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

CENTERS FOR MEDICARE & MEDICAID SERVICES
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Background

To help issuers, this document lists important state- and CMS-identified corrections to the benefit data auto-populated by the 2015 Add-In file on the Benefits Package Worksheet of the Plans and Benefits Template. Benefits that have incorrectly auto-populated benefit data for the Small Group Market are indicated in the "*Small Group Market Add-In Changes*" columns of the state-specific spreadsheets (e.g., AK, AL, etc.) in this document.

Issuers should use the step-by-step instructions below when entering the benefit coverage information for each set of plans offered in the Small Group Market in the Benefits Package Worksheet of the Plan and Benefits Template. These instructions explain how an issuer should complete the benefit coverage information for the benefits that auto-populated inaccurately.

1 Identify the benefits that have incorrectly auto-populated data in the Benefits Package Worksheet

Select the appropriate state-specific spreadsheet.

Review the "*Small Group Market Add-In Changes*" columns of the spreadsheet to identify the benefits indicated to have corrections in how the benefit data autopopulated. These benefits are also highlighted in yellow to facilitate identification.

Review the *"Benefit Information"* or *"General Information"* fields that have changed for these benefits, which are indicated in the *"Fields Changed"* column (e.g., EHB, State-Required Benefit), and compare them to the auto-populated data in the Benefits Package Worksheet of the Plans and Benefits Template.

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						
	No	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered						
	No	Outpatient Surgery Physician/Surgical Services	Yes		Covered						
	No	Hospice Services	Yes		Covered						
EHB	Yes	Non-Emergency Care When Traveling Outside the U.S.									

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 *EHB* and/or *State Required Benefit* and the benefit DOES NOT appear on the Plans and Benefits Template (*"Fields Changed"* = "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 "*Is this Benefit Covered?*" field, and select "Additional EHB" as the "*EHB Variance Reason.*"
		Do Not Cover	**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 "*Is this Benefit Covered?*" field, and select "Substituted" as the "*EHB Variance Reason.*" *[* For the "new" benefit that is taking the place of this one, select "Additional EHB Benefit" as the "*EHB Variance Reason.*"*]* **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 "*EHB Variance Reason.*"
	Scenario B	**The state-specific spreadsheet DOES identify a given benefit as an *EHB* and/or *State Required Benefit* and the benefit DOES appear on the Plans & Benefits Template, but the *"Is this Benefit Covered?"* field is BLANK:**	
		Cover	**If you intend to cover the benefit,** add "Covered" in the "*Is this Benefit Covered?*" field and select "Additional EHB Benefit" as the "*EHB Variance Reason.*"
		Do Not Cover	**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 "*Is this Benefit Covered?*" field and select "Substituted" as the *EHB Variance Reason.* [For the "new" benefit that is taking the place of this one, select "Additional EHB Benefit" as the *"EHB Variance Reason."]* **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 "*EHB Variance Reason.*"
	Scenario C	**The state-specific worksheet DOES NOT identify a given benefit as an *EHB* and/or *State Required Benefit* and the Plans & Benefits Template DOES populate the benefit as "Covered" in the *Is this Benefit Covered?* field:**	
		Cover	**If you intend to cover the benefit,** leave "Covered" in the "*Is this Benefit Covered?*" field and select "Above EHB" as the "*EHB Variance Reason.*"
		Do Not Cover	**If you do <u>not</u> intend to cover the benefit**, change "Covered" to "Not Covered" in the "*Is this Benefit Covered?*" field and select "Above EHB" as the "*EHB Variance Reason.*"

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.

Benefit Information			*General Information*							
Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation	EHB Variance Reason
Primary Care Visit to Treat an Injury or Illness										
Specialist Visit										
Other Practitioner Office Visit (Nurse, Physician Assistant)										

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						
	No	**Outpatient Facility Fee (e.g., Ambulatory Surgery Center)**	Yes		Covered						
	No	**Outpatient Surgery Physician/Surgical Services**	Yes		Covered						
	No	**Hospice Services**	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**									
Benefit Explanation	No	**Private-Duty Nursing**	Yes		Covered						$50,000 per benefit period (benchmark plan limit) is equal to 82 visits per benefit period. $100,000 per lifetime (benchmark plan limit) is equal to 164 visits per lifetime.
	No	**Routine Eye Exam (Adult)**									
	No	**Urgent Care Centers or Facilities**	Yes		Covered						
	No	**Home Health Care Services**	Yes		Covered	Yes	90	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		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		Covered						
	No	**Delivery and All Inpatient Services for Maternity Care**	Yes	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.

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	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						
	No	Outpatient Rehabilitation Services	Yes		Covered						Quantitative limit units apply, see EHB benchmark.
	No	Habilitation Services	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	Yes	Covered						
	No	Hearing Aids									
	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	Yes	1	Visit(s) per Year			
	No	Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year			
	No	Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months			
EHB	Yes	Rehabilitative Speech Therapy	Yes		Covered						
EHB	Yes	Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered						
EHB	Yes	Well Baby Visits and Care	Yes		Covered						
	No	Laboratory Outpatient and Professional Services	Yes		Covered						
	No	X-rays and Diagnostic Imaging	Yes		Covered						
	No	Basic Dental Care – Child	Yes		Covered						
	No	Orthodontia – Child	Yes		Covered						
	No	Major Dental Care – Child	Yes		Covered						
	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			

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	**Dialysis**	Yes		Covered						
	No	**Allergy Testing**	Yes		Covered						
	No	**Chemotherapy**	Yes		Covered						
	No	**Radiation**	Yes		Covered						
EHB	Yes	**Diabetes Education**	Yes		Covered						
EHB	Yes	**Prosthetic Devices**	Yes		Covered						
	No	**Infusion Therapy**	Yes		Covered						
EHB	Yes	**Treatment for Temporomandibular Joint Disorders**	Yes		Covered						
	No	**Nutritional Counseling**									
EHB, Benefit Explanation	Yes	**Reconstructive Surgery**	Yes	Yes	Covered						Reconstruction is required following a mastectomy (this is a state mandate). However, additional Reconstructive Services are included in the Benchmark Plan, and must also be covered.
EHB, Benefit Explanation	Yes	**Clinical Trials**	Yes	Yes	Covered						Required for Cancer Clinical Trials.
EHB	Yes	**Diabetes Care Management**	Yes	Yes	Covered						
EHB	Yes	**Inherited Metabolic Disorder - PKU**	Yes	Yes	Covered						
EHB	Yes	**Off Label Prescription Drugs**	Yes	Yes	Covered						
EHB	Yes	**Mental Health Other**	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						
	No	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered						
	No	Outpatient Surgery Physician/Surgical Services	Yes		Covered						
	No	Hospice Services	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									
Benefit Explanation	No	Private-Duty Nursing	Yes		Covered						$50,000 per benefit period (benchmark plan limit) is equal to 82 visits per benefit period. $100,000 per lifetime (benchmark plan limit) is equal to 164 visits per lifetime.
	No	Routine Eye Exam (Adult)									
	No	Urgent Care Centers or Facilities	Yes		Covered						
	No	Home Health Care Services	Yes		Covered	Yes	90	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		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		Covered						
	No	Delivery and All Inpatient Services for Maternity Care	Yes	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.

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	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						
	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	Yes	Covered						
	No	Hearing Aids									
	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	Yes	1	Visit(s) per Year			
	No	Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year			
	No	Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months			
EHB	Yes	Rehabilitative Speech Therapy	Yes		Covered						
EHB	Yes	Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes		Covered						
EHB	Yes	Well Baby Visits and Care	Yes		Covered						
	No	Laboratory Outpatient and Professional Services	Yes		Covered						
	No	X-rays and Diagnostic Imaging	Yes		Covered						
	No	Basic Dental Care – Child	Yes		Covered						
	No	Orthodontia – Child	Yes		Covered						
	No	Major Dental Care – Child	Yes		Covered						
	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						

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	No	Allergy Testing	Yes		Covered						
	No	Chemotherapy	Yes		Covered						
	No	Radiation	Yes		Covered						
EHB	Yes	Diabetes Education	Yes		Covered						
EHB	Yes	Prosthetic Devices	Yes		Covered						
	No	Infusion Therapy	Yes		Covered						
EHB	Yes	Treatment for Temporomandibular Joint Disorders	Yes		Covered						
	No	Nutritional Counseling									
EHB, Benefit Explanation	Yes	Reconstructive Surgery	Yes	Yes	Covered						Reconstruction is required following a mastectomy (this is a state mandate). However, additional Reconstructive Services are included in the Benchmark Plan, and must also be covered.
EHB, Benefit Explanation	Yes	Clinical Trials	Yes	Yes	Covered						Required for Cancer Clinical Trials.
EHB	Yes	Diabetes Care Management	Yes	Yes	Covered						
EHB	Yes	Inherited Metabolic Disorder - PKU	Yes	Yes	Covered						
EHB	Yes	Off Label Prescription Drugs	Yes	Yes	Covered						
EHB	Yes	Dental Anesthesia	Yes	Yes	Covered						
EHB	Yes	Mental Health Other	Yes	Yes	Covered						