



## Overview of State Documentation Requirements for EHB-benchmark Plans

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

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?
<b>Confirmations:</b> Complies with §156.111(a), (b), and (c)	Yes	Yes	Yes	Yes
<b>Actuarial certification and report:</b> 1) Equal to, greater than, the scope of benefits provided under a typical employer plan	Yes	Yes	Yes	For the certification, yes; For the report, no
2) Does not exceed the generosity of the most generous among certain plans	Yes	Yes	Yes	For the certification, yes; For the report, no
<b>State's EHB-benchmark plan document:</b> 1) Describes benefits and limits in accordance with §156.111(e)(3)	Yes	Yes	Yes	No
2) Provides formulary drug list for the State's EHB-benchmark Plan	No	No	Yes	Yes
<b>EHB Summary Chart:</b> 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 (Expires 06/01/2021)**. The time required to complete this information collection is estimated to average **47 hours or 2,820 minutes per response for States. For Form 1, the estimate is 4 hours. For Form 2, the estimate is 19 hours. For Form 3, the estimate is 12 hours. For Form 4, the estimate is 12 hours.** 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.

### \*\*\*\*CMS Disclosure\*\*\*\*

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