

Major Medical Policy Comparison Chart

Covered Services	Policy 1	Policy 2	Policy 3
Company			
What kind of plan is this? (PPO, HMO, Other?)			
Ambulance Services			
Chiropractic Services			
Diagnostic X-Ray & Lab Outpatient			
Facility Charges			
Physician Charges			
Emergency Care			
Home Health Care			
Hospice Care			
Hospital Services - Inpatient			
Diagnostic Testing			
Surgical Services			
Other			
Hospital Services - Outpatient			
Diagnostic Testing			
Surgical Services			
Other			
Infertility Treatment			
Long-Term Care			
Maternity Coverage			
Prescription Coverage			
Physician Office Visit			
Physician Services - Other			
Podiatry			
Routine Well Adult Care Age 18 and Over			
Gynecological Exam/Pap Smear			
Immunizations			
Mammograms			
Routine Annual Prostate Exam			
Routine Annual PSA Test			
Routine Physical Exam (including x-ray and lab)			
Other			
Routine Well Child Care To Age 18			
Number of visits per year for 0-12 months			
Number of visits per year for ages 1-18			
Immunizations			
Other			
Skilled Nursing Facility			
Therapy - Occupational			
Therapy - Physical			
Therapy - Speech			
Treatment of Mental Health/Substance Abuse			
Outpatient Care: Visits per year/Cost			
Inpatient Care: Days per year/Cost			
Intensive Outpatient Treatment: Days per year/Cost			
Maximum Lifetime Benefit			
Yearly Deductible Per Individual			
Yearly Deductible Per Family			
Monthly Premium			