

	Overview of State Documentation Requirements for EHB-benchmark Plans			OMB Control Number: 0938-1174 Expiration Date: XX/XX/20XX
The below chart provides an overview of the documents that a State needs to submit when selecting an EHB-benchmark Plan. These documents vary based on which option the State is using to select for its EHB-benchmark Plan.				
State Documentation Requirements	Option 1: Select another State's EHB-benchmark Plan [in accordance with §156.111(a)(1)]	Option 2: Replace category or categories of benefits from another State's EHB-benchmark Plan [in accordance with § 156.111(a)(2)]	Option 3: Otherwise select a set of benefits for the State's EHB-benchmark Plan [in accordance with §156.111(a)(3)]	Does this document require use of a specific template?
	Required?	Required?	Required?	Required?
Confirmations: Complies with §156.111(a), (b), and (c)	Yes	Yes	Yes	Yes
Actuarial certification and report: 1) Equal to, greater than, the scope of benefits provided under a typical employer plan 2) Does not exceed the generosity of the most generous among certain plans	Yes	Yes	Yes	For the certification, yes; For the report, no
	Yes	Yes	Yes	For the certification, yes; For the report, no
State's EHB-benchmark plan document: 1) Describes benefits and limits in accordance with §156.111(e)(3) 2) Provides formulary drug list for the State's EHB-benchmark Plan	Yes	Yes	Yes	No
	No	No	Yes	Yes
EHB Summary Chart: Provides a summary of the State's EHB-benchmark Plan	Yes	Yes	Yes	Yes
PRA DISCLOSURE: 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, expiration date XX/XX/20XX. The time required to complete this information collection is estimated to average 47 hours per response for States. 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 Ken Buerger at Ken.Buerger@cms.hhs.gov.				