

REVIEW REQUIREMENT	FEDERAL AUTHORITY	DESCRIPTION
<b>Essential Health Benefits (“EHB”) General Requirements</b>	<a href="#">42 U.S.C. § 18022</a> <a href="#">42 U.S.C. § 300gg-11</a> <a href="#">45 C.F.R. § 156.100</a> <a href="#">et. seq.</a> <a href="#">45 C.F.R. §147.126</a> <a href="#">CMS-9980-F</a>	<p>1) The health plan must cover each of the 10 categories of Essential Health Benefits:</p> <ul style="list-style-type: none"> <li>○ Ambulatory Patient Services</li> <li>○ Emergency Services</li> <li>○ Hospitalization</li> <li>○ Maternity and Newborn Care</li> <li>○ Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment</li> <li>○ Prescription Drugs</li> <li>○ Rehabilitative and Habilitative Services and Devices</li> <li>○ Laboratory Services</li> <li>○ Preventive and Wellness Services and Chronic Disease</li> <li>○ Pediatric Services, including Oral and Vision Care</li> </ul> <p>2) EHB requirements and provisions are applicable only to coverage of benefits and services (including quantitative limits and exclusions on covered benefits and services). EHB requirements and provisions do not include or apply to cost sharing or utilization management standards.</p> <p>3) The health plan must cover or provide an actuarially equivalent substitution for each and every benefit and service that is covered in the Ohio EHB Benchmark Plan. Coverage must be substantially equal to coverage in the Ohio EHB Benchmark Plan, and cannot include more restrictive quantitative limits or exclusions for EHB benefits and services than the Ohio EHB Benchmark Plan.</p> <p>4) There are no annual or lifetime dollar limits permitted on EHB benefits and services.</p>

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<b>Ohio EHB Benchmark Plan Components</b>	<a href="#">42 U.S.C. § 18022</a> <a href="#">42 U.S.C. § 300gg-11</a> <a href="#">45 C.F.R. § 156.100</a> et. seq. <a href="#">45 C.F.R. §147.126</a> <a href="#">CMS-9980-F</a>	<ul style="list-style-type: none"> <li>• Ohio EHB Benchmark Plan               <ul style="list-style-type: none"> <li>◦ <a href="#">Benchmark Plan Template</a></li> <li>◦ <a href="#">Certificate of Coverage</a></li> </ul> </li> <li>• <a href="#">The MetLife Federal Dental Plan</a></li> <li>• <a href="#">Federal Employee Dental and Vision Benefits Enhancement</a></li> <li>• <a href="#">Prescription Drug EHB-Benchmark Plan Benefits by Category and Class</a></li> <li>• <a href="#">Governor's Habilitative Services Letter</a></li> <li>• <a href="#">Mental Health Parity and Addiction Equity Act of 2008</a></li> </ul>
<b>Actuarially Equivalent Substitutions for Ohio EHB Benchmark Plan Coverage</b>		<p>1) Except for prescription drug benefits, a plan may substitute benefits, or sets of benefits, that are actuarially equivalent to the EHB Benchmark Plan benefits being replaced, but <u>only</u> within an EHB benefit category, not between different categories.</p> <p>2) Evidence of actuarial equivalence must be submitted on the Supporting Document tab for substituted benefits or set of benefits to include:</p> <ul style="list-style-type: none"> <li>• Certification by a member of the American Academy of Actuaries</li> <li>• Supporting Actuarial Memorandum demonstrating that actuarial equivalence is:               <ul style="list-style-type: none"> <li>◦ Based on an analysis performed in accordance with generally accepted actuarial principles and methodologies;</li> <li>◦ Based on a standardized plan population; and</li> <li>◦ Determined regardless of cost sharing.</li> </ul> </li> </ul>
<b>Prescription Drugs</b>		<p>1. Each plan must cover the <u>greater</u> of (i) one drug in each United States Pharmacopeia ("USP") category or class, or (ii) the same number of prescription drugs covered in each USP category or class as the Ohio EHB Benchmark Plan.</p> <p>2. A plan may substitute a prescription drug(s) covered under the Ohio EHB Benchmark Plan provided that the substitution is in the same USP category or class as the drug covered under the Ohio EHB Benchmark Plan. Substitutions must be identified in a separate document along with verification that the USP category or class of the substituted drug is the same as the drug covered under the Ohio EHB Benchmark Plan. This documentation must be submitted on the Supporting Document tab.</p>

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<b>Pediatric Dental Services</b>	<a href="#">42 U.S.C. § 18022</a> <a href="#">42 U.S.C. § 300gg-11</a> <a href="#">45 C.F.R. § 156.100</a> et. seq. <a href="#">45 C.F.R. §147.126</a> <a href="#">CMS-9980-F</a>	1. Plans offered outside the Exchange must cover the pediatric dental services covered by the Ohio EHB Benchmark Plan (the MetLife Federal Dental plan), for enrollees up to 19 years of age, unless the issuer can determine, after reasonable inquiry, that the policyholder is enrolled under a dental insurance plan that covers the required EHB pediatric dental services.
<b>Pediatric Vision Services</b>		Plans must cover the pediatric vision services covered under the Ohio EHB Benchmark Plan (the Federal Employee Dental and Vision Benefits Enhancement) for enrollees up to age 19.
<b>Habilitative Services</b>		Plans must cover habilitative services as defined in the Governor's Habilitative Services Letter.
<b>Mental Health Services</b>	<a href="#">42 U.S.C. §300gg-26</a> <a href="#">45 CFR §146.136</a> <a href="#">CMS-9980-F</a>	Plans must provide coverage for parity in mental health and substance use disorder benefits in accordance with the Mental Health Parity and Addiction Equity Act of 2008.