



Overview of State Documentation Requirements for EHB-benchmark Plans

OMB Control Number: 0938-1174
Expiration Date: XX/XX/2021

The below chart provides an overview of the documents that a State needs to submit when selecting an EHB-benchmark Plan. These documents vary based on which option the State is using to select for its EHB-benchmark Plan.

State Documentation Requirements	Option 1: Select another State's EHB-benchmark Plan [in accordance with §156.111(a)(1)]	Option 2: Replace category or categories of benefits from another State's EHB-benchmark Plan [in accordance with § 156.111(a)(2)]	Option 3: Otherwise select a set of benefits for the State's EHB-benchmark Plan [in accordance with §156.111(a)(3)]	Does this document require use of a specific template?	
	Required?	Required?	Required?	Required?	Required?
Confirmations: Complies with §156.111(a), (b), and (c)	Yes	Yes	Yes	Yes	
Actuarial certification and report: 1) Equal to, greater than, the scope of benefits provided under a typical employer plan 2) Does not exceed the generosity of the most generous among certain plans	Yes	Yes	Yes	For the certification, yes; the report, no	For the report, no
State's EHB-benchmark plan document: 1) Describes benefits and limits in accordance with §156.111(e)(3) 2) Provides formulary drug list for the State's EHB-benchmark Plan	Yes	Yes	Yes	No	
EHB Summary Chart: Provides a summary of the State's EHB-benchmark Plan	No	No	Yes	Yes	
EHB Summary Chart: Provides a summary of the State's EHB-benchmark Plan	Yes	Yes	Yes	Yes	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1174. The time required to complete this information collection is estimated to average 47 hours or 2,820 minutes per response for States and .5 hours or 30 minutes per response for Stand Alone Dental Plans. This time includes preparing, reviewing and submitting required documents. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.