



BENEFIT INDEMNITY CORPORATION

COMPARISON OF BENEFITS: REVOLUTION VS ESSENTIALS HEALTH PLANS



Mental Health Office Visits	Parity: Same Cost Sharing as Primary Care	Deductible and Coinsurance: Benefits do NOT include Mental Health Parity. <i>See Plan Sheet and SPD for details and limitations.</i>
Short Term Rehabilitative Office Visits <i>(Chiro, ST,PT, OT)</i>	Cost Sharing per Plan Selected Managed by UR; No Visit Count limits	Deductible and Coinsurance Copay after Coinsurance Max until OOP Max is met; 20 visits max per service
Diagnostic Testing	Benefit defined by: hospital billed vs. non-hospital billed	Benefit defined by: 1) non-hospital billed basic 2) non-hospital billed complex 3) hospital billed basic or complex
Rx Drug Coverage	Deductible does not apply to most drugs (with the exception of HSA Plans)	Deductible applies before Copays.
Specialty Drugs and High-Cost Drugs	Subject to Pre-Authorization MAP mandatory when eligible, Copay/Cost Sharing according to plan selected	Not Covered Approved alternatives will be recommended. <i>See Plan Sheet and SPD for details.</i>
PPO Cost Sharing	In and Out-of-Network Deductibles are combined.	In-Network deductible and cost sharing is calculated separately, and apart from the Out-of-Network Deductible and Cost Sharing that may apply when using non-network providers.