



Title: Revised Benchmark Benefits Instructions

Subtitle: Instructions for using state-specific information to accurately reflect Individual Market and Small Group Market EHB and state-required benefits on the Plans and Benefits Template.

Purpose: This document provides issuers with instructions for correcting the Benefits Package Worksheet of the Plans and Benefits Template using the included state-specific worksheets (e.g., AK, HI, PA).

Version: 1

Date: Thursday, May 15, 2014

[illegible]

2 Select the appropriate scenario based on the corrections identified in the state-specific spreadsheet

Select the appropriate scenario below (A, B, or C) for each benefit indicated to have a correction to the data populated by the Add-In File in the state-specific spreadsheet.

| | | |
|------------|--|---|
| Scenario A | The state-specific worksheet DOES identify a given benefit as an <i>EHB</i> and/or <i>State Required Benefit</i> and the benefit DOES NOT appear on the Plans and Benefits Template (" <i>Fields Changed</i> " = "Added Benefit"): | |
| | Cover | If you intend to cover the benefit , add the benefit using the "Add Benefit" button on the menu bar under the Plans and Benefits ribbon, select "Covered" in the " <i>Is this Benefit Covered?</i> " field, and select "Additional EHB" as the " <i>EHB Variance Reason.</i> " |
| | Do Not Cover | <p>If you do <u>not</u> intend to cover the benefit and instead want to substitute with actuarially equivalent coverage of another benefit in the same EHB category, add the benefit using the "Add Benefit" button on the menu bar under the Plans & Benefits ribbon, select "Not Covered" in the "<i>Is this Benefit Covered?</i>" field, and select "Substituted" as the "<i>EHB Variance Reason.</i>" [For the "new" benefit that is taking the place of this one, select "Additional EHB Benefit" as the "<i>EHB Variance Reason.</i>"]</p> <p>If you do <u>not</u> intend to cover a pediatric dental benefit and there is a stand-alone dental plan available, add the pediatric dental benefit using the "Add Benefit" button on the menu bar, select "Not Covered," and select "Dental Only Plan Available" as the "<i>EHB Variance Reason.</i>"</p> |
| Scenario B | The state-specific spreadsheet DOES identify a given benefit as an <i>EHB</i> and/or <i>State Required Benefit</i> and the benefit DOES appear on the Plans & Benefits Template, but the " <i>Is this Benefit Covered?</i> " field is BLANK: | |
| | Cover | If you intend to cover the benefit , add "Covered" in the " <i>Is this Benefit Covered?</i> " field and select "Additional EHB Benefit" as the " <i>EHB Variance Reason.</i> " |
| | Do Not Cover | <p>If you do <u>not</u> intend to cover the benefit and instead intend to substitute with actuarially equivalent coverage of another benefit in the same EHB category, select "Not Covered" in the "<i>Is this Benefit Covered?</i>" field and select "Substituted" as the "<i>EHB Variance Reason.</i>" [For the "new" benefit that is taking the place of this one, select "Additional EHB Benefit" as the "<i>EHB Variance Reason.</i>"]</p> <p>If you do <u>not</u> intend to cover a pediatric dental benefit and there is a stand-alone dental plan available, select "Not Covered" and select "Dental Only Plan Available" as the "<i>EHB Variance Reason.</i>"</p> |
| Scenario C | The state-specific worksheet DOES NOT identify a given benefit as an <i>EHB</i> and/or <i>State Required Benefit</i> and the Plans & Benefits Template DOES populate the benefit as "Covered" in the <i>Is this Benefit Covered?</i> field: | |
| | Cover | If you intend to cover the benefit , leave "Covered" in the " <i>Is this Benefit Covered?</i> " field and select "Above EHB" as the " <i>EHB Variance Reason.</i> " |
| | Do Not Cover | If you do <u>not</u> intend to cover the benefit , change "Covered" to "Not Covered" in the " <i>Is this Benefit Covered?</i> " field and select "Above EHB" as the " <i>EHB Variance Reason.</i> " |

3 | Populate the "General Information" fields when completing the Plans and Benefits Template

Provide benefit coverage information for each set of plans in the Benefits Package Worksheet of the Plan and Benefits Template.

For benefits indicated to have corrections in how the benefit data auto-populated:

Complete the "Is this Benefit Covered?" and the "EHB Variance Reason" fields according to the scenario selected in Step 2.

For benefits NOT indicated to have any corrections:

Complete the "General Information" fields according to Chapter 10: *Instructions for the Plans and Benefits Application Section* in the QHP Template Instructions, Sections 4.10 and 4.11.

[illegible]

| Individual Market Add-In Changes | | Benefit Information | | | General Information | | | | | | |
|----------------------------------|---|--|-----|------------------------|--------------------------|-------------------------------|----------------|-------------------|--------------|------------|---|
| Fields Changed | Is this a correction to the data populated by the Add-In file on the state Benefit Package? | Benefits | EHB | State-Required Benefit | Is this Benefit Covered? | Quantitative Limit on Service | Limit Quantity | Limit Unit | Minimum Stay | Exclusions | Benefit Explanation |
| | No | Primary Care Visit to Treat an Injury or Illness | Yes | | Covered | | | | | | |
| | No | Specialist Visit | Yes | | Covered | | | | | | |
| | No | Other Practitioner Office Visit (Nurse, Physician Assistant) | Yes | | Covered | | | | | | |
| State-Required Benefit | Yes | Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Yes | Yes | Covered | | | | | | |
| | No | Outpatient Surgery Physician/Surgical Services | Yes | | Covered | | | | | | |
| | No | Hospice Services | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Non-Emergency Care When Traveling Outside the U.S. | | | | | | | | | |
| | No | Routine Dental Services (Adult) | | | | | | | | | |
| | No | Infertility Treatment | | | | | | | | | |
| | No | Long-Term/Custodial Nursing Home Care | | | | | | | | | |
| | No | Private-Duty Nursing | Yes | | Covered | Yes | 2000 | Hours per Year | | | |
| EHB | Yes | Routine Eye Exam (Adult) | | | | | | | | | |
| | No | Urgent Care Centers or Facilities | Yes | | Covered | | | | | | |
| | No | Home Health Care Services | Yes | Yes | Covered | Yes | 100 | Visit(s) per Year | | | |
| | No | Emergency Room Services | Yes | | Covered | | | | | | |
| | No | Emergency Transportation/Ambulance | Yes | | Covered | | | | | | |
| | No | Inpatient Hospital Services (e.g., Hospital Stay) | Yes | Yes | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Inpatient Physician and Surgical Services | Yes | Yes | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Bariatric Surgery | | | | | | | | | |
| | No | Cosmetic Surgery | | | | | | | | | |
| | No | Skilled Nursing Facility | Yes | | Covered | Yes | 90 | Days per Year | | | |
| | No | Prenatal and Postnatal Care | Yes | Yes | Covered | | | | | | |
| | No | Delivery and All Inpatient Services for Maternity Care | Yes | | Covered | | | | 48 | | |
| | No | Mental/Behavioral Health Outpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Mental/Behavioral Health Inpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Substance Abuse Disorder Outpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Substance Abuse Disorder Inpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Generic Drugs | Yes | | Covered | | | | | | |
| | No | Preferred Brand Drugs | Yes | | Covered | | | | | | |
| | No | Non-Preferred Brand Drugs | Yes | | Covered | | | | | | |
| | No | Specialty Drugs | Yes | | Covered | | | | | | |

| Individual Market Add-In Changes | | Benefit Information | | | General Information | | | | | | |
|----------------------------------|---|---|-----|------------------------|--------------------------|-------------------------------|----------------|----------------------------|--------------|------------|---|
| Fields Changed | Is this a correction to the data populated by the Add-In file on the state Benefit Package? | Benefits | EHB | State-Required Benefit | Is this Benefit Covered? | Quantitative Limit on Service | Limit Quantity | Limit Unit | Minimum Stay | Exclusions | Benefit Explanation |
| | No | Outpatient Rehabilitation Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Habilitation Services | Yes | Yes | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Chiropractic Care | Yes | | Covered | Yes | 12 | Visit(s) per Year | | | |
| | No | Durable Medical Equipment | Yes | | Covered | | | | | | |
| | No | Hearing Aids | Yes | Yes | Covered | | | | | | 1 time per hearing impaired ear per 3 years |
| | No | Imaging (CT/PET Scans, MRIs) | Yes | | Covered | | | | | | |
| | No | Preventive Care/Screening/Immunization | Yes | Yes | Covered | | | | | | |
| | No | Routine Foot Care | | | | | | | | | |
| | No | Acupuncture | | | | | | | | | |
| | No | Weight Loss Programs | | | | | | | | | |
| | No | Routine Eye Exam for Children | Yes | | Covered | | | | | | |
| | No | Eye Glasses for Children | Yes | | Covered | | | | | | |
| | No | Dental Check-Up for Children | Yes | | Covered | Yes | 2 | Visit(s) per Year | | | |
| | No | Rehabilitative Speech Therapy | | | | | | | | | |
| | No | Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | | |
| | No | Well Baby Visits and Care | | | | | | | | | |
| | No | Laboratory Outpatient and Professional Services | Yes | | Covered | | | | | | |
| | No | X-rays and Diagnostic Imaging | Yes | | Covered | | | | | | |
| | No | Basic Dental Care – Child | | | | | | | | | |
| | No | Orthodontia – Child | | | | | | | | | |
| | No | Major Dental Care – Child | | | | | | | | | |
| | No | Basic Dental Care – Adult | | | | | | | | | |
| | No | Orthodontia – Adult | | | | | | | | | |
| | No | Major Dental Care – Adult | | | | | | | | | |
| | No | Abortion for Which Public Funding is Prohibited | | | | | | | | | |
| | No | Transplant | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Accidental Dental | Yes | | Covered | Yes | 3000 | Dollars per Benefit Period | | | |
| | No | Dialysis | Yes | | Covered | | | | | | |
| | No | Allergy Testing | Yes | | Covered | | | | | | |
| | No | Chemotherapy | Yes | | Covered | | | | | | |
| | No | Radiation | Yes | | Covered | | | | | | |
| EHB, State-Required Benefit | Yes | Diabetes Education | Yes | Yes | Covered | | | | | | |

| Individual Market Add-In Changes | | Benefit Information | | | General Information | | | | | | |
|--|---|---|-----|------------------------|--------------------------|-------------------------------|----------------|------------|--------------|------------|----------------------------|
| Fields Changed | Is this a correction to the data populated by the Add-In file on the state Benefit Package? | Benefits | EHB | State-Required Benefit | Is this Benefit Covered? | Quantitative Limit on Service | Limit Quantity | Limit Unit | Minimum Stay | Exclusions | Benefit Explanation |
| | No | Prosthetic Devices | | | | | | | | | |
| | No | Infusion Therapy | Yes | | Covered | | | | | | |
| EHB | Yes | Treatment for Temporomandibular Joint Disorders | Yes | Yes | Covered | | | | | | |
| | No | Nutritional Counseling | | | | | | | | | |
| EHB, State-Required Benefit, Benefit Explanation | Yes | Reconstructive Surgery | Yes | Yes | Covered | | | | | | Following mastectomy only. |
| EHB | Yes | Diabetes Care Management | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Inherited Metabolic Disorder - PKU | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Dental Anesthesia | Yes | Yes | Covered | | | | | | |
| State-Required Benefit | Yes | Mental Health Other | | | | | | | | | |
| EHB | Yes | Second Opinion | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Applied Behavior Analysis Based Therapies | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Cochlear Implants | Yes | Yes | Covered | | | | | | |

| Small Group Market Add-In Changes | | Benefit Information | | | General Information | | | | | | |
|-----------------------------------|---|--|-----|------------------------|--------------------------|-------------------------------|----------------|-------------------|--------------|------------|---|
| Fields Changed | Is this a correction to the data populated by the Add-In file on the state Benefit Package? | Benefits | EHB | State-Required Benefit | Is this Benefit Covered? | Quantitative Limit on Service | Limit Quantity | Limit Unit | Minimum Stay | Exclusions | Benefit Explanation |
| | No | Primary Care Visit to Treat an Injury or Illness | Yes | | Covered | | | | | | |
| | No | Specialist Visit | Yes | | Covered | | | | | | |
| | No | Other Practitioner Office Visit (Nurse, Physician Assistant) | Yes | | Covered | | | | | | |
| State-Required Benefit | Yes | Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Yes | Yes | Covered | | | | | | |
| | No | Outpatient Surgery Physician/Surgical Services | Yes | | Covered | | | | | | |
| | No | Hospice Services | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Non-Emergency Care When Traveling Outside the U.S. | | | | | | | | | |
| | No | Routine Dental Services (Adult) | | | | | | | | | |
| | No | Infertility Treatment | | | | | | | | | |
| | No | Long-Term/Custodial Nursing Home Care | | | | | | | | | |
| | No | Private-Duty Nursing | Yes | | Covered | Yes | 2000 | Hours per Year | | | |
| EHB | Yes | Routine Eye Exam (Adult) | | | | | | | | | |
| | No | Urgent Care Centers or Facilities | Yes | | Covered | | | | | | |
| | No | Home Health Care Services | Yes | Yes | Covered | Yes | 100 | Visit(s) per Year | | | |
| | No | Emergency Room Services | Yes | | Covered | | | | | | |
| | No | Emergency Transportation/Ambulance | Yes | | Covered | | | | | | |
| | No | Inpatient Hospital Services (e.g., Hospital Stay) | Yes | Yes | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Inpatient Physician and Surgical Services | Yes | Yes | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Bariatric Surgery | | | | | | | | | |
| | No | Cosmetic Surgery | | | | | | | | | |
| | No | Skilled Nursing Facility | Yes | | Covered | Yes | 90 | Days per Year | | | |
| | No | Prenatal and Postnatal Care | Yes | Yes | Covered | | | | | | |
| | No | Delivery and All Inpatient Services for Maternity Care | Yes | | Covered | | | | 48 | | |
| | No | Mental/Behavioral Health Outpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Mental/Behavioral Health Inpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Substance Abuse Disorder Outpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Substance Abuse Disorder Inpatient Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Generic Drugs | Yes | | Covered | | | | | | |
| | No | Preferred Brand Drugs | Yes | | Covered | | | | | | |
| | No | Non-Preferred Brand Drugs | Yes | | Covered | | | | | | |
| | No | Specialty Drugs | Yes | | Covered | | | | | | |

| Small Group Market Add-In Changes | | Benefit Information | | | General Information | | | | | | |
|-----------------------------------|---|---|-----|------------------------|--------------------------|-------------------------------|----------------|----------------------------|--------------|------------|---|
| Fields Changed | Is this a correction to the data populated by the Add-In file on the state Benefit Package? | Benefits | EHB | State-Required Benefit | Is this Benefit Covered? | Quantitative Limit on Service | Limit Quantity | Limit Unit | Minimum Stay | Exclusions | Benefit Explanation |
| | No | Outpatient Rehabilitation Services | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Habilitation Services | Yes | Yes | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Chiropractic Care | Yes | | Covered | Yes | 12 | Visit(s) per Year | | | |
| | No | Durable Medical Equipment | Yes | | Covered | | | | | | |
| | No | Hearing Aids | Yes | Yes | Covered | | | | | | 1 time per hearing impaired ear per 3 years |
| | No | Imaging (CT/PET Scans, MRIs) | Yes | | Covered | | | | | | |
| | No | Preventive Care/Screening/Immunization | Yes | Yes | Covered | | | | | | |
| | No | Routine Foot Care | | | | | | | | | |
| | No | Acupuncture | | | | | | | | | |
| | No | Weight Loss Programs | | | | | | | | | |
| | No | Routine Eye Exam for Children | Yes | | Covered | | | | | | |
| | No | Eye Glasses for Children | Yes | | Covered | | | | | | |
| | No | Dental Check-Up for Children | Yes | | Covered | Yes | 2 | Visit(s) per Year | | | |
| | No | Rehabilitative Speech Therapy | | | | | | | | | |
| | No | Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | | |
| | No | Well Baby Visits and Care | | | | | | | | | |
| | No | Laboratory Outpatient and Professional Services | Yes | | Covered | | | | | | |
| | No | X-rays and Diagnostic Imaging | Yes | | Covered | | | | | | |
| | No | Basic Dental Care – Child | | | | | | | | | |
| | No | Orthodontia – Child | | | | | | | | | |
| | No | Major Dental Care – Child | | | | | | | | | |
| | No | Basic Dental Care – Adult | | | | | | | | | |
| | No | Orthodontia – Adult | | | | | | | | | |
| | No | Major Dental Care – Adult | | | | | | | | | |
| | No | Abortion for Which Public Funding is Prohibited | | | | | | | | | |
| | No | Transplant | Yes | | Covered | | | | | | Quantitative limit units apply, see EHB benchmark |
| | No | Accidental Dental | Yes | | Covered | Yes | 3000 | Dollars per Benefit Period | | | |
| | No | Dialysis | Yes | | Covered | | | | | | |
| | No | Allergy Testing | Yes | | Covered | | | | | | |
| | No | Chemotherapy | Yes | | Covered | | | | | | |
| | No | Radiation | Yes | | Covered | | | | | | |
| EHB, State-Required Benefit | Yes | Diabetes Education | Yes | Yes | Covered | | | | | | |

| Small Group Market Add-In Changes | | Benefit Information | | | General Information | | | | | | |
|--|---|---|-----|------------------------|--------------------------|-------------------------------|----------------|------------|--------------|------------|----------------------------|
| Fields Changed | Is this a correction to the data populated by the Add-In file on the state Benefit Package? | Benefits | EHB | State-Required Benefit | Is this Benefit Covered? | Quantitative Limit on Service | Limit Quantity | Limit Unit | Minimum Stay | Exclusions | Benefit Explanation |
| | No | Prosthetic Devices | | | | | | | | | |
| | No | Infusion Therapy | Yes | | Covered | | | | | | |
| EHB | Yes | Treatment for Temporomandibular Joint Disorders | Yes | Yes | Covered | | | | | | |
| | No | Nutritional Counseling | | | | | | | | | |
| EHB, State-Required Benefit, Benefit Explanation | Yes | Reconstructive Surgery | Yes | Yes | Covered | | | | | | Following mastectomy only. |
| EHB | Yes | Diabetes Care Management | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Inherited Metabolic Disorder - PKU | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Dental Anesthesia | Yes | Yes | Covered | | | | | | |
| State-Required Benefit | Yes | Mental Health Other | | | | | | | | | |
| EHB | Yes | Second Opinion | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Applied Behavior Analysis Based Therapies | Yes | Yes | Covered | | | | | | |
| EHB | Yes | Cochlear Implants | Yes | Yes | Covered | | | | | | |