



## The State's EHB-benchmark Plan's Benefits and Limits

OMB Control Number: 0938-1174  
Expiration Date: 06/01/2021

**Instructions:** All fields on this template that are marked red are required to be completed. To ensure that this Benefits and Limits Summary Template corresponds with the EHB-benchmark plan document, please indicate the page number in which the benefit is covered under Column H if answering "Covered" under Column C (for example, "Covered" in Column C, "pg. 12" in Column H). If there is a quantitative limit on a benefit, then complete the Limit Quantity and Limit Unit fields. If there are no exclusions for a benefit, then leave the Exclusions field blank. Add an explanation in Column H to provide more details on a benefit.

| A<br>Benefit  | B<br>EHB | C<br>Is the Benefit Covered? | D<br>Quantitative Limit on Service? | E<br>Limit Quantity | F<br>Limit Unit | G<br>Exclusions | H<br>Explanations |
|---|----------|------------------------------|-------------------------------------|---------------------|-----------------|-----------------|-------------------|
| Primary Care Visit to Treat an Injury or Illness                |          |                              |                                     |                     |                 |                 |                   |
| Specialist Visit  |          |                              |                                     |                     |                 |                 |                   |
| Other Practitioner Office Visit (Nurse, Physician Assistant)    |          |                              |                                     |                     |                 |                 |                   |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)       |          |                              |                                     |                     |                 |                 |                   |
| Outpatient Surgery Physician/Surgical Services                  |          |                              |                                     |                     |                 |                 |                   |
| Hospice Services  |          |                              |                                     |                     |                 |                 |                   |
| Routine Dental Services (Adult)                                 | No       |                              |                                     |                     |                 |                 |                   |
| Infertility Treatment   |          |                              |                                     |                     |                 |                 |                   |
| Long-Term/Custodial Nursing Home Care                           | No       |                              |                                     |                     |                 |                 |                   |
| Private-Duty Nursing  |          |                              |                                     |                     |                 |                 |                   |
| Routine Eye Exam (Adult)  | No       |                              |                                     |                     |                 |                 |                   |
| Urgent Care Centers or Facilities                               |          |                              |                                     |                     |                 |                 |                   |
| Home Health Care Services                                       |          |                              |                                     |                     |                 |                 |                   |
| Emergency Room Services   |          |                              |                                     |                     |                 |                 |                   |
| Emergency Transportation/Ambulance                              |          |                              |                                     |                     |                 |                 |                   |
| Inpatient Hospital Services (e.g., Hospital Stay)               |          |                              |                                     |                     |                 |                 |                   |
| Inpatient Physician and Surgical Services                       |          |                              |                                     |                     |                 |                 |                   |
| Bariatric Surgery   |          |                              |                                     |                     |                 |                 |                   |
| Cosmetic Surgery  |          |                              |                                     |                     |                 |                 |                   |
| Skilled Nursing Facility  |          |                              |                                     |                     |                 |                 |                   |
| Prenatal and Postnatal Care                                     |          |                              |                                     |                     |                 |                 |                   |
| Delivery and All Inpatient Services for Maternity Care          |          |                              |                                     |                     |                 |                 |                   |
| Mental/Behavioral Health Outpatient Services                    |          |                              |                                     |                     |                 |                 |                   |
| Mental/Behavioral Health Inpatient Services                     |          |                              |                                     |                     |                 |                 |                   |
| Substance Abuse Disorder Outpatient Services                    |          |                              |                                     |                     |                 |                 |                   |
| Substance Abuse Disorder Inpatient Services                     |          |                              |                                     |                     |                 |                 |                   |
| Generic Drugs   |          |                              |                                     |                     |                 |                 |                   |
| Preferred Brand Drugs   |          |                              |                                     |                     |                 |                 |                   |
| Non-Preferred Brand Drugs                                       |          |                              |                                     |                     |                 |                 |                   |
| Specialty Drugs   |          |                              |                                     |                     |                 |                 |                   |
| Outpatient Rehabilitation Services                              |          |                              |                                     |                     |                 |                 |                   |
| Habilitation Services   |          |                              |                                     |                     |                 |                 |                   |
| Chiropractic Care   |          |                              |                                     |                     |                 |                 |                   |
| Durable Medical Equipment                                       |          |                              |                                     |                     |                 |                 |                   |
| Hearing Aids  |          |                              |                                     |                     |                 |                 |                   |
| Imaging (CT/PET Scans, MRIs)                                    |          |                              |                                     |                     |                 |                 |                   |
| Preventive Care/Screening/Immunization                          |          |                              |                                     |                     |                 |                 |                   |
| Routine Foot Care   |          |                              |                                     |                     |                 |                 |                   |
| Acupuncture   |          |                              |                                     |                     |                 |                 |                   |
| Weight Loss Programs  |          |                              |                                     |                     |                 |                 |                   |
| Routine Eye Exam for Children                                   |          |                              |                                     |                     |                 |                 |                   |
| Eye Glasses for Children  |          |                              |                                     |                     |                 |                 |                   |
| Dental Check-Up for Children                                    |          |                              |                                     |                     |                 |                 |                   |
| Rehabilitative Speech Therapy                                   |          |                              |                                     |                     |                 |                 |                   |
| Rehabilitative Occupational and Rehabilitative Physical Therapy |          |                              |                                     |                     |                 |                 |                   |
| Well Baby Visits and Care                                       |          |                              |                                     |                     |                 |                 |                   |
| Laboratory Outpatient and Professional Services                 |          |                              |                                     |                     |                 |                 |                   |
| X-rays and Diagnostic Imaging                                   |          |                              |                                     |                     |                 |                 |                   |
| Basic Dental Care - Child                                       |          |                              |                                     |                     |                 |                 |                   |
| Orthodontia - Child   |          |                              |                                     |                     |                 |                 |                   |
| Major Dental Care - Child                                       |          |                              |                                     |                     |                 |                 |                   |
| Basic Dental Care - Adult                                       |          |                              |                                     |                     |                 |                 |                   |
| Orthodontia - Adult   | No       |                              |                                     |                     |                 |                 |                   |
| Major Dental Care - Adult                                       |          |                              |                                     |                     |                 |                 |                   |
| Abortion for Which Public Funding is Prohibited                 | No       |                              |                                     |                     |                 |                 |                   |
| Transplant  |          |                              |                                     |                     |                 |                 |                   |
| Accidental Dental   |          |                              |                                     |                     |                 |                 |                   |
| Dialysis  |          |                              |                                     |                     |                 |                 |                   |
| Allergy Testing   |          |                              |                                     |                     |                 |                 |                   |
| Chemotherapy  |          |                              |                                     |                     |                 |                 |                   |
| Radiation   |          |                              |                                     |                     |                 |                 |                   |
| Diabetes Education  |          |                              |                                     |                     |                 |                 |                   |
| Prosthetic Devices  |          |                              |                                     |                     |                 |                 |                   |
| Infusion Therapy  |          |                              |                                     |                     |                 |                 |                   |
| Treatment for Temporomandibular Joint Disorders                 |          |                              |                                     |                     |                 |                 |                   |
| Nutritional Counseling  |          |                              |                                     |                     |                 |                 |                   |
| Reconstructive Surgery  |          |                              |                                     |                     |                 |                 |                   |

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