

		<h1>The State's EHB-benchmark Plan's Benefits and Limits</h1>					OMB Control Number: 0938-1174 Expiration Date: 06/01/2021	
<p>Instructions: All fields on this template that are marked red are required to be completed. To ensure that this Benefits and Limits Summary Template corresponds with the EHB-benchmark plan document, please indicate the page number in which the benefit is covered under Column H if answering "Covered" under Column C (for example, "Covered" in Column C, "pg. 12" in Column H). If there is a quantitative limit on a benefit, then complete the Limit Quantity and Limit Unit fields. If there are no exclusions for a benefit, then leave the Exclusions field blank. Add an explanation in Column H to provide more details on a benefit.</p>								
A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations	
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				Page 9	
Specialist Visit	Yes	Covered	No				Page 6, 9	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Page 6, 9	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Page 11-12	
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Page 11-12	
							Page 14-15 Respite care provided in a nursing facility subject to a maximum of five consecutive days and to a lifetime maximum benefit of 30 days.	
Hospice Services	Yes	Covered	No					
Routine Dental Services (Adult)	No	Not Covered	No					
Infertility Treatment	No	Not Covered	No					
Long-Term/Custodial Nursing Home Care	No	Not Covered	No					
Private-Duty Nursing	No	Not Covered	No					
Routine Eye Exam (Adult)	No	Not Covered	No					
Urgent Care Centers or Facilities	Yes	Covered	No				Page 6, 9.	
Home Health Care Services	Yes	Covered	No				Page 15-16	
Emergency Room Services	Yes	Covered	No				Page 12	
Emergency Transportation/Ambulance	Yes	Covered	No				Page 18	
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Page 10-11	
Inpatient Physician and Surgical Services	Yes	Covered	No				Page 9-11	
Bariatric Surgery	No	Not Covered	No					
							Page 19. Benefit is limited to one attempt at cosmetic or reconstructive surgery when necessary to correct a functional disorder; or when necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or when necessary to correct a scar or defect on the head or neck that resulted from a covered surgery.	
Cosmetic Surgery	Yes	Covered	No					
Skilled Nursing Facility	Yes	Covered	Yes	60	Day(s) per Year		Page 10-11	
Prenatal and Postnatal Care	Yes	Covered	No				Page 9, 10	
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Page 9, 10	
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				Page 13-14	
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Page 13-14	
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Page 13-14	
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Page 13-14	
							Page 1 . In accordance with 45 CFR 156.122 , EHB plans must cover the same number of prescription drugs in each United States Pharmacopeia (USP) category and class as the benchmark plan and, at a minimum, at least one drug in every USP category and class.	
Generic Drugs	Yes	Covered	No					
							Page 1 . In accordance with 45 CFR 156.122 , EHB plans must cover the same number of prescription drugs in each United States Pharmacopeia (USP) category and class as the benchmark plan and, at a minimum, at least one drug in every USP category and class.	
Preferred Brand Drugs	Yes	Covered	No					
							Page 1 . In accordance with 45 CFR 156.122 , EHB plans must cover the same number of prescription drugs in each United States Pharmacopeia (USP) category and class as the benchmark plan and, at a minimum, at least one drug in every USP category and class.	
Non-Preferred Brand Drugs	Yes	Covered	No					
							Page 1 . In accordance with 45 CFR 156.122 , EHB plans must cover the same number of prescription drugs in each United States Pharmacopeia (USP) category and class as the benchmark plan and, at a minimum, at least one drug in every USP category and class.	
Specialty Drugs	Yes	Covered	No					
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Year		Page 9	
Habilitation Services	Yes	Covered	Yes	30	Visit(s) per Year		Page 9	
Chiropractic Care	Yes	Covered	Yes	20	Visit(s) per Year		Page 21. Plan uses the term "spinal manipulation."	
Durable Medical Equipment	Yes	Covered	No				Pages 15-16.	
					Item(s) per Year		Page 16. One hearing aid per hearing impaired ear if prescribed, fitted, and dispensed by a licensed audiologist with the approval of a licensed physician. Coverage will be provided every 36 months as medically necessary for the treatment of a member's hearing loss.	
Hearing Aids	Yes	Covered	Yes	1				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Page 11	
Preventive Care/Screening/Immunization	Yes	Covered	No				Page 6-8	
							Page 20. Benefit is limited to persons being treated for diabetes mellitus	
Routine Foot Care	Yes	Covered	No					
Acupuncture	Yes	Covered	Yes	12	Visit(s) per Year		Page 18	
Weight Loss Programs	No	Not Covered	No					

Routine Eye Exam for Children	Yes	Covered	No				Supplemented with FEP BlueVision - High Option.
Eye Glasses for Children	Yes	Covered	No				Supplemented with FEP BlueVision - High Option.
Dental Check-Up for Children	Yes	Covered	No				Supplemented with OHP Plus.
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Page 9. 30 visits per condition per calendar year.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Page 9
Well Baby Visits and Care	Yes	Covered	No				Page 7
Laboratory Outpatient and Professional Services	Yes	Covered	No				Page 11
X-rays and Diagnostic Imaging	Yes	Covered	No				Page 11
Basic Dental Care - Child	Yes	Covered	No				Supplemented with OHP Plus.
Orthodontia - Child	Yes	Covered	No				Supplemented with OHP Plus.
Major Dental Care - Child	Yes	Covered	No				Supplemented with OHP Plus.
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				
Transplant	Yes	Covered	No				Page 16-17
Accidental Dental	Yes	Covered	No				Page 10
Dialysis	Yes	Covered	No				Page 12
							Page 12 - "Other medically necessary diagnostic services provided in a hospital or outpatient setting, including testing or observation to diagnose the extent of a medical condition."
Allergy Testing	Yes	Covered	No				Page 12
Chemotherapy	Yes	Covered	No				Page 12
Radiation	Yes	Covered	No				Page 12
					Hour(s) per Year		Page 19 - Covers three hours of education per year if there is a significant change in condition or treatment; covers one diabetes self-management education program at the time of diagnosis.
Diabetes Education	Yes	Covered	Yes	3			Page 15
Prosthetic Devices	Yes	Covered	No				Page 14
Infusion Therapy	Yes	Covered	No				
Treatment for Temporomandibular Joint Disorders	No	Not Covered	No				
Nutritional Counseling	Yes	Covered	Yes	5	Visit(s) per Lifetime		Page 20
							Page 19. Limited to one attempt at cosmetic or reconstructive surgery when necessary to correct a functional disorder; or when necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or when necessary to correct a scar or defect on the head or neck that resulted from a covered surgery.
Reconstructive Surgery	Yes	Covered	No				

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1174 (Expires 06/01/2021)**. The time required to complete this information collection is estimated to average **47 hours or 2,820 minutes per response for States. For Form 1, the estimate is 4 hours. For Form 2, the estimate is 19 hours. For Form 3, the estimate is 12 hours. For Form 4, the estimate is 12 hours.** If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

******CMS Disclosure******

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Valisha Jackson at Valisha.Jackson@cms.hhs.gov.