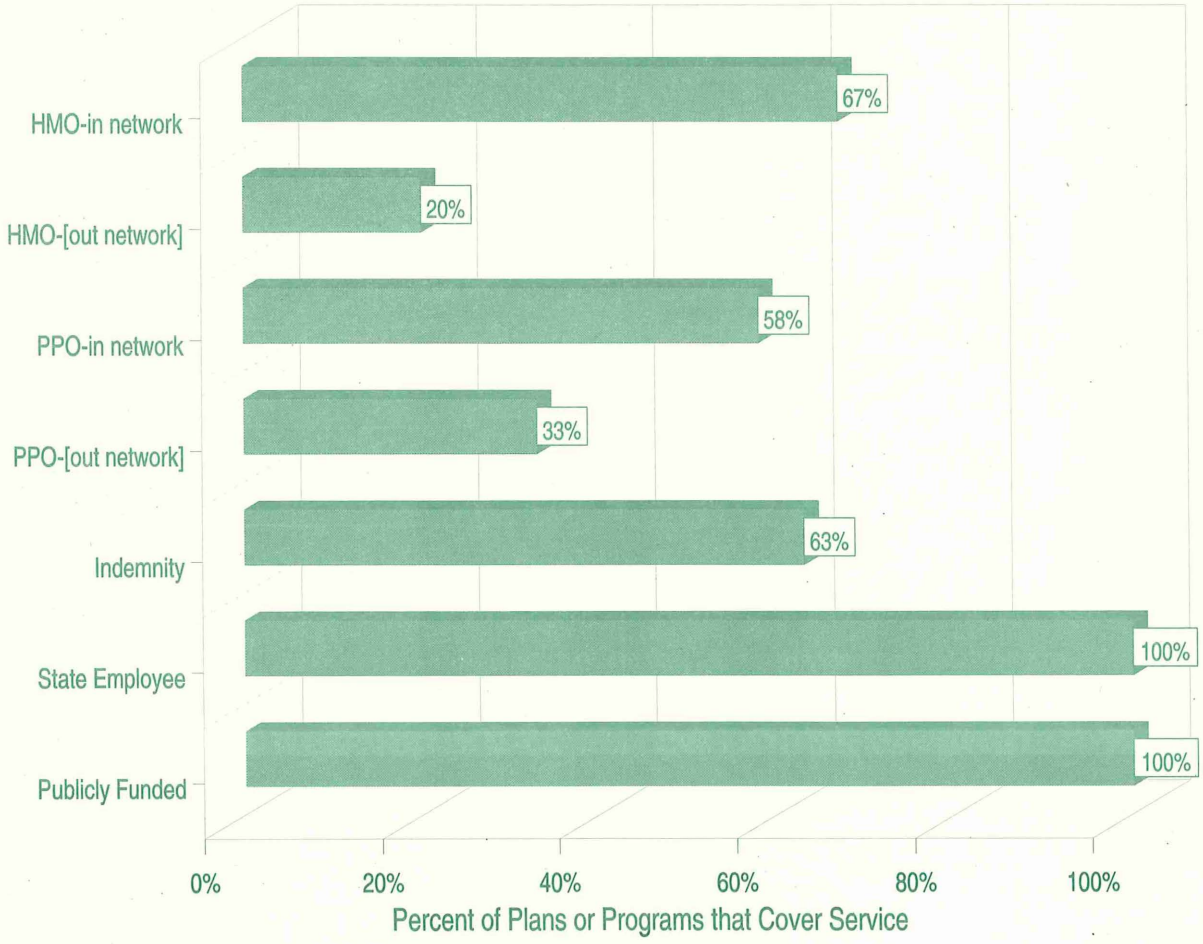
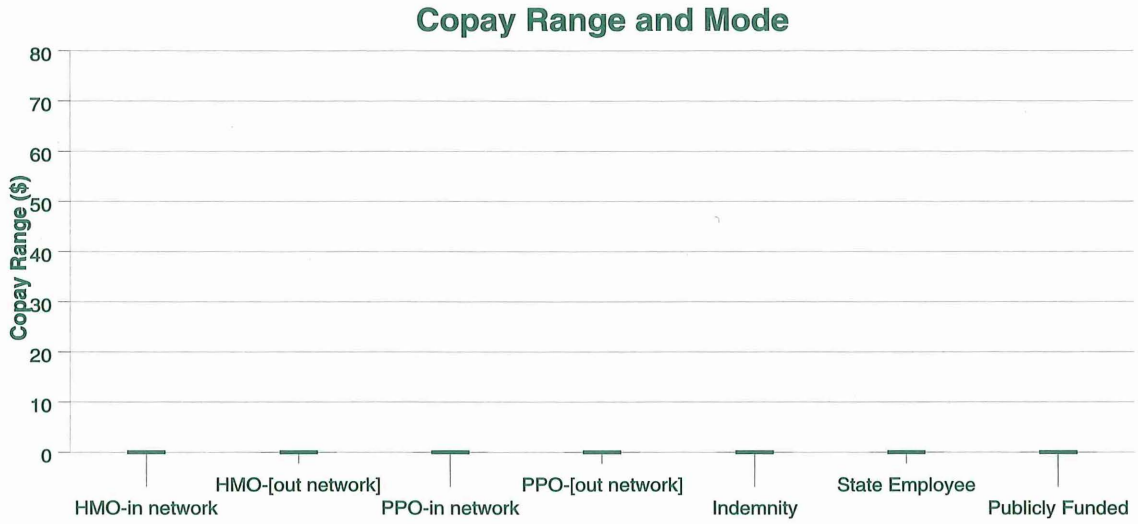
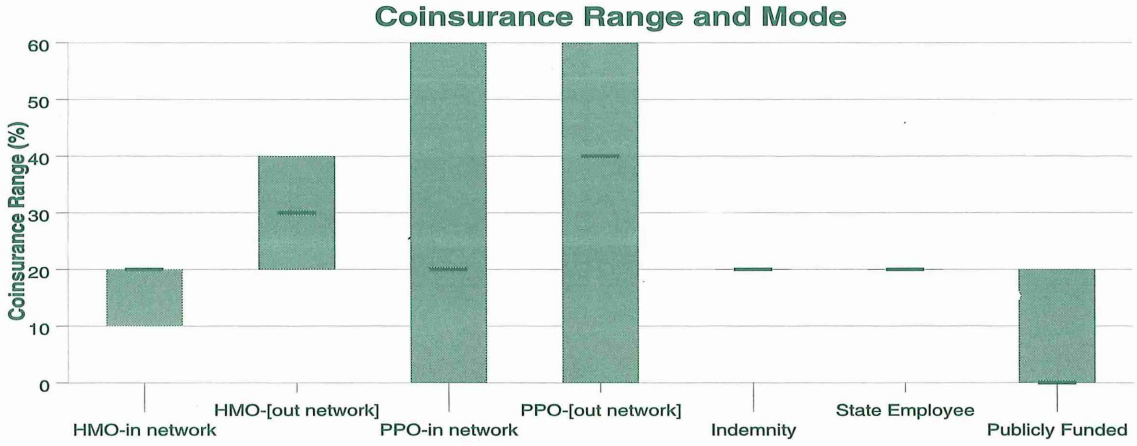
# ORTHOTICS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=83) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *2%* | *8%* | *71%* | *10%* | *8%* |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- up to $5000 worth of service per year
- coverage for initial fitting only
- no orthotic footwear

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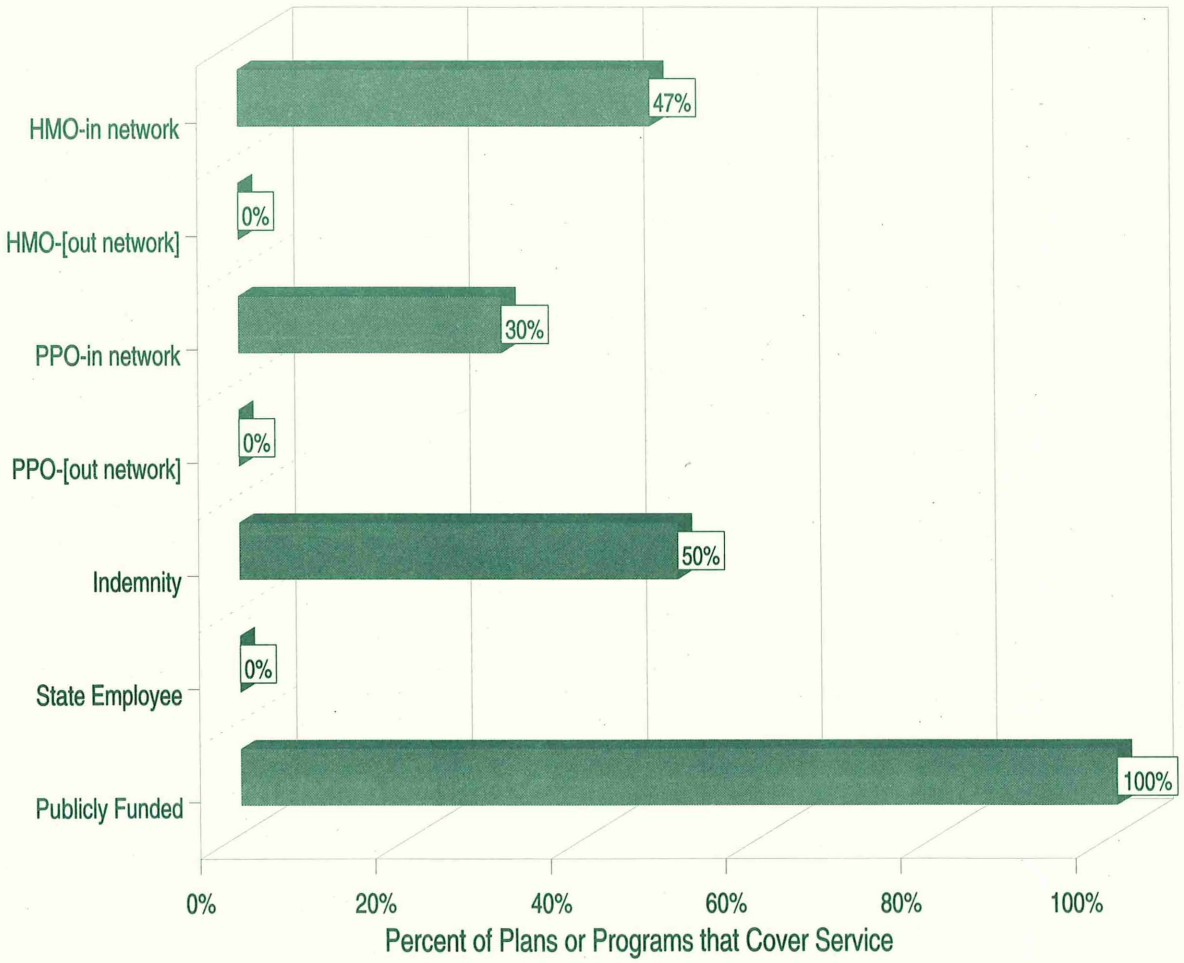
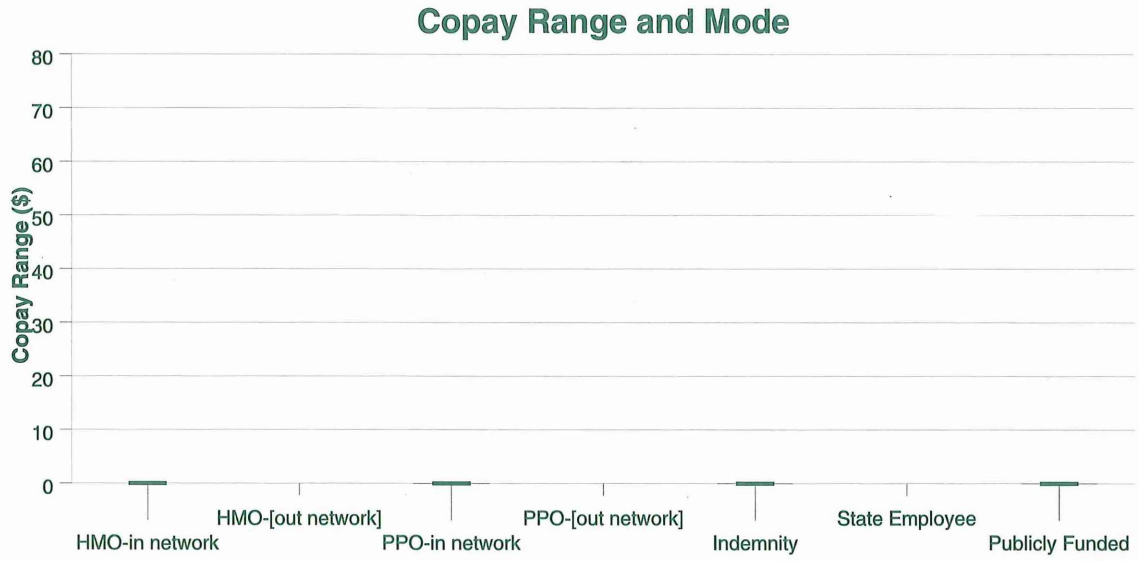
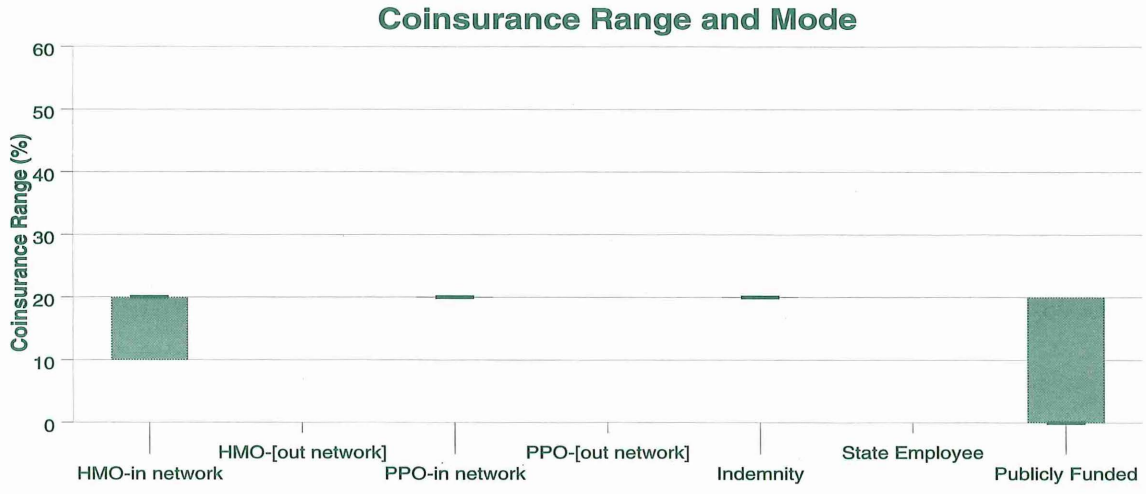
# ORTHOTICS (Replacement)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=24) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | *13%* | *87%* | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- coverage for physician requested orthotics only
- up to $5000 worth of service per year
- does not cover lost or broken orthotics

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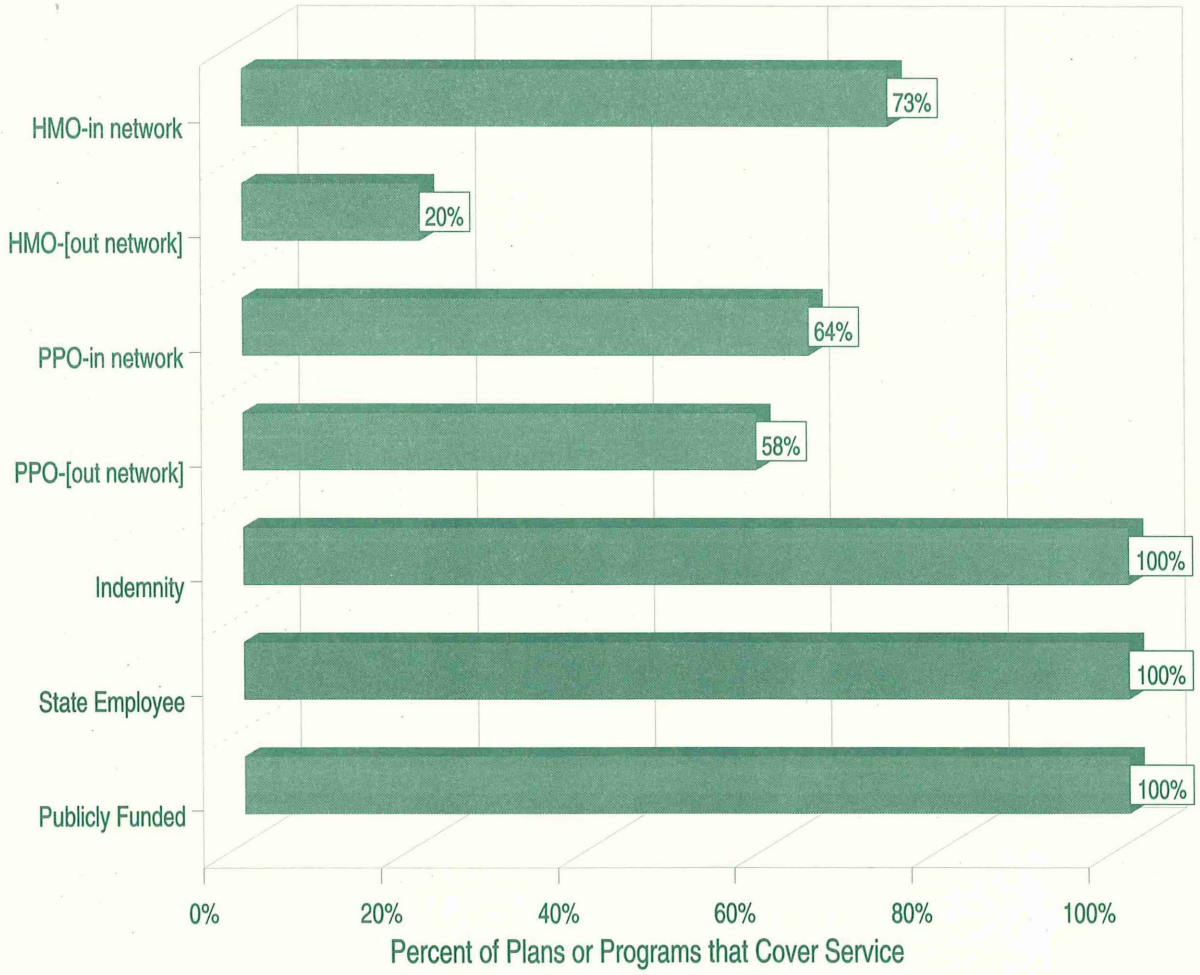
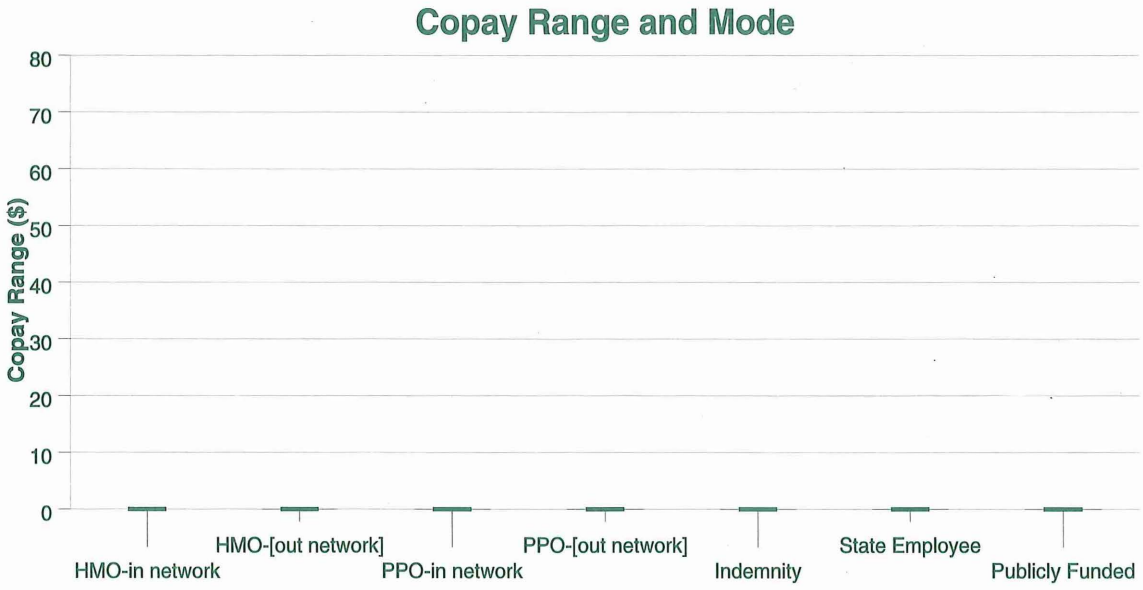
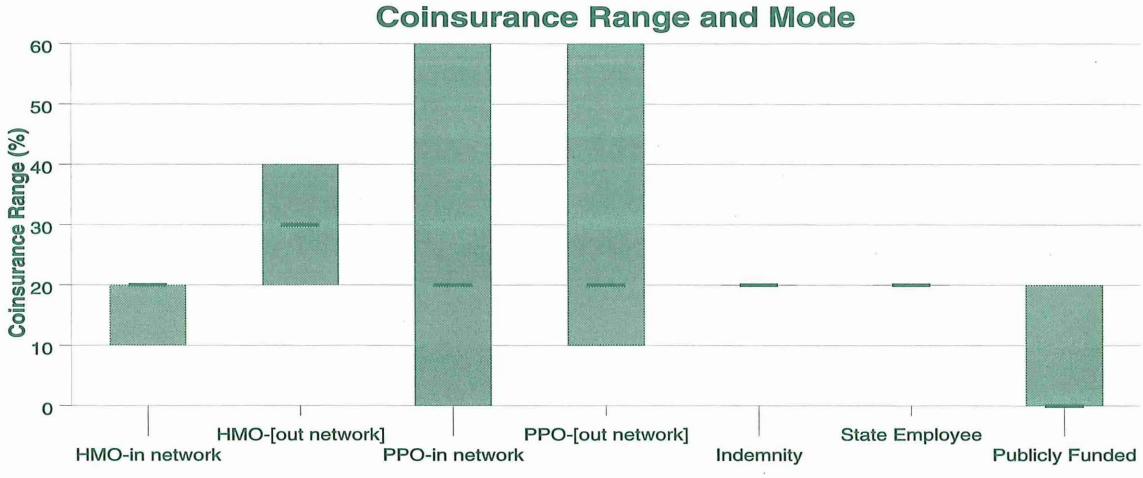
# PROSTHETICS

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=89) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *7%* | *8%* | *70%* | *8%* | *8%* |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- up to $5000 worth of service per year
- up to $50,000 worth of service per lifetime
- coverage for initial fitting only

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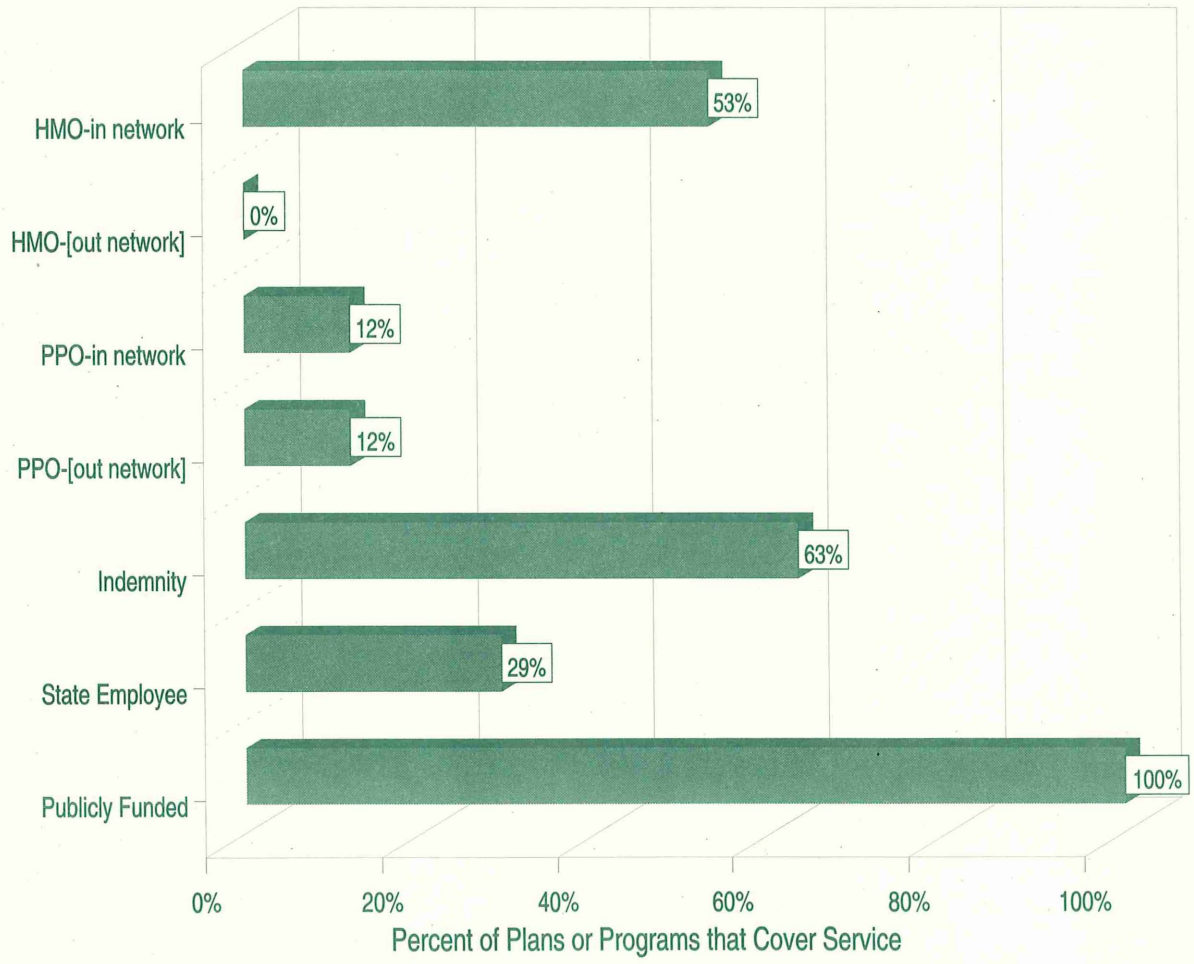
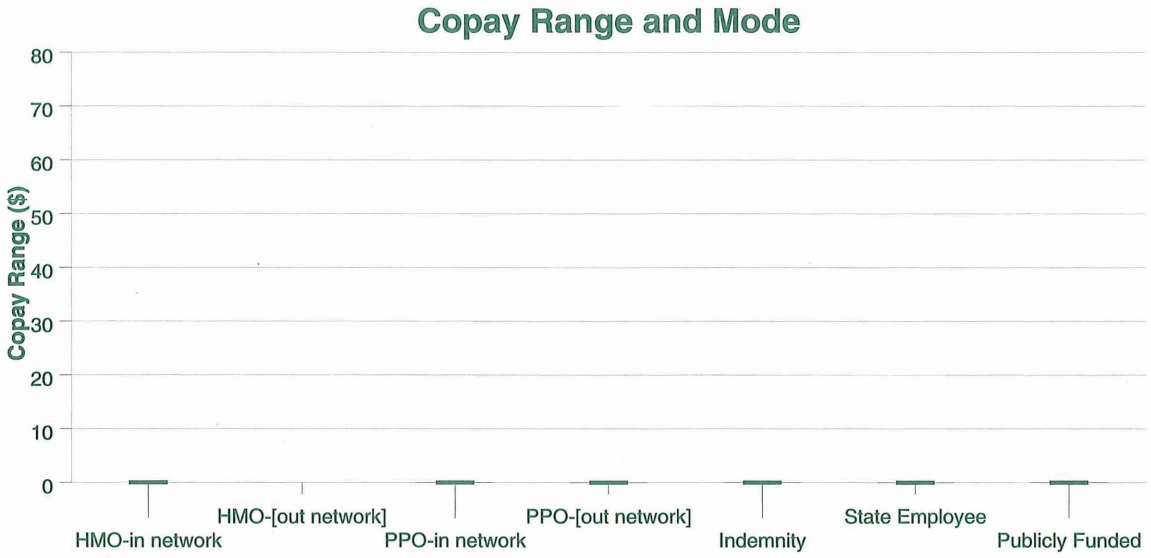
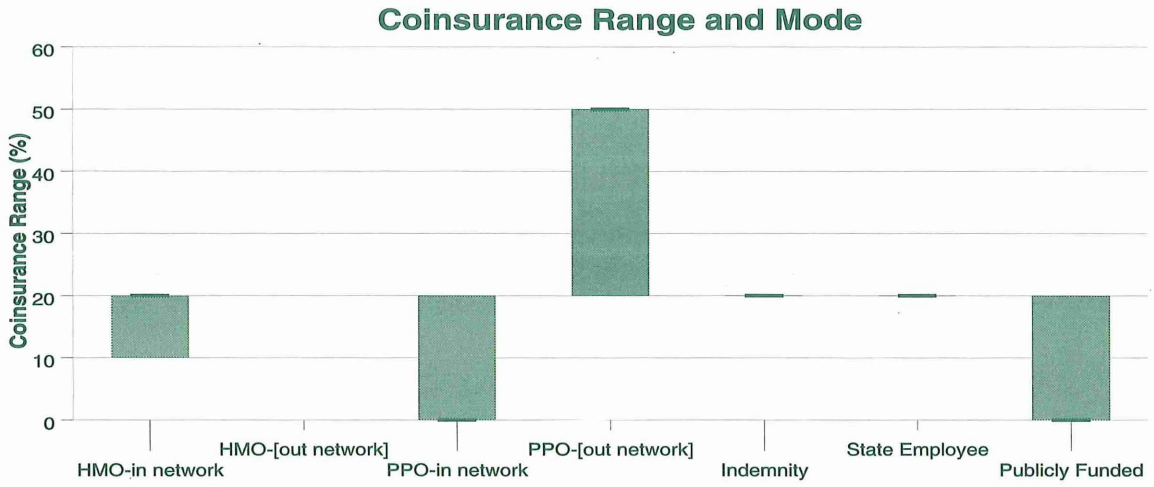
# PROSTHETICS (Replacement)

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=36) | 0% | 1-10% | 11-20% | 21-30% | %>30 |
|---|---|---|---|---|---|
| $0 | *17%* | *6%* | *69%* | | *8%* |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- up to $5000 worth of service per year
- up to $50,000 worth of service per lifetime
- replacement for growth only
- one replacement per lifetime only

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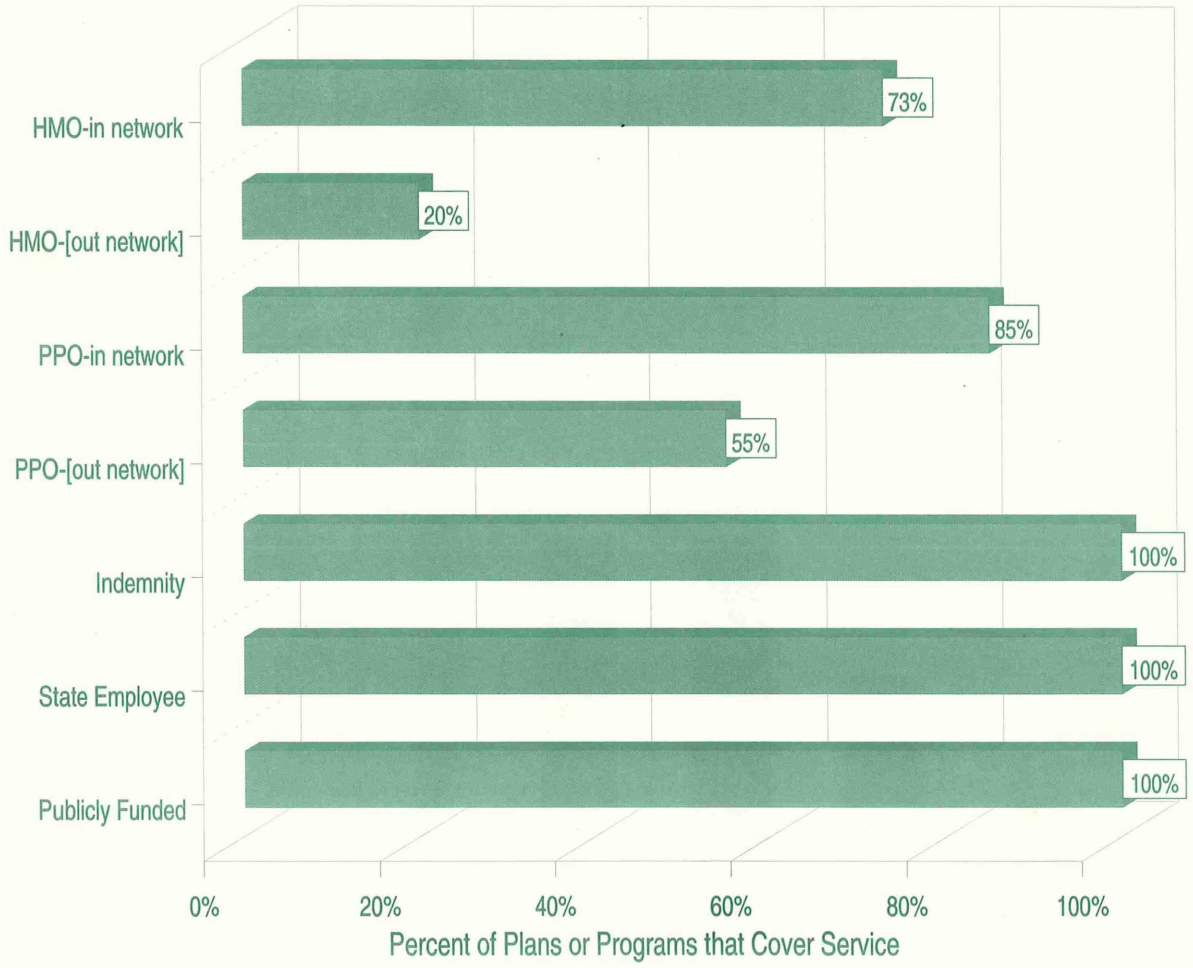
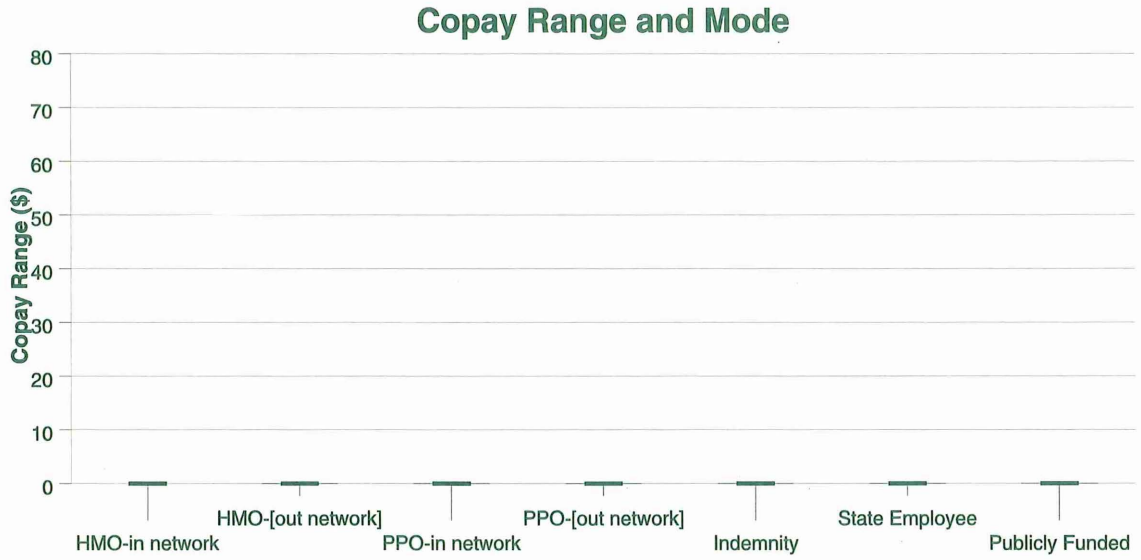
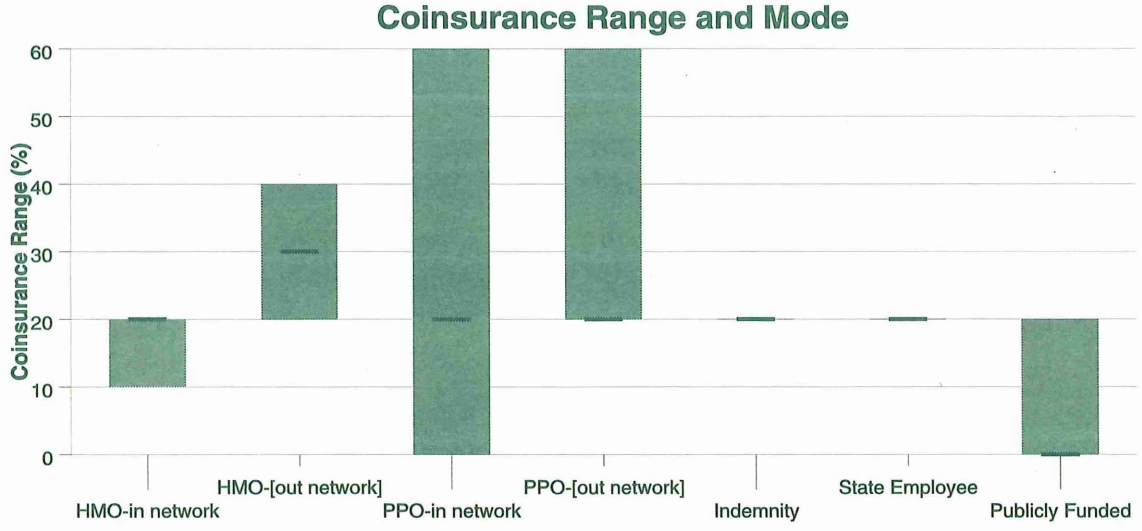
# DURABLE MEDICAL EQUIPMENT

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=91) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *7%* | *7%* | *69%* | *11%* | *7%* |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- up to $5000 worth of service per year
- up to $50,000 worth of service per lifetime
- up to $2000 maximum per piece of equipment
- coverage for initial fitting only
- replacement based on reasonable wear/tear and growth

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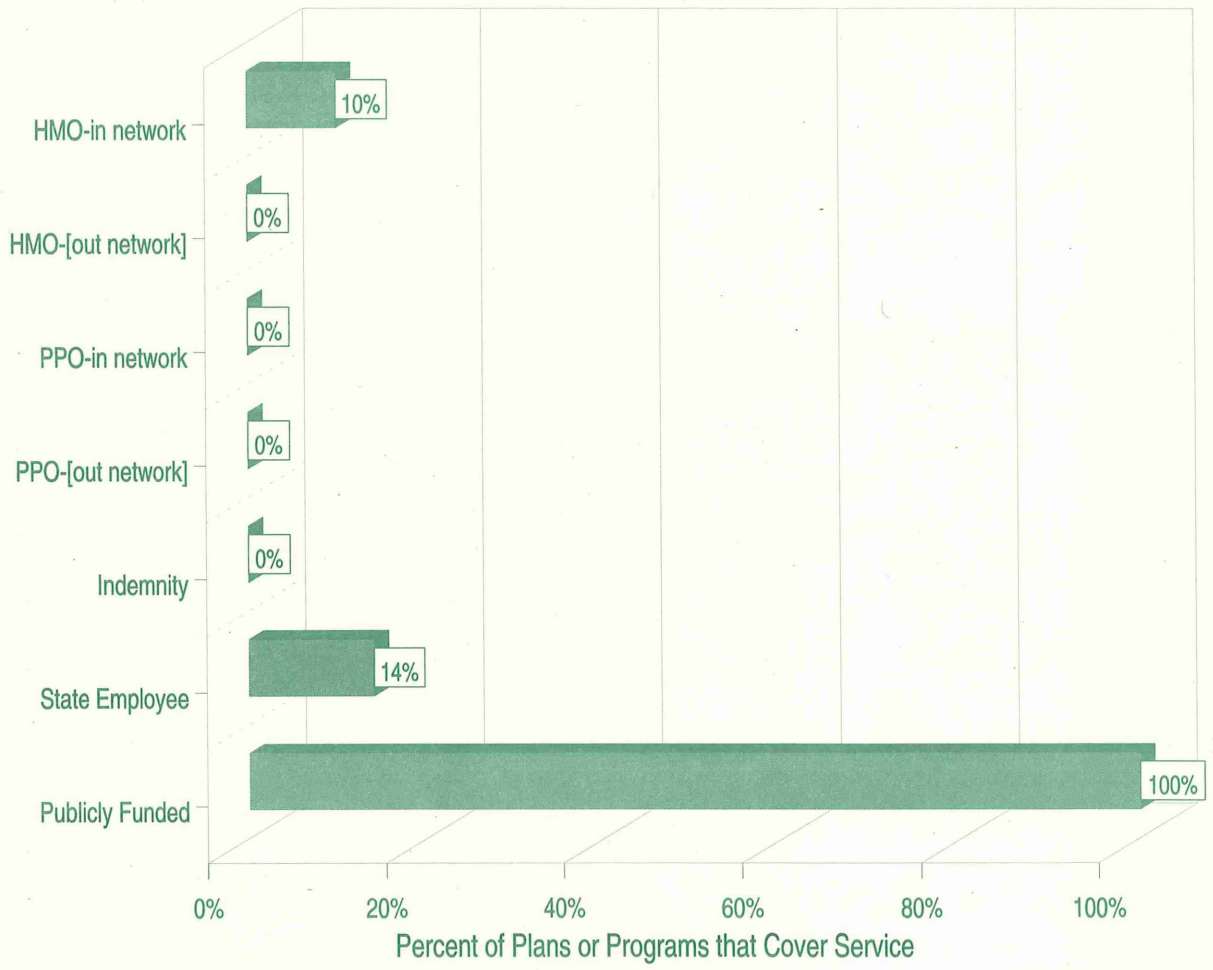
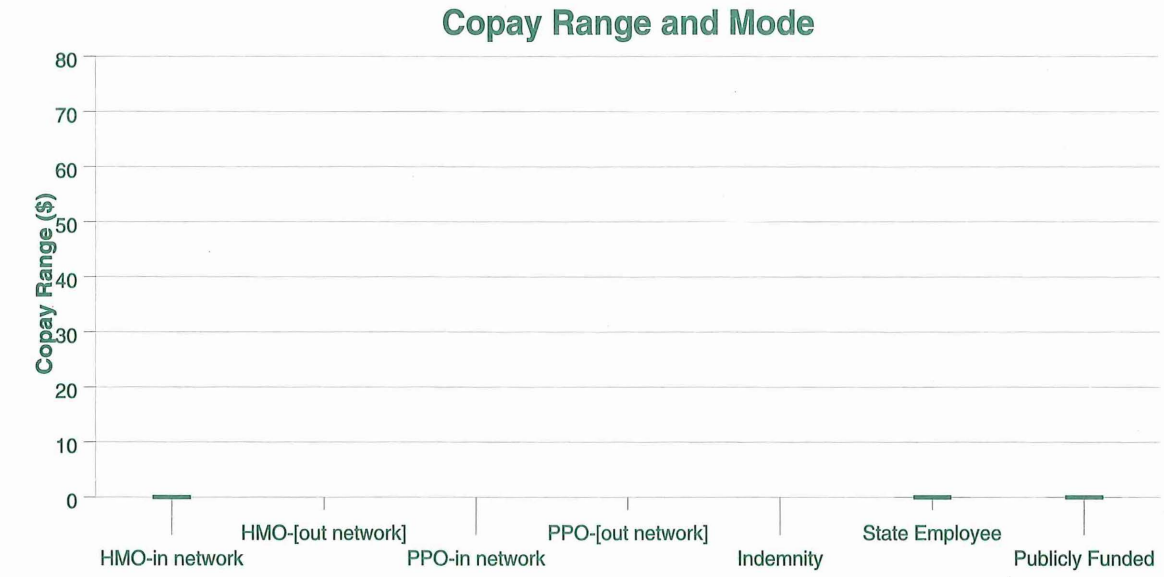
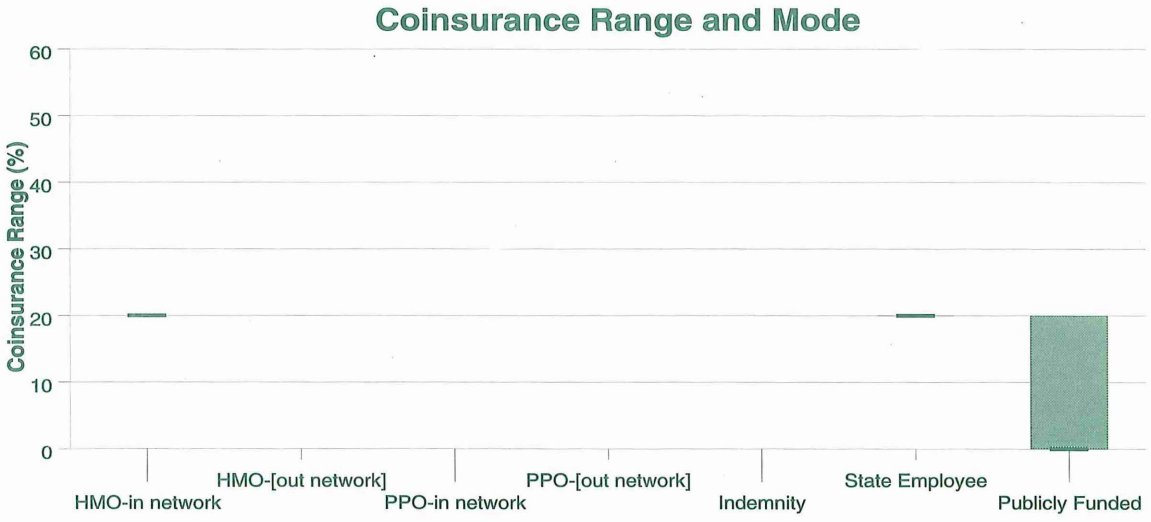
# DISPOSABLE MEDICAL SUPPLIES

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=8) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *38%* | | *63%* | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- need prior authorization
- only for strictly medical supplies

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# Access Services

- Language Interpreter Services
- Common Carrier Transportation

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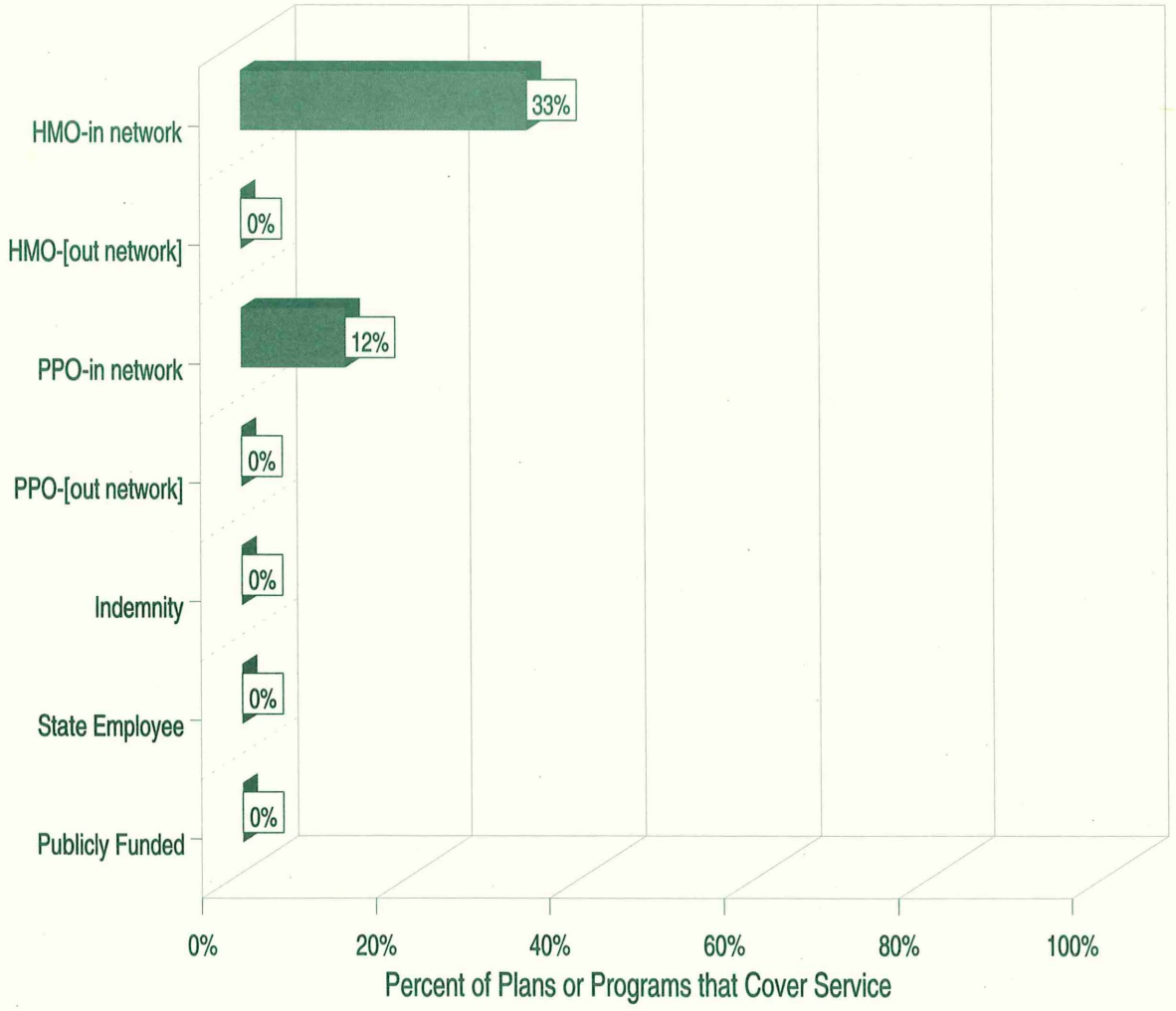
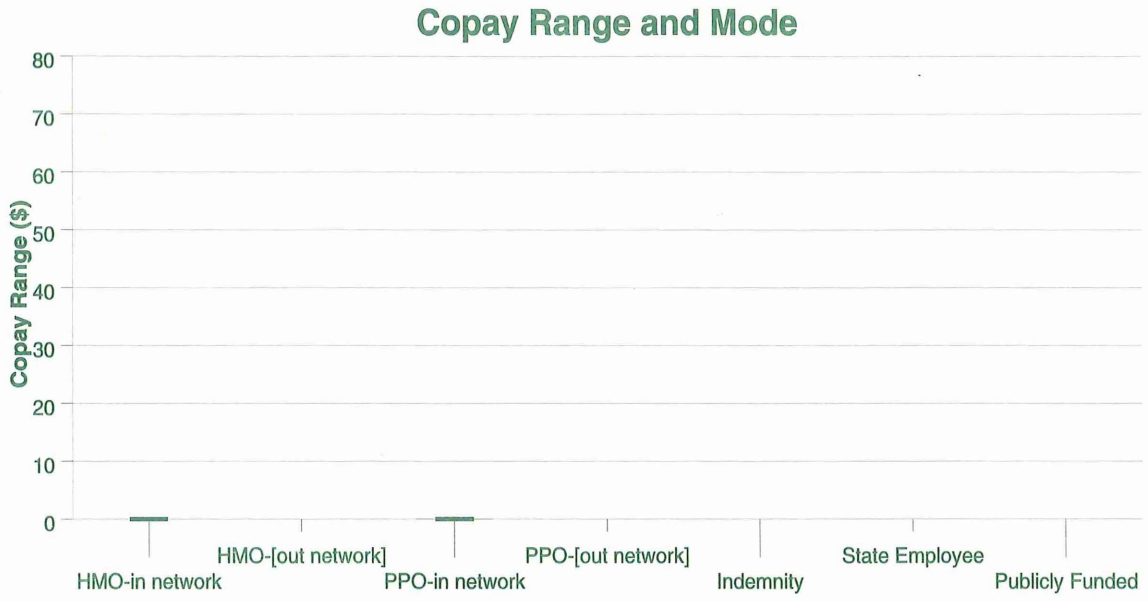
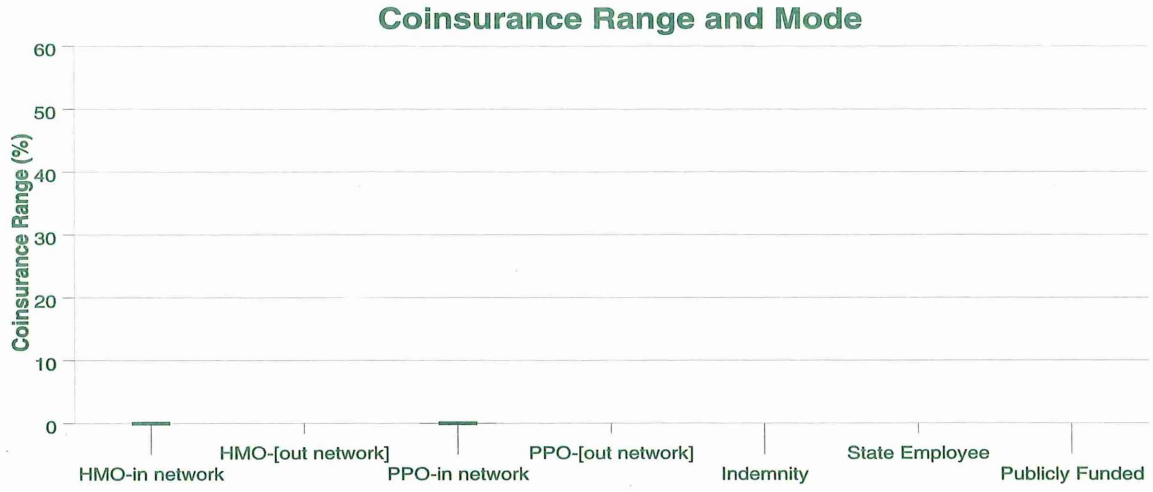
# LANGUAGE INTERPRETER SERVICES

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance (n=14) | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | *100%* | | | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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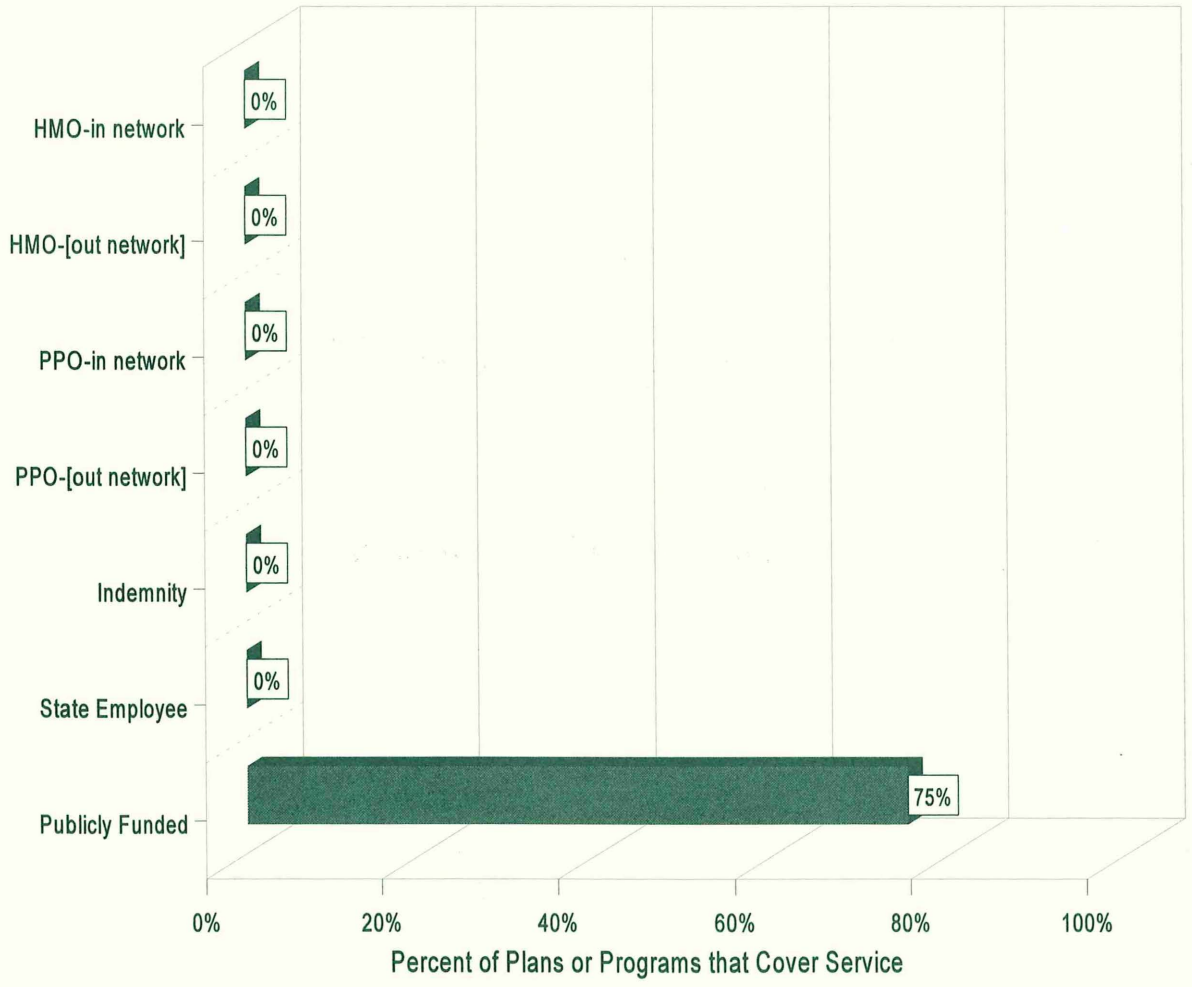
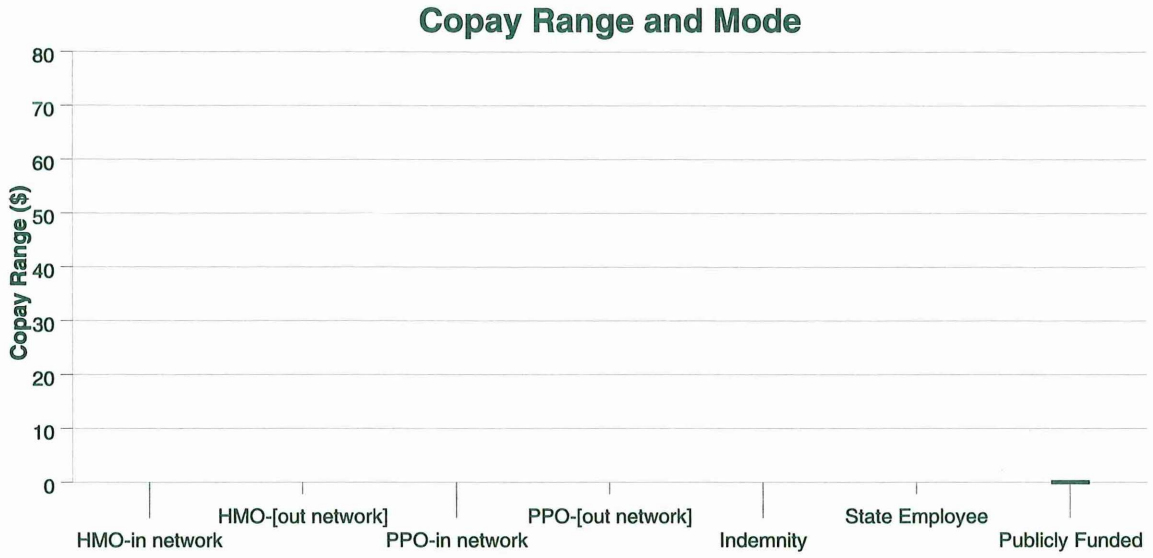
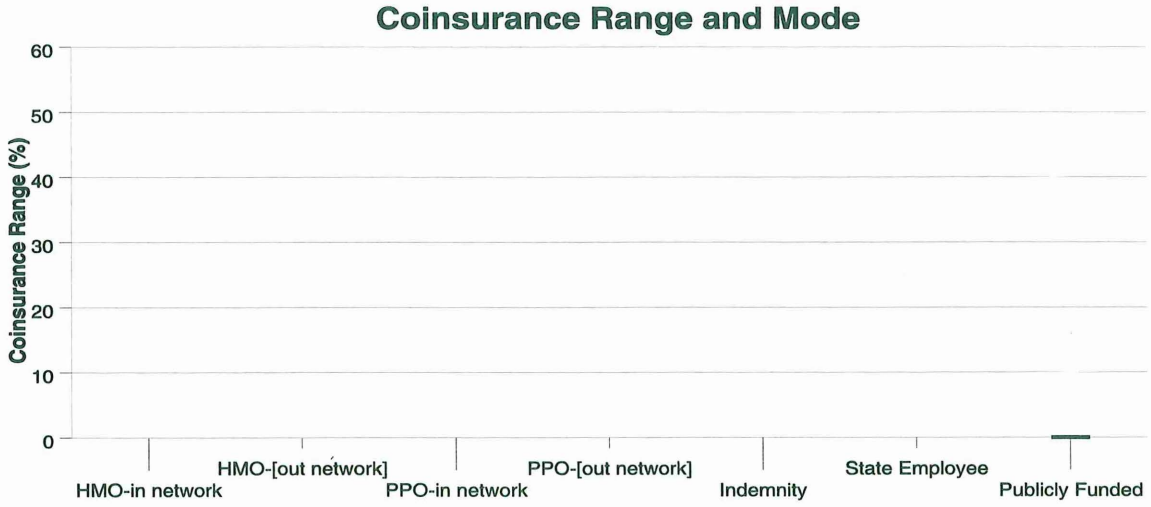
# COMMON CARRIER TRANSPORTATION

## What percent of plans or programs cover this service?



# What is the level of consumer responsibility for this service?



## What is the relationship between the consumer copay and coinsurance? (publicly funded plans excluded)

### Combinations of Coinsurance and Copay (% of plans)

(grey box indicates most common combination)

| Copay \ Coinsurance | 0% | 1-10% | 11-20% | 21-30% | >30% |
|---|---|---|---|---|---|
| $0 | | | | | |
| $1-$10 | | | | | |
| $11-$20 | | | | | |
| $21-$30 | | | | | |
| $31-$40 | | | | | |
| >$40 | | | | | |

n=0

n=number of plans that cover service

## What are the common limitations associated with this service?

- none stated

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# Other

- Deductible
- Out-of-Pocket Maximum
- Lifetime Maximum
- Medically Necessary
- Pre-existing Conditions
- Third Party Referrals

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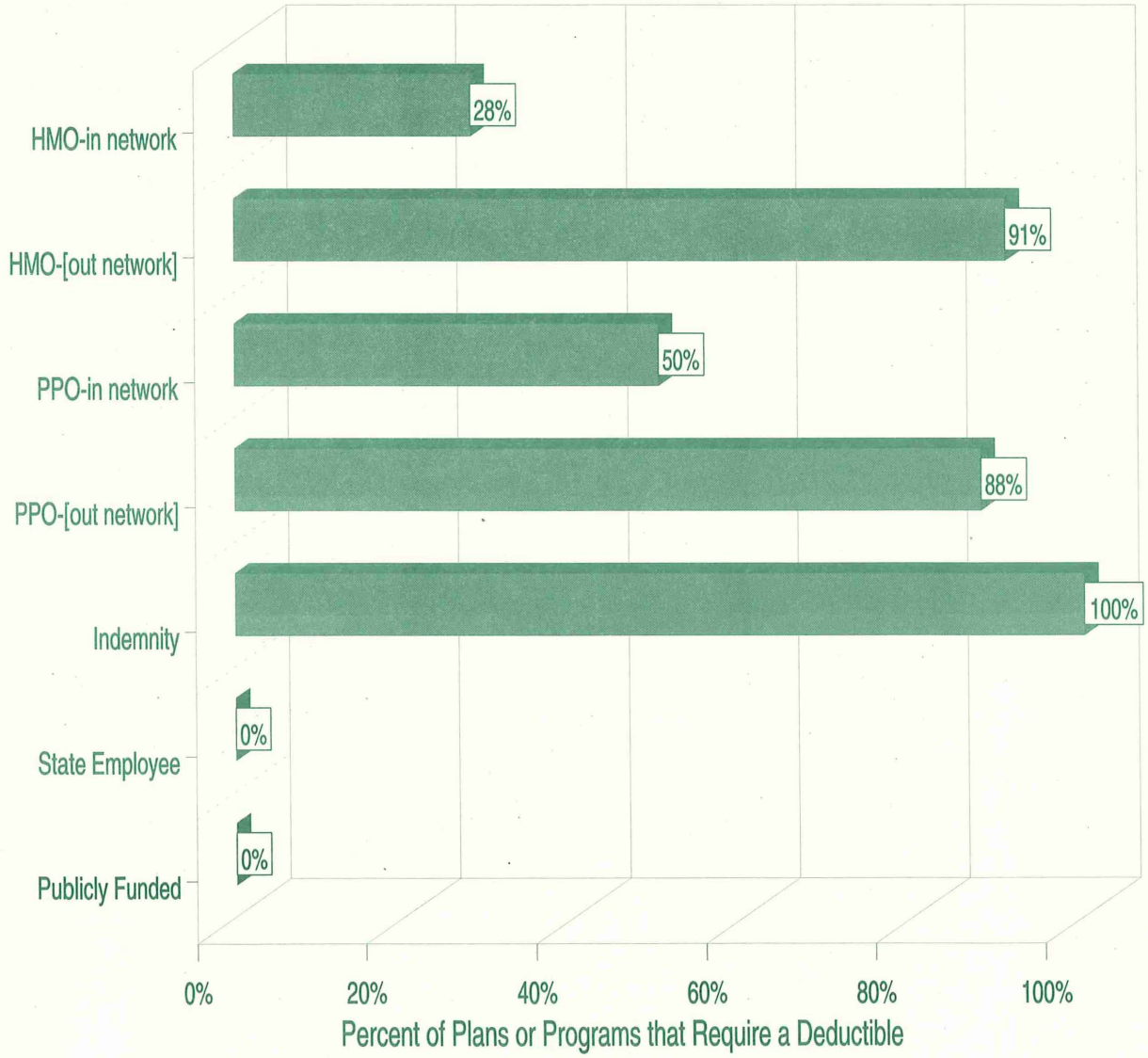
# DEDUCTIBLE

## What percent of plans or programs require a deductible?

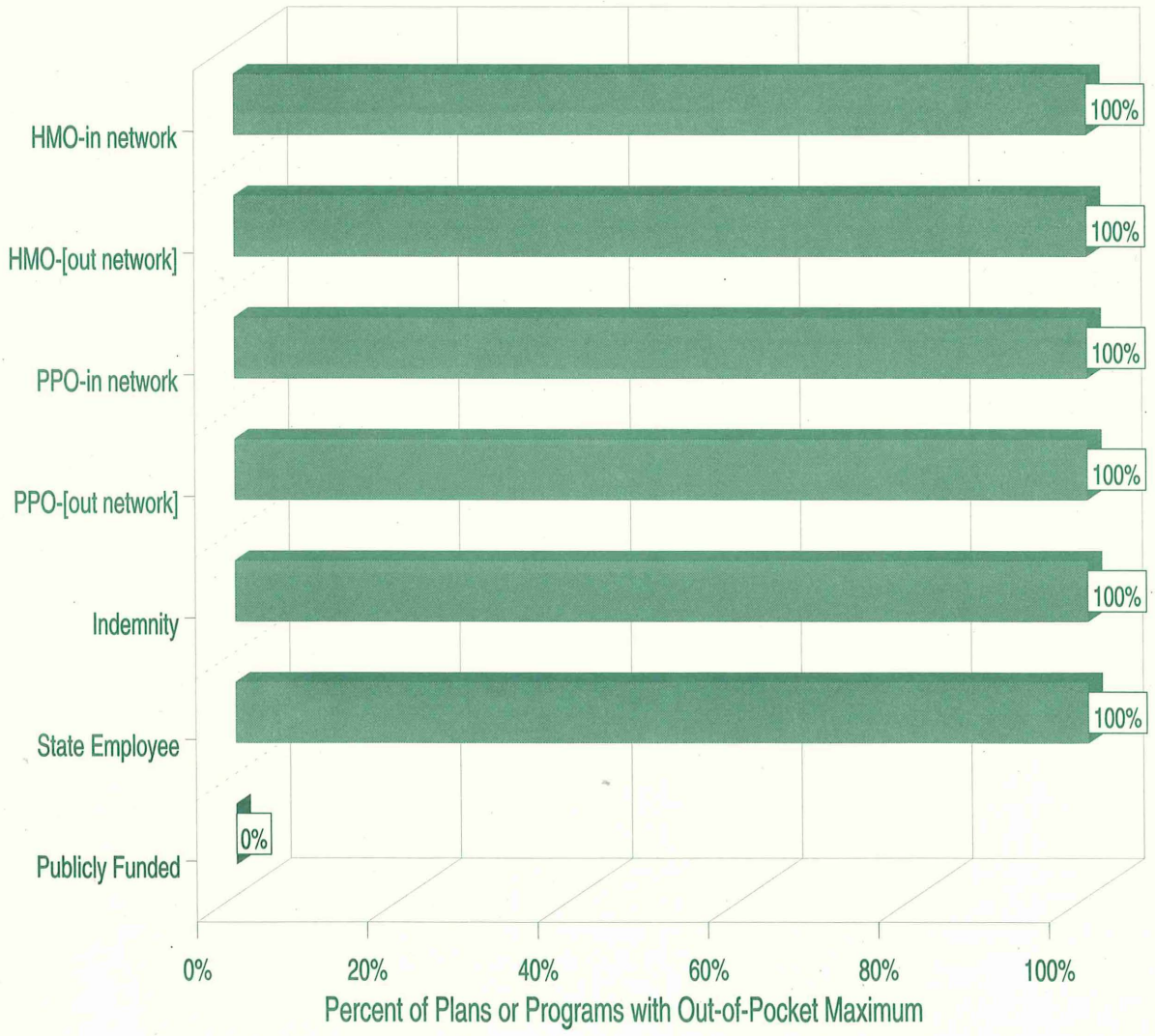


## What are the deductible ranges for these plans or programs?

| | Deductible Range | |
|---|---|---|
| | Individual | Family |
| HMO-in network | $100-$1000 | |
| HMO-out of network | $300-$500 | $900-$1500 |
| PPO-in network | $100-$1000 | $300-$2000 |
| PPO-out of network | $100-$1000 | $300-$2000 |
| Indemnity | $100-$5000 | |
| State Employee Plans | $0 | $0 |
| Publicly Funded Plans | $0 | $0 |

# OUT-OF-POCKET MAXIMUM

## What percent of plans or programs have an out-of-pocket maximum?

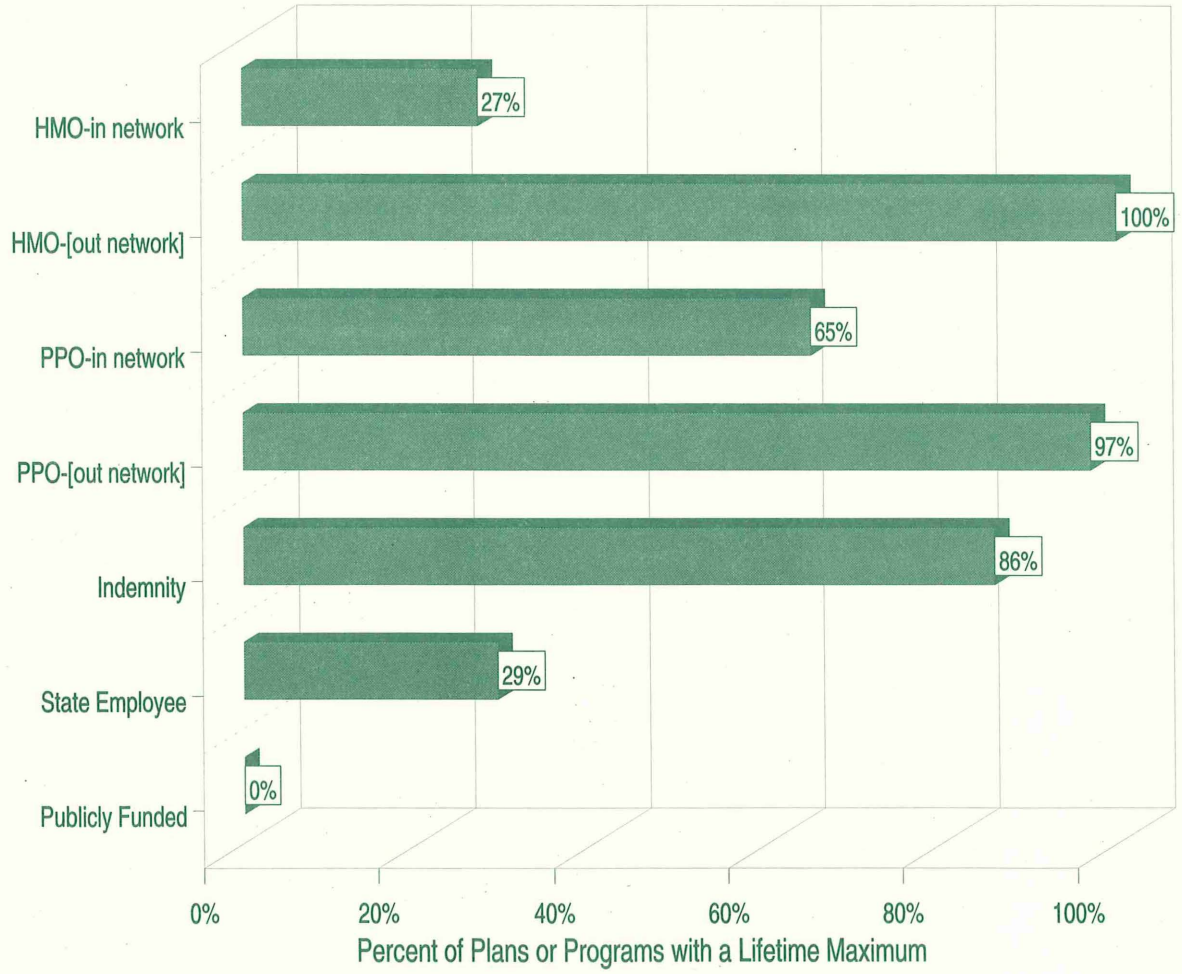


## What are the out-of-pocket maximum ranges for these plans or programs?

| Out-of-Pocket Range | | |
|---|---|---|
| | Individual | Family |
| HMO-in network | $1000-$3000 | $3000-$6000 |
| HMO-out of network | | |
| PPO-in network | $1000-$3000 | $2000-$7000 |
| PPO-out of network | $1000-$6000 | $200-$11,000 |
| Indemnity | $500-$10,000 | |
| State Employee Plans | $3000 | $6000 |
| Publicly Funded Plans | $0 | $0 |

# LIFETIME MAXIMUM

## What percent of plans or programs have a lifetime maximum?



## What are the lifetime maximum ranges for these plans or programs?

| Lifetime Maximum Ranges | |
|---|---|
| HMO-in network | $500,000-$1,000,000 |
| HMO-out of network | |
| PPO-in network | $500,000-$5,000,000 |
| PPO-out of network | |
| Indemnity | $500,000-$2,000,000 |
| State Employee Plans | $500,000-$1,000,000 |
| Publicly Funded Plans | $0 |

# DETERMINATION OF MEDICALLY NECESSARY

Health plans and programs determine coverage of services based on variations of a medically necessary definition. Definitions vary across plans and are based on what is stated within individual contracts. In general, the standard language for PPO and Indemnity plans definition of medically necessary is care that is proven, effective and appropriate as determined by the medical director. This standard language does not apply to plans exempt from ERISA legislation.

The operating definition used by HMO's in Minnesota is defined in administrative rule 4685.0100.9b. That is:

"Medically necessary care" means health care services appropriate, in terms of type, frequency, level, setting, and duration, to the enrollee's diagnosis or condition, and diagnostic testing and preventive services. Medically necessary care must:

A. be consistent with generally accepted practice parameters as determined by health care providers in the same or similar general specialty as typically manages the condition, procedure, or treatment at issue; and

B. help restore or maintain the enrollee's health; or

C. prevent deterioration of the enrollee's condition; or

D. prevent the reasonably likely onset of a health problem or detect an incipient problem.

Of the plans and programs surveyed, medically necessary treatment or service is determined by:

- physician
- staff and claims board
- physician review board
- team of health care experts
- state requirements
- plans medical director

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# PRE-EXISTING CONDITIONS

| Pre-existing Condition Restrictions | | |
|---|---|---|
| **HMO** | Large group (50+ employees) | -No pre-existing condition restrictions if previously covered continuously for the past 18 months. |
| | Small group (<50 employees) | -May have pre-existing condition restrictions of no coverage for initial 12 months (18 months for late entrants).<br>-No pre-existing condition restrictions if previously covered continuously for the past 18 months. |
| | Individual | -May have pre-existing condition restrictions up to 18 months if no previous coverage or up to 12 months if previously covered continuously. The pre-existing limitation period will be reduced by the length of time previously covered. |
| **PPO** | Most of the plans have pre-existing condition restrictions | e.g.<br>-If condition present last 6 months, then no coverage for 6-12 months.<br>-If no health care coverage for last year, then wait 18 months for coverage.<br>-If pre-existing condition, then care limited to $750, unless 90 day without treatment or 12 months of coverage have elapsed. |
| **Indemnity** | All plans have pre-existing condition restrictions if not previously covered continuously | e.g.<br>-If condition present last 6 months, then no coverage for 6-12 months.<br>-If condition present last 3 months, then no coverage for 12 months. |
| **State Employee Plans** | No pre-existing condition restrictions | |
| **Publicly Funded Plans** | No pre-existing condition restrictions | |

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# THIRD PARTY REFERRALS

## What percent of plans or programs accept third party referrals to obtain services?

Third party referrals are those referrals for health care made by someone other than a physician, e.g. a school teacher may request that a child be evaluated for a specific need.