

Guide to Reviewing Proposed State EHB Benchmark Plans

HHS is proposing that EHB-benchmark plan benefits would be based on 2012 plan designs, and therefore would not include plan year 2014 benefit requirements. However, in order to comply with the provision of EHB under our proposal, plans would also be required to adhere to additional statutory and proposed regulatory standards, including but not limited to, the following:

Annual and Lifetime Dollar Limits

The benchmark plans displayed may include such limits; however, the Affordable Care Act does not permit the application of these limits to the essential health benefits.

Excluded Benefits

Although an EHB-benchmark plan may include non-pediatric dental services, routine non-pediatric eye exam services, and/or long-term/custodial nursing home care benefits, under proposed section 156.115, these benefits would be excluded from EHB.

Please also note that although the EHB-benchmark plan may cover abortion services, pursuant to section 1303(b)(1)(A) of the Affordable Care Act, a QHP issuer is not required to cover these services. Proposed section 156.115(c) would extend this provision to all non-grandfathered individual and small group market plans.

Habilitative Services

The habilitative services category may be empty in an EHB-benchmark plan. As proposed in section 156.110(f), if the base-benchmark plan does not include coverage for habilitative services, the state would, under our proposal, be able to determine which services are included in that category. If the base-benchmark plan does not offer habilitative services and the state does not make that determination, then as proposed in section 156.115(a)(4), the issuer would be able to determine which habilitative services to offer.

Coverage Limits

With the exception of coverage for pediatric services, a plan may not exclude an enrollee from coverage in an entire EHB category covered by the plan, regardless of whether such limits exist in the EHB-benchmark plan. For example, a plan may not exclude dependent children from the category of maternity and newborn coverage.

Mental Health Parity

The benchmark plans displayed may not comply with the mental health parity standards. However, as described in proposed section 156.115(a)(2), mental health parity would, under our proposal, be required for compliance with EHB standards.

Prescription Drug EHB-Benchmark Plan Benefits by Category and Class

Please note that in some cases a category is listed without a class because there are some drugs within the category that have not been assigned to a specific class.

Please also note that where the benchmark plan does not include coverage in a United States Pharmacopeia (USP) category and class, pursuant to proposed section 156.120, one drug would have to be offered in that USP category and class.

In conjunction with the proposed policy that plans offer the greater of one drug or the number of drugs in the benchmark, HHS is considering developing a drug counting service to assist states and issuers with implementation of the proposed prescription drug policy, as described in the following methodology document:

- [EHB Benchmark Drug List Count \(PDF - 52 KB\)](#)

Preventive Services

The benchmark plans displayed may not offer the preventive services described in section 147.130. However, as described in proposed section 156.115(a)(3), coverage of these services would, under our proposal, be required for compliance with EHB standards.