## **ESSENTIAL HEALTH BENEFITS (EHB) STATE SUBSTITUTION NOTIFICATION**

BEGINNING A STATE OPT-IN	
. Will your State allow EHB substitution between EHB categories (optional field)?	
Yes	
No	
. If "Yes" to question 1, what plan year will the State begin allowing substitutions between EHB categories (optiona	al field)?
If "Yes" to question 1, between which EHB category or categories will the State allow substitutions? Note that prescription drug substitutions are not allowed.	

Ambulatory patient services Rehabilitative and habilitative services and devices

**Emergency services** Laboratory services

Hospitalization Preventive and wellness services and

chronic disease management

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Maternity and newborn care Pediatric services, including oral and

vision care

Mental health and substance use disorder services including behavioral health treatment

## **ENDING A STATE OPT-IN**

4. If the State has been allowing between EHB category substitution, check this box if the State intends to terminate between EHB category substitution (optional field)?

Yes – terminate between EHB category substitution

5. If yes to question 4, what plan year will the State begin terminating between EHB category substitution (optional field)?

## **PRA Disclosure Statement**

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