



Essential Health Benefits – Frequently Asked Questions 2014

Question	Answer
1. What are the applicable Essential Health Benefit (EHB) requirements for the 2015 benefits?	EHBs for 2015 are the same as 2014. Please click here for EHB resources. <i>updated 2/13/14</i>
2. Where is the most current information on Ohio's Essential Health Benefits (EHBs)?	Issuers should use the Ohio Essential Health Benefits Resource Document for the 2015 Plan Year published by ODI here . Please note that the Ohio EHB details published on the CMS' website (http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html#Ohio) may not be accurate and should not be used as a resource. <i>updated 3/25/14</i>
3. Does ODI allow actuarial equivalent substitutions within a benefit category? If so, what is the process/what documentation is required?	Actuarially equivalent substitutions within a benefit category may be submitted for approval. Please include the required supplemental information described in the EHB Data Worksheet when filing your rate submission. <i>updated 3/25/14</i>
4. Will applying a 30-visit per year limit on mental health outpatient services as defined in the Governor's December 26, 2012 letter comply with federal mental health parity?	It depends on the visit limits, if any, that apply to outpatient medical/surgical benefits provided under the plan. Plans subject to federal mental health parity must provide mental health and substance use disorder benefits in parity with medical/surgical benefits within the same classification or sub classification. Therefore, to the extent that a plan's applicable limits for outpatient medical/surgical benefits exceed 30, limits for outpatient mental health benefits must be provided in parity. If a plan's applicable limits for outpatient medical/surgical benefits are less than 30, then coverage should be provided as defined in the Governor's letter. <i>updated 6/26/14</i>