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

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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	Yes	Covered						
	No	Non-Emergency Care When Traveling Outside the U.S.									
	No	Routine Dental Services (Adult)									
	No	Infertility Treatment	Yes	Yes	Covered						
	No	Long-Term/Custodial Nursing Home Care									
	No	Private-Duty Nursing									
EHB, Limit Quantity, Limit Unit	Yes	Routine Eye Exam (Adult)									
	No	Urgent Care Centers or Facilities	Yes		Covered						
	No	Home Health Care Services	Yes	Yes	Covered						
	No	Emergency Room Services	Yes	Yes	Covered						
	No	Emergency Transportation/Ambulance	Yes	Yes	Covered						
	No	Inpatient Hospital Services (e.g., Hospital Stay)	Yes		Covered						
	No	Inpatient Physician and Surgical Services	Yes		Covered						
	No	Bariatric Surgery	Yes		Covered						
	No	Cosmetic Surgery									
	No	Skilled Nursing Facility	Yes		Covered	Yes	100	Days per Year			
	No	Prenatal and Postnatal Care	Yes	Yes	Covered						
	No	Delivery and All Inpatient Services for Maternity Care	Yes	Yes	Covered						
	No	Mental/Behavioral Health Outpatient Services	Yes	Yes	Covered						24 Visits per year for certain non biologically based conditions
	No	Mental/Behavioral Health Inpatient Services	Yes	Yes	Covered						60 Days per Year for certain non biologically based conditions
	No	Substance Abuse Disorder Outpatient Services	Yes	Yes	Covered						
	No	Substance Abuse Disorder Inpatient Services	Yes	Yes	Covered						
	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	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
State-Required Benefit	Yes	**Habilitation Services**	Yes	Yes	Covered						Quantitative limit units apply, see EHB benchmark.
State-Required Benefit	Yes	**Chiropractic Care**	Yes		Covered	Yes	12	Visit(s) per Year			
	No	**Durable Medical Equipment**	Yes	Yes	Covered						Quantitative limit units apply, see EHB benchmark.
State-Required Benefit	Yes	**Hearing Aids**									
	No	**Imaging (CT/PET Scans, MRIs)**	Yes		Covered						
	No	**Preventive Care/Screening/Immunization**	Yes	Yes	Covered						
	No	**Routine Foot Care**	Yes		Covered						
	No	**Acupuncture**									
	No	**Weight Loss Programs**	Yes		Covered						$150 reimbursement per contract per calendar year
	No	**Routine Eye Exam for Children**	Yes		Covered	Yes	1	Exam(s) per 2 Years			
	No	**Eye Glasses for Children**									
	No	**Dental Check-Up for Children**	Yes		Covered						Oral exams, cleanings, fluoride limited to twice in 12 months
EHB, State-Required Benefit	Yes	**Rehabilitative Speech Therapy**	Yes	Yes	Covered						
	No	**Rehabilitative Occupational and Rehabilitative Physical Therapy**	Yes		Covered	Yes	60	Visit(s) per Year			
EHB, State-Required Benefit	Yes	**Well Baby Visits and Care**	Yes	Yes	Covered						
	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**									
	No	**Accidental Dental**									
	No	**Dialysis**									
	No	**Allergy Testing**									
	No	**Chemotherapy**									
	No	**Radiation**									
	No	**Diabetes Education**									
State-Required Benefit	Yes	**Prosthetic Devices**	Yes	Yes	Covered	Yes	500	Dollars per Year			

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	Infusion Therapy									
	No	Treatment for Temporomandibular Joint Disorders									
	No	Nutritional Counseling									
	No	Reconstructive Surgery									
EHB	Yes	Clinical Trials	Yes	Yes	Covered						
EHB	Yes	Diabetes Care Management	Yes	Yes	Covered						
EHB	Yes	Off Label Prescription Drugs	Yes	Yes	Covered						
EHB	Yes	Congenital Anomaly, including Cleft Lip/Palate	Yes	Yes	Covered						
EHB	Yes	Early Intervention Services	Yes	Yes	Covered						
EHB	Yes	Nutrition/Formulas	Yes	Yes	Covered						
EHB	Yes	Bone Marrow Transplants for Treatment of Breast Cancer	Yes	Yes	Covered						
EHB	Yes	Cardiac Rehabilitation	Yes	Yes	Covered						
EHB	Yes	Contraceptive Services	Yes	Yes	Covered						
EHB	Yes	Hormone Replacement Therapy (HRT)	Yes	Yes	Covered						
EHB	Yes	Human Leukocyte Antigen Testing	Yes	Yes	Covered						
EHB	Yes	Hypodermic Syringes or Needles	Yes	Yes	Covered						

Small Group Market Add-In Changes		Benefit Information			General Information						
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	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	Yes	Covered						
	No	Non-Emergency Care When Traveling Outside the U.S.									
	No	Routine Dental Services (Adult)									
	No	Infertility Treatment	Yes	Yes	Covered						
	No	Long-Term/Custodial Nursing Home Care									
	No	Private-Duty Nursing									
EHB, Limit Quantity, Limit Unit	Yes	Routine Eye Exam (Adult)									
	No	Urgent Care Centers or Facilities	Yes		Covered						
	No	Home Health Care Services	Yes	Yes	Covered						
	No	Emergency Room Services	Yes	Yes	Covered						
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	No	Skilled Nursing Facility	Yes		Covered	Yes	100	Days per Year			
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	No	Delivery and All Inpatient Services for Maternity Care	Yes	Yes	Covered						
	No	Mental/Behavioral Health Outpatient Services	Yes	Yes	Covered						24 Visits per year for certain non biologically based conditions
	No	Mental/Behavioral Health Inpatient Services	Yes	Yes	Covered						60 Days per Year for certain non biologically based conditions
	No	Substance Abuse Disorder Outpatient Services	Yes	Yes	Covered						
	No	Substance Abuse Disorder Inpatient Services	Yes	Yes	Covered						
	No	Generic Drugs	Yes		Covered						
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	No	Outpatient Rehabilitation Services	Yes	Yes	Covered						Quantitative limit units apply, see EHB benchmark.

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State-Required Benefit	Yes	**Chiropractic Care**	Yes		Covered	Yes	12	Visit(s) per Year			
	No	**Durable Medical Equipment**	Yes	Yes	Covered						Quantitative limit units apply, see EHB benchmark.
State-Required Benefit	Yes	**Hearing Aids**									
	No	**Imaging (CT/PET Scans, MRIs)**	Yes		Covered						
	No	**Preventive Care/Screening/Immunization**	Yes	Yes	Covered						
	No	**Routine Foot Care**	Yes		Covered						
	No	**Acupuncture**									
	No	**Weight Loss Programs**	Yes		Covered						$150 reimbursement per contract per calendar year
	No	**Routine Eye Exam for Children**	Yes		Covered	Yes	1	Exam(s) per 2 Years			
	No	**Eye Glasses for Children**									
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EHB, State-Required Benefit	Yes	**Rehabilitative Speech Therapy**	Yes	Yes	Covered						
	No	**Rehabilitative Occupational and Rehabilitative Physical Therapy**	Yes		Covered	Yes	60	Visit(s) per Year			
EHB, State-Required Benefit	Yes	**Well Baby Visits and Care**	Yes	Yes	Covered						
	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**									
	No	**Accidental Dental**									
	No	**Dialysis**									
	No	**Allergy Testing**									
	No	**Chemotherapy**									
	No	**Radiation**									
	No	**Diabetes Education**									
State-Required Benefit	Yes	**Prosthetic Devices**	Yes	Yes	Covered	Yes	500	Dollars per Year			

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EHB	Yes	Congenital Anomaly, including Cleft Lip/Palate	Yes	Yes	Covered						
EHB	Yes	Early Intervention Services	Yes	Yes	Covered						
EHB	Yes	Nutrition/Formulas	Yes	Yes	Covered						
EHB	Yes	Bone Marrow Transplants for Treatment of Breast Cancer	Yes	Yes	Covered						
EHB	Yes	Cardiac Rehabilitation	Yes	Yes	Covered						
EHB	Yes	Contraceptive Services	Yes	Yes	Covered						
EHB	Yes	Hormone Replacement Therapy (HRT)	Yes	Yes	Covered						
EHB	Yes	Human Leukocyte Antigen Testing	Yes	Yes	Covered						
EHB	Yes	Hypodermic Syringes or Needles	Yes	Yes	Covered						