

<b>Benefits</b>	<b>Clinton, Essex, Warren, Washington Health Consortium (CEWW) Plan 1 CLASSIC BLUE 1/1/18</b>	<b>Clinton, Essex, Warren, Washington Health Consortium (CEWW) Plan 1 Custom Traditional Benefits 1/1/17</b> Group #: 00034280 Prod ID: CIN00069; CIN00070 Prod ID Eff Date: 07/01/2014 Contracts: CEWW (7/00), CEWW-R-1 Eff. 07/01/2000	<b>Comments:</b>
<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b><u>ALLOWABLE EXPENSE</u></b>			
Facility - Participating	The Negotiated Amount or Blue Card if applicable, however, member liability is based on charge when less than the negotiated amount or Blue Card.	The Negotiated Amount or Blue Card if applicable, however, member liability is based on charge when less than the negotiated amount or Blue Card.	no change 1/1/18
Facility - Non-Participating, In Area	80% of charge	Lower of participating negotiated amount, negotiated amount or charge.	Benefit Change 1/1/18
Facility - Non-Participating Out of Area	80% of charge	Lower of participating negotiated amount, negotiated amount, Blue Card or charge.	Benefit Change 1/1/18
Professional Provider - Participating	Lowest of fee schedule, Blue Card or charge.	Lowest of fee schedule, Blue Card or charge.	no change 1/1/18
Professional Provider - Non-Participating, In Area	Lower of 100% of National Medicare fee schedule or charge. If no Medicare fee schedule, 75% of charge.	Lowest of fee schedule, negotiated amount or charge.	no change 1/1/18
Professional Provider - Non-Participating, Out of Area	<b>Options:</b> - Lower of 150% of National Medicare fee schedule or charge. If no Medicare fee schedule, lower of 75% of charge or Blue Card. - Lower of [90]% of charge.	Lowest of fee schedule, negotiated amount, Blue Card or charge.	no change 1/1/18
Professional or Facility Emergency Care	Participating: 100% of AE Non-Participating: 100% of Charge	Participating: 100% of AE Non-Participating: 100% of Charge	no change 1/1/18
<b><u>WHO IS COVERED</u></b>			
<b>Type of Tiers</b> – check all that apply:	2 Tier, 3 Tier or 4 Tier available	2 Tier	no change 1/1/18
<b>Dependent Coverage</b> Age to which dependents covered Federal Mandate - HCR Dep to age 26.	26 to end of month of birthday	26 to end of month of birthday	no change 1/1/18
<b>Dependents through age 29</b> State Mandate	Optional Group Selected Benefit or Dependent Make Available	Optional Group Selected Benefit or Dependent Make Available	no change 1/1/18

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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>Domestic Partner Coverage</b>	Not Covered	Not Covered	no change 1/1/18
<b>CARE MANAGEMENT &amp; MEDICAL NECESSITY</b>			
<b>Pre-Certification with Penalty</b> Apply Y/N?	None	None	no change 1/1/18
<b>Utilization Management - Prospective &amp; Concurrent / PreAuth &amp; Prior Auth</b> Apply Y/N?	No	No	no change 1/1/18
<b>Utilization Management - Retrospective Review</b> Apply Y/N?	Yes	Yes	no change 1/1/18
<b>Utilization Management - Radiology Review</b> Apply Y/N?	No	No	no change 1/1/18
<b>Utilization Management - Medical Specialty Drug Review</b> Apply Y/N?	No	No	no change 1/1/18
<b>Behavioral Health - Prospective &amp; Concurrent Review / PreAuth &amp; Prior Auth</b> Apply Y/N?	No	No	no change 1/1/18
<b>Behavioral Health - Retrospective Review</b> Apply Y/N?	Yes	Yes	no change 1/1/18
<b>Disease Management - Chronic Condition Management</b> Apply Y/N?	No	No	no change 1/1/18
<b>Disease Management - Health Coaching</b> Apply Y/N?	No	No	no change 1/1/18
<b>Case Management - Elderly Care Program</b> Apply Y/N?	No	No	no change 1/1/18

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<b>Case Management - Targeted Acute Condition Support including Specialty Care Navigator Program Apply Y/N?</b>	No	No	no change 1/1/18
<b>Case Management - Coordination for all Behavioral Health Inpatient Admissions Apply Y/N?</b>	No	No	no change 1/1/18
<b>Health Promotion - Tobacco Cessation Apply Y/N?</b>	No	No	no change 1/1/18
<b>Health Promotion - Health Risk Assessment Apply Y/N?</b>	No	No	no change 1/1/18
<b>Specialty Care Management Services - Clinical Concierge Program Apply Y/N?</b>	No	No	no change 1/1/18
<b>Specialty Care Management Services - Clinical Performance Guarantees Apply Y/N?</b>	No	No	no change 1/1/18
<b>Custom Programs - self insured only</b>	No	No	no change 1/1/18
<b>HEALTH &amp; WELLNESS Incentive Programs</b>	None	None	no change 1/1/18
<b>COST SHARING EXPENSES</b>			
<b>Contract Year</b>	Calendar year only	Calendar Year	no change 1/1/18
<b>Deductible Single/ Family</b>	Single: \$50 Family: \$125	Single: \$50 Family: \$125	Match current plans no change for members 1/1/18
<b>4<sup>th</sup> Quarter Deductible Carry-Over</b>	Applies	Applies	no change 1/1/18
<b>Deductible History Crediting</b>	Applies	Applies	no change 1/1/18
<b>Copayment</b>	None	None	no change 1/1/18

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<b>Coinsurance</b>	20%	20%	no change 1/1/18
<b>Annual Coinsurance Maximum</b>	\$400 per person	\$400 per person	Match current plans no change for members 1/1/18
<b>Annual Out-of-Pocket Maximum Prescription Drug Plan</b>	Single: \$500 Family: \$1,500	Single: \$500 Family: \$1,500	no change 1/1/18
<b>Integrated RX Riders</b>	Retail: Deduct/Coins up to 90 day supply Mail Order: \$8 copay per 90 day supply	Retail: Deduct/Coins up to 90 day supply Mail Order: \$8 copay per 90 day supply	Match current plans no change for members 1/1/18
<b>HOSPITAL INPATIENT SERVICES</b>			
<b>Inpatient Hospital Services</b> Essential Health Benefit	100% of AE Unlimited days	100% of AE 365 days per confinement	2012 PD decision to eliminate 365 days for all groups. Benefit increase for CEWW
<b>Mental Health Care</b> Includes Residential Care Essential Health Benefit	100% of AE Unlimited days	100% of AE 365 days per confinement	2012 PD decision to eliminate 365 days for all groups. Benefit increase for CEWW
<b>Substance Use Detoxification, Rehabilitation &amp; Residential Care</b> Essential Health Benefit	100% of AE Unlimited days	100% of AE 365 days per confinement	2012 PD decision to eliminate 365 days for all groups. Benefit increase for CEWW
<b>Skilled Nursing Facility</b> Essential Health Benefit	100% of AE 120 days per contract yr	100% of AE 120 days per contract yr	no change 1/1/18
<b>Physical Rehabilitation</b> Essential Health Benefit	100% of AE Unlimited days	Not Covered	Added per ACA legislation no change and benefit increase to CEWW

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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>Maternity Care</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Maternity Care – Routine Newborn Nursery</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Internal Prosthetics</b>	Deduct/Coins	Deduct/Coins	no change 1/1/18
<b>Observation Stay</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b><u>HOSPITAL OUTPATIENT SERVICES</u></b>			
<b>Surgical Care including Surgicenters &amp; Freestanding Facilities</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Pre-admission/Pre-Operative Testing</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Advanced Imaging Services - Screening &amp; Diagnostic Breast Cancer Imaging</b> NYS & Federal Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Diagnostic Imaging, X-ray, CAT, MRI</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Routine Imaging, X-ray, CAT, MRI</b> Essential Health Benefit	100% of AE	Not Covered	benefit increase
<b>Diagnostic Laboratory and Pathology</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Routine Laboratory and Pathology</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Radiation Therapy</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Chemotherapy</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18

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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>Dialysis (all forms)</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Mammogram - Screening</b> Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change 1/1/18
<b>Cervical Cytology - Pap Smear only</b> Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change 1/1/18
<b>Mental Health Care</b> Essential Health Benefit	100% of AE Unlimited visits	100% of AE Unlimited visits	no change 1/1/18
<b>Autism Applied Behavior Analysis</b> Essential Health Benefit EXHP-209 (Rev. 1)	100% of AE Unlimited	100% of AE Unlimited visits	no change 1/1/18
<b>Substance Use Treatment</b> Essential Health Benefit	100% of AE Unlimited visits	100% of AE Unlimited visits	no change 1/1/18
<b>Covered Therapies</b> Includes Physical, Speech, and Occupational Therapy Essential Health Benefit	After basic benefits exhaust: PT/OT/ST: Deduct/Coins Unlimited visits	PT only 100% of AE 365 visits per contract yr Speech & Occupational not covered	Added per ACA legislation no change and benefit increase to CEWW
<b>Pulmonary Rehabilitation</b> Essential Health Benefit	100% of AE	After basic benefits exhaust: Deduct/Coins Unlimited visits	benefit increase
<b>Cardiac Rehabilitation</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Prostate Cancer Screening</b> Essential Health Benefit	100% of AE	Deduct/Coins	benefit increase
<b>HOME CARE</b> Essential Health Benefit	100% of AE 40 visits per contract year	100% of AE 40 visits per contract year	no change for 1/1/18 added for new product ID

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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>HOSPICE CARE</b> Essential Health Benefit	100% of AE Unlimited days	100% of AE Unlimited days	no change for 1/1/8
<b>PHYSICIAN SERVICES</b>			
<b>Inpatient Hospital Surgery</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Outpatient Hospital &amp; Ambulatory Surgery</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Office Surgery</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Covered Therapies</b> Includes Physical, Speech, and Occupational Therapy Essential Health Benefit	PT/OT/ST: Deduct/Coins, Unlimited visits	PT only 100% of AE 365 visits per contract yr Speech & Occupational not covered	2012 PD decision to eliminate 365 days for all groups. Benefit enhancement for 1/1/18
<b>Pulmonary Rehabilitation</b> Essential Health Benefit	100% of AE Unlimited visits	After basic benefits exhaust: Deduct/Coins Unlimited visits	benefit enhancement
<b>Anesthesia</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Additional Surgical Opinion</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Second Medical Opinion</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Maternity Care</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Prenatal Care</b> Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change for 1/1/18
<b>In-Hospital Physician Visits</b> Essential Health Benefit	100% of AE Unlimited visits	100% of AE 365 days per confinement	2012 PD decision to eliminate 365 days for all groups. Benefit enhancement for 1/1/18
<b>Physician's Office – Preventive Services</b>			

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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>Routine Physical Examinations</b> Essential Health Benefit & Preventive Service	100% of AE 1 per calendar yr	100% of AE 1 per calendar yr	no change for 1/1/18
<b>Well Child Visits and Immunizations</b> Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change for 1/1/18
<b>Adult Immunizations</b> Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change for 1/1/18
<b><u>PHYSICIAN OFFICE - OTHER SERVICES</u></b>			
<b>Diagnostic Laboratory and Pathology</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Routine Laboratory and Pathology</b> Essential Health Benefit	100% of AE	100% of AE	no change 1/1/18
<b>Eye Exams - Diagnostic</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Eye Exams Routine</b> Essential Health Benefit for pediatric only	Not Covered	Not Covered	no change for 1/1/18
<b>Eyewear – RIDER</b> Frames/Lenses or Contact lenses Essential Health Benefit for pediatric only	Not Covered	Not Covered	no change for 1/1/18
<b>Hearing Evaluations Diagnostic</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Hearing Evaluations Routine</b>	Not Covered	Not Covered	no change for 1/1/18
<b>Hearing Aids</b> Essential Health Benefit	Not Covered	Not Covered	no change for 1/1/18
<b>Diagnostic Office Visits</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Telemedicine Vendor Program</b>	Not Covered	Not Covered	no change for 1/1/18



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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>Office &amp; Outpatient Consultations</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Advanced Imaging Services - Screening &amp; Diagnostic Breast Cancer Imaging</b> NYS & Federal Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Diagnostic Imaging Services</b> , X-ray, CAT, MRI, etc. Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Routine Imaging Services</b> , X-ray, CAT, MRI, etc. Essential Health Benefit	100% of AE	Not Covered	benefit enhancement 1/1/18
<b>Radiation Therapy</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Chemotherapy</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Dialysis</b> (all forms) Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Mammogram</b> - Screening Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change for 1/1/18
<b>Routine GYN Visits</b> Essential Health Benefit & Preventive Service	100% of AE	100% of AE	no change for 1/1/18
<b>Prostate Cancer Screenings</b> Essential Health Benefit	100% of AE	Deduct/Coins	benefit enhancement 1/1/18 per ACA
<b>Allergy Testing</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Allergy Treatment</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Mental Health Care</b> Essential Health Benefit	100% of AE Unlimited visits	100% of AE Unlimited visits	no change for 1/1/18

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<b>Benefit Type</b>	Participating/Nonparticipating	Participating/Nonparticipating	
<b>Autism Applied Behavior Analysis</b> Essential Health Benefit EXHP-209 (Rev. 1)	100% of AE Unlimited	100% of AE Unlimited	no change for 1/1/18
<b>Substance Use Treatment</b> Essential Health Benefit	100% of AE Unlimited visits	100% of AE Unlimited visits	no change for 1/1/18
<b>Chiropractic Care</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Inpatient Consultations</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Bone Density Testing</b> Essential Health Benefit & Preventive Service	100% of AE	Deduct/Coins	benefit enhancement 1/1/18 per ACA
<b><u>ADDITIONAL BENEFITS</u></b>			
<b>Treatment of Diabetes Insulin &amp; Supplies</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Diabetic Education</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Diabetic Equipment</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Mastectomy Prosthesis</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Autism Assistive Communication Devices (ACD)</b> Essential Health Benefit EXHP-209 (Rev.1)	100% of AE	100% of AE	no change for 1/1/18
<b>Durable Medical Equipment (DME)</b> Essential Health Benefit	Par: 100% of AE Non-Par: Deduct/Coins	Par: 100% of AE Non-Par: Deduct/Coins	no change for 1/1/18

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<b>External Prosthetics/ Orthotics</b> <b>Foot orthotics excluded</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Foot Orthotics</b>	Deduc/Coins Only covered for certain conditions - unequal leg length; drop foot; talipes equinovarus; talipes equinovagis; or neuromuscular disease.	Deduc/Coins Only covered for certain conditions - unequal leg length; drop foot; talipes equinovarus; talipes equinovagis; or neuromuscular disease.	no change for 1/1/18
<b>Medical Supplies</b> Essential Health Benefit	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b>Air Ambulance Service</b> Essential Health Benefit	Not Covered \$25 allowance for volunteer ambulance only	Not Covered \$25 allowance for volunteer ambulance only	no change for 1/1/18
<b>Prehospital Emergency Services/Transportation</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Acupuncture</b>	Covered	Covered	no change for 1/1/18
<b>Reproductive Services</b>			no change for 1/1/18
<b>Family Planning - Contraceptive Devices, Sterilization</b> Essential Health Benefit & Preventive Service	Covered in full	Covered in full	no change for 1/1/18
<b>Family Planning - Contraceptive Drugs</b> Essential Health Benefit & Preventive Service	<b>Par:</b> 100% of AE generic only, brand not covered <b>Non-Par:</b> Not Covered	Par: 100% of AE generic only, brand not covered Non-Par: Not Covered	no change for 1/1/18
<b>Private Duty Nursing</b>	Deduct/Coins Unlimited	Deduct/Coins Unlimited	no change for 1/1/18
<b>Vision Therapy</b>			no change for 1/1/18

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<b>Dental Services</b> for: Tooth root extraction Root canal therapy Removal of partial or complete bony impaction	Deduct/Coins	Deduct/Coins	no change for 1/1/18
<b><u>EMERGENCY SERVICES</u></b>			
<b>Facility – Emergency Room</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Physician’s Hospital Emergency Room Visit</b> Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Freestanding Urgent Care Center</b> Emergency services only Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18
<b>Physician’s Freestanding Urgent Care Center Visit</b> Emergency services only Essential Health Benefit	100% of AE	100% of AE	no change for 1/1/18