Exhibit 3. Summary of Comparative Analysis of EHB Benchmark Plans

Services	Small Group Products				State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Aetna HMO	Largest HMO ConnectiCare HMO		BCBS Standard and Basic Options	GEHA Standard Option
Ambulatory Patient Services							
Primary Care Visit to Treat an Injury or Illness	yes	yes	yes	yes	yes	yes	yes
Specialist Visit	yes	yes	yes	yes	yes	yes	yes
Other Practitioner Office Visit (Nurse, Physician Assistant)	yes	yes	yes	yes	yes	yes	yes
Outpatient Surgery Physician/Surgical Services	yes	yes	yes	yes	yes	yes	yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	yes	yes	yes	yes	yes	yes	yes
Home Health Care Services	80 visits	100 visits	80 visits	100 visits	200 visits	yes	yes
Skilled Nursing Facility	30 days	90 days	30 days	90 days	unlimited	Yes	yes
Emergency Services							
Emergency Room Services	yes	yes	yes	yes	yes	yes	yes
Emergency Transportation/Ambulance	yes	yes	yes	yes	yes	yes	yes
Urgent Care Centers or Facilities	yes	yes	yes	yes	yes	yes	yes
Hospitalization							
Inpatient Hospital Services (e.g., Hospital Stay)	yes	yes	yes	yes	yes	yes	yes
Inpatient Physician and Surgical Services	yes	yes	yes	yes	yes	yes	yes
Maternity and Newborn Care							
Prenatal and Postnatal Care	yes	yes	yes	yes	yes	yes	yes
Delivery and All Inpatient Services for Maternity Care	yes	yes	yes	yes	yes	yes	yes
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment							
Mental/Behavioral Health Inpatient Services	yes	yes	yes	yes	yes	yes	yes
Mental/Behavioral Health Outpatient Services*	yes	yes	yes	yes	yes	yes	yes
Substance Abuse Disorder Inpatient Services	yes	yes	yes	yes	yes	yes	yes
Substance Abuse Disorder Outpatient Services	yes	yes	yes	yes	yes	yes	yes
Prescription Drugs							
Three Tier Drug Formularly	rider	rider	rider	rider	rider	yes	yes
Specialty Drug Tier						yes	yes
Rehabilitative and Habilitative Services and Devices							
Rehabilitation Facilities	60 days	30 days	20 days	90 days	yes	yes	yes
Outpatient Rehabilitation Services (PT/OT/ST)	60 visits	30 visits	20 visits	40 visits	IN: unlimited (IN) OON: 30 visits	yes	yes
Chiropratic Visits	30 visits	20 visits	20 visits	20 visits	unlimited	yes	yes
Habilitation Services	autism coverage	autism coverage	autism coverage	autism coverage	autism coverage	unknown	unknown
Durable Medical Equipment	yes	yes	yes	yes	yes	yes	yes
Laboratory Services							
Diagnostic Test (X-Ray and Laboratory Tests)	yes	yes	yes	yes	yes	yes	yes
Imaging (CT and PET Scans, MRIs)	yes	yes	yes	yes	yes	yes	yes
Preventive and Wellness Services and Chronic Disease Management							
Preventive Care/Screening/Immunization	yes	yes	yes	yes	yes	yes	yes
Pediatric Services, Including Oral and Vision Care							
Dental Check-Up for Children	yes	yes	no	yes	yes	yes	yes
Vision Screening for Children	up to $50	$45 copay	yes	yes	yes	yes	yes
Eye Glasses for Children	not specified	not specified	not specified	not specified	not specified	no	no