

**Exhibit 2. Connecticut State Mandate coverage in Federal Employee Health Benefit Plans: Blue Cross Blue Shield (BCBS) Standard/Basic Options and Government Employee Health Association (GEHA) Standard Plan**

#	Mandate Title, Statute Section & Brief Synopsis	BCBS Standard/Basic Options	GEHA Standard Option
1.	38a-476 - Pre-Existing Condition Waiver	No pre-existing condition limitation We will not refuse to cover the treatment of a condition you had before you enrolled in this Plan solely because you had the condition before you enrolled.	We will not refuse to cover the treatment of a condition you had before you enrolled in this Plan solely because you had the condition before you enrolled.
2.	38a-477b – Post claims underwriting prohibited unless approval granted. Application for approval of rescission, cancellation or limitation. Decision. Appeals. Regulations.	Not applicable	Not applicable
3.	38a-513c - Medical Necessity -- Contract must contain a definition of medical necessity	Included	Included
4.	38a-513d - Regulating Limited Benefit Medical Plans-	Not applicable	Not applicable
5.	38a-513b - Experimental Treatments	<p>No mention of coverage if successfully completed a phase III clinical trial of the federal FDA. Or an expedited appeal process for persons diagnosed with a condition that creates a life expectancy of less than 2 years &amp; who has been denied treatment or drug on the grounds that it is experimental.</p> <p>Solid organ transplants are subject to medical necessity &amp; experimental/investigational review</p> <p>Exclusions Section – Experimental or investigational procedures, treatments, drugs, or devices</p>	<p>No mention of coverage if completed Phase III</p> <p>Exclusion section: Experimental or investigational procedures, treatments, drugs or devices (see specifics regarding transplants).</p>
6	38a-514 Mental Health Coverage Mental Health Parity Includes Residential Treatment Facilities	<p>Mental health parity applies</p> <p>Services not covered – Marital counseling, family or educational; Services performed by a non-covered provider; testing &amp; treatment for learning disabilities &amp; mental retardation; applied behavior analysis; Services performed or billed by schools, halfway houses; residential treatment centers; Wilderness programs – Outward Bound; Light boxes</p>	<p>Mental health parity applies</p> <p>Services not covered – services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems</p> <p>Treatment for learning disabilities and mental retardation; telephone therapy; travel time to the member’s home to conduct therapy; services rendered or billed by schools, or halfway houses or members of their staffs;</p>

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			marriage counseling; services that are not medically necessary
7.	38a-514b - Coverage for Autism Spectrum Disorder (ASD)	Not specifically identified	Not specifically identified
8.	38a-515 Continuation for Mentally or Physically Handicapped Children- Impacts dependent eligibility	Under certain circumstances, coverage for a disabled child 26 years of age or older who is incapable of self-support.	No coverage for a child age 26 or over, unless he/she was disabled and incapable of self-support prior to age 26.
9.	38a – 516 Newborn Infants – Coverage for a newly born child of the insured from the moment of birth.	Covered	Covered
10.	38a- 516a Birth to 3 Program (Early Intervention Services	Not specifically identified	Not specifically identified
11	38a – 516b Hearing Aids for Children 12 and Younger	Hearing aids for children up to age 22, limited to \$1,250 per ear per calendar year	<p>Implanted hearing-related devices, such as bone anchored hearing aids (BAHA) and cochlear implants.</p> <p>External hearing aids: Benefit is payable per person every five years. All charges in excess of \$500 for each ear (No deductible)</p>
12.	38a – 516c Craniofacial Disorders	Surgery to correct a congenital anomaly – a condition that existed at or from birth and is a significant deviation from the common form or norm. Examples of congenital anomalies are: protruding ear deformities; cleft lip; cleft palate; birth marks; and webbed fingers and toes.	Surgery to correct a condition that existed at or from birth and is a significant deviation from the common form or norm – limited to children under the age of 18 unless there is a functional deficit. Examples of congenital anomalies are: cleft lip; cleft palate; birth marks; and webbed fingers and toes.
13	38a-516d. Coverage for neuropsychological testing for children diagnosed w/ cancer	Covered	Covered
14	38a – 517a. Coverage for	Outpatient hospital services and supplies	Not specifically identified

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	in-patient, outpatient or 1-day dental services in certain instances.	<p>related to the treatment of children up to age 22 with severe dental caries.</p> <p>Outpatient care related to other types of dental procedures only covered when a non-dental physical impairment exists that makes the hospital setting necessary to safeguard the health of the patient.</p> <p>Inpatient and outpatient hospital care, as well as anesthesia administered at the facility, to treat children up to age 22 with severe dental caries.</p> <p>These services for other types of dental procedures are covered only when a non-dental physical impairment exists that makes hospitalization necessary to safeguard the health of the patient (even if the dental procedure itself is not covered).</p>	Perhaps part of the FEHBP dental plan
15	38a-518 Accidental Ingestion of a Controlled Drug- coverage for ER care arising from accidental ingestion or consumption of a controlled drug,	Not specifically identified	Not specifically identified
16.	38a – 518a Coverage for Hypodermic Needles & Syringes - Coverage when prescribed to administer meds for medical conditions, provided such meds are covered under the policy.	Covered	Covered
17.	38a – 518b Coverage for off-label drug prescriptions-	Not specifically identified	Not specifically identified
18.	38a – 538a-Coverage for Prescription Foods/Formula Policy to cover such preparations, food products and formulas on the same basis as outpatient prescription Rx's.	<p>Medical foods for children with inborn errors of amino acid metabolism</p> <ul style="list-style-type: none"> <li>•Medical foods and nutritional supplements when administered by catheter or nasogastric tubes</li> <li>•Medical foods, as defined by the U.S. Food and Drug Administration, that are administered orally and that provide the sole source (100%) of nutrition, for children up to age 22, for up to one year</li> </ul>	<p>Only reference to enteral formula is as an exclusion if not with a prescription.</p> <p>Not Covered</p> <p><i>Vitamins, nutrients and food supplements that do not require a prescription are not covered, including enteral formula available without a prescription</i></p>

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		<p>following the date of the initial prescription or physician order for the medical food (e.g., Neocate)</p> <p>Definitions – The term medical food, as defined in Section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) is “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.” In general, to be considered a medical food, a product must, at a minimum, meet the following criteria: the product must be a food for oral or tube feeding; the product must be labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and the product must be intended to be used under medical supervision.</p>	
19.	38a-518d – Mandatory coverage for diabetes testing & treatment - lab & diagnostic tests for all types of diabetes.	Covered	Covered
20.	38a-518e Mandatory coverage for Diabetes O/P self-management training. O/P self-management training for the treatment of insulin-dependent diabetes. O/P self- training includes-education & med nutrition therapy	<b>Diabetes Management Incentive Program</b> is designed to provide critical health education to people with diabetes, to help assist people with diabetes in improving their blood sugar control, and help manage or slow the progression of complications related to diabetes. Through this program you can earn a maximum of \$75 toward a health account to be used for most qualified medical expenses.	Diabetes Education – Provided by Certified Diabetes Educators or physician through a program certified by the American Diabetes Association up to \$250 per person per calendar year
21.	38a-518g Screening for Prostate Cancer	Covered	Covered
22.	38a-518h Lyme Disease Treatment – including at least 30 days of intravenous antibiotic	Not specifically identified	Not specifically identified

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	therapy, and/or 60 days of oral antibiotic therapy..		
23.	38a-518i Pain Management – access provided to a pain management specialist for pain treatment.	Not specifically identified	Intrathecal pump insertion for pain management (morphine pump, baclofen pump)
24.	38a-518j Ostomy Appliances & Supplies	Covered	Covered
25.	38a-518k Colorectal Cancer : Screening an annual fecal occult blood test, & colonoscopy, flexible sigmoidoscopy or radiologic imaging.	Covered	Covered
26.	38a-518m Wound care for individuals with epidermolysis bullosa: Coverage for wound-care supplies that are MN for the treatment of epidermolysis bullosa	Not specifically identified	Not specifically identified
27.	38a-520 Home Health Care (HHC) shall provide coverage for HHC HHC shall be provided by a home health agency.	Home nursing care for two (2) hours per day, up to 25 visits per calendar year, when: <ul style="list-style-type: none"> <li>•A registered nurse (R.N.) or licensed practical nurse (L. P.N.) provides the services; and</li> <li>•A physician orders the care</li> </ul>	In-home visits per person per calendar year, not to exceed one visit up to two hours per day when: A registered nurse (R.N.) or a licensed practical nurse (L.P.N.) provides the services; The attending physician orders the care; The physician identifies the specific professional skills required by the patient and the medical necessity for skilled services; The physician indicates the length of time the services are needed.
28	Sec. 38a-554. (Formerly Sec. 38-374). Additional requirements and eligibility under group comprehensive health care plans. Extends definition of dependent for children to age 26. If eligibility met then coverage afforded under EHB.	Covered	Covered

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29.	38a-525 Ambulance Service - coverage for medically necessary ambulance services for covered persons. The policy shall, as a minimum requirement, cover such services whenever any covered person is transported when Medically Necessary by ambulance to a hospital.	Covered	Covered
30	38a-525b Extend isolation & emergency services to mobile field hospitals-	Not specifically identified	Not specifically identified
31	38a-525c Health Care Services to Residents with Elevated Blood Alcohol Levels-	Not specifically identified	Not specifically identified
32.	Sec. 38a-530. Mandatory coverage for mammography and breast ultrasound.	Covered	Covered
33	38a-530c Maternity Care & Postpartum Care (48/96 hours)	Covered	Covered
34.	38a-530d Mastectomy or Lymph Node Dissection (48 hours)	Covered	Covered
35	38a-530e Prescription Birth Control	Family planning services, limited to: <ul style="list-style-type: none"> <li>• Depo-Provera</li> <li>• Diaphragms and contraceptive rings</li> <li>• Intrauterine devices (IUDs)</li> <li>• Implantable contraceptives</li> <li>• Oral and transdermal contraceptives</li> </ul>	Family planning services, limited to: Voluntary sterilizations Surgically implanted contraceptives Injectable contraceptive drugs, such as Depoprovera Intrauterine devices (IUDs) Diaphragms Oral contraceptives
36.	Sec. 38a-534. Mandatory coverage for chiropractic services. Services by a chiropractor to the same extent as provided for services rendered by a	One office visit per calendar year One set of X-rays per calendar year  Manipulative treatment performed by a Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), or Doctor of Chiropractic	Chiropractic services limited to: 12 visits per person per calendar year for manipulation of the spine X-rays, used to detect and determine nerve interferences due to spinal subluxations or misalignments

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	physician, if chiropractic services (1) treat a condition covered under the policy & (2) are w/in those services a chiropractor is licensed to perform.	(D.C.) when the provider is practicing within the scope of his/her license, limited to: Osteopathic manipulative treatment to any body region Chiropractic spinal and/or extraspinal manipulative treatment.  Benefits for manipulative treatment, including treatment performed in a medically underserved area, are limited to the services and combined treatment visits stated here.	\$25 per person per calendar year for chiropractic X-rays  Note: No other benefits for the services of a chiropractor are covered under any other provision of this Plan. In medically underserved areas, services of a chiropractor that are listed above are subject to the stated limitations. In medically underserved areas, services of a chiropractor that are within the scope of his/her license and are not listed above are eligible for regular Plan benefits.
37	38a-535 Preventive Pediatric Care & 38a-535b Blood Screening added to preventive pediatric-	Benefits for a comprehensive range of preventive care services for children up to age 22, including the preventive services recommended under the Patient Protection and Affordable Care Act (the "Affordable Care Act"), and services recommended by the American Academy of Pediatrics (AAP). Covered services include: •Healthy newborn visits and screenings (inpatient or outpatient). Routine physical examinations •Laboratory tests •Hearing and vision screenings •Routine immunizations as licensed by the U.S. Food and Drug Administration (FDA) I	Dependent children under age 22  Childhood immunizations recommended by the American Academy of Pediatrics Well-child care charges for routine examinations, including one routine eye examination per person per calendar year, immunizations and care Initial examination of a newborn child covered under a family enrollment
38	Sec. 38a-536. Mandatory coverage for infertility diagnosis & treatment. Limitations.	Not covered: •Assisted reproductive technology (ART) procedures, including but not limited to: -Artificial insemination (AI) -In vitro fertilization (IVF) -Embryo transfer and Gamete Intrafallopian Transfer (GIFT) -Zygote Intrafallopian Transfer (ZIFT) -Intravaginal insemination (IVI) - Intracervical insemination (ICI) - Intracytoplasmic sperm injection (ICSI) -Intrauterine insemination (IUI) •Services and supplies related to ART procedures, such as sperm banking •Infertility drugs used in conjunction with ART procedures	Diagnosis and treatment of infertility except as shown in not covered Note: Benefits are limited to a maximum of \$3,000 per person per calendar year.  <i>Not covered:</i> <i>Infertility services after voluntary sterilizations</i> <i>Fertility drugs</i> <i>Genetic counseling and genetic screening</i> <i>Pre implantation genetic diagnosis (PGD)</i> <i>Assisted reproductive technology (ART) procedures, such as:</i> <i>Artificial insemination</i> <i>In vitro fertilization</i> <i>Embryo transfer and gamete intrafallopian transfer (GIFT)</i>

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			<i>Intravaginal insemination (IVI)</i> <i>Intracervical insemination (ICI)</i> <i>Intrauterine insemination (IUI)</i> <i>Services and supplies related to ART procedures</i> <i>Cost of donor sperm</i> <i>Cost of donor egg</i>
39	38a-541 Policy to allow Spouse Coverage as Both Dependent and Employee- If eligibility met then coverage for employee & spouse eligible for covered services under EHB.	Not specifically identified	Not specifically identified
40.	38a-542 Tumors & Leukemia/Breast Implant Removal & Reconstruction, Oral Chemo-	All stages of breast reconstruction surgery following a mastectomy, such as: -Surgery to produce a symmetrical appearance of the patient’s breasts Treatment of any physical complications, such as lymphedemas	All stages of breast reconstruction surgery following a mastectomy, such as: surgery to produce a symmetrical appearance of breasts treatment of any physical complications, such as lymphedemas breast prostheses; and surgical bras and replacements (see Section 5(a) <i>Orthopedic and prosthetic devices for coverage)</i>
41-43.	<p>38a-542a-g Cancer Clinical trials Coverage for the routine patient care costs, associated with cancer clinical trials.</p> <p>Sec. 38a-542b. Cancer clinical trials: When eligible for coverage.</p> <p>Sec. 38a-542c. Cancer clinical trials: Evidence &amp; information re eligibility for. No coverage required for otherwise reimbursable costs.</p>	<p>If you are a participant in a clinical trial, <b>FEHBP will provide benefits if it is not provided by the clinical trial:</b></p> <p>Routine care costs –for medically necessary services such as: doctor visits, lab tests, X-rays and scans, and hospitalizations related to treating the patient’s condition, whether the patient is in a clinical trial or is receiving standard therapy.</p> <ul style="list-style-type: none"> <li>• Extra care costs &amp; research costs if related to the clinical trial be covered; but will not be covered if part of the patient’s routine care</li> </ul> <p>3 criteria for blood or bone marrow stem cell transplants covered under Clinical Trial as follows: Must contact CSR for PA, must be reviewed and approved by Institute review board, and patient must meet all eligibility and be lawfully</p>	<p>If you are a participant in a clinical trial, <b>THIS PLAN will provide benefits if it is not provided by the clinical trial:</b></p> <p>Routine patient care costs <b>Same as FEHBP</b></p> <ul style="list-style-type: none"> <li>• <b>Extra care costs &amp; research costs same as FEHBP.</b></li> </ul>

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		registered.	
44.	38a-542d Out of Network (OON) facility during treatment in a clinical trials (AKA 38a-542d. Cancer clinical trials: Routine patient care costs.)	Not specifically identified	Not specifically identified
45	38a-543 Age Discrimination Small Group less than 20 Employees- Eligibility Rule	N/A	N/A
46	38a-546 Continuation of Coverage (in the case of discontinuance of the group policy ) Carrier Rule	N/A	N/A
47	38a-549 Coverage for Prospective Adoptive Children.	Yes	Yes
48.	38a-544 Prescription Drug Mail order prohibition CARRIER RULE	Not specifically identified	Not specifically identified
49	38a-550 Access to Imaging Services Carrier Copayment Limits on MRI /CT Scans	Not specifically identified	Not specifically identified