

2023 Plans & Benefits Template v12.0

To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required.
 You will need to save the latest version of the app on the PlayStore/AppStore on your machine.
 To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variance macro.
 To create additional Benefits Package worksheets, use the Create New Benefits Package macro.
 To populate the benefits on the Benefits Package worksheet with your State EHB elements, use the Refresh EHB (EHC).

Plan Identifiers		Plan Attributes												Stand Alone Dental Only		Plan Dates		Geographic Coverage											
HIOS Plan ID*	Plan Marketing Name*	HIOS Product ID*	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan*	Plan Type*	Level of Coverage*	Design Type*	Unique Plan Design**	QIP/Non-QIP*	Notice Required for Pregnancy*	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Not Advanced Payment	Does this plan offer Composite Rating?	Child-Only Offering*	Child Only Plan ID	Tobacco Wellness Program Offered*	Disease Management Programs Offered	EHB Percent of Total Premium*	EHB Appointments for Pediatric Dental	Guaranteed vs. Estimated Rate	Plan Effective Date	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*

Benefit Information	General Information										Out of Pocket Exceptions																			
	Service	EHB	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Limit	Exclusions	Benefits Explanation	EHB Variance Reason	Excluded from In-Network MOOP	Excluded from Out of Network MOOP																			
Primary Care Visit In-Town and 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)																														
Infectious Treatment																														
Long-Term/Custodial Nursing Home Care																														
Private-Duty Nursing																														
Routine Eye Exam (Adult)																														
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																														
Rehabilitation Services																														
Chiropractic Care																														
Durable Medical Equipment																														
Hearing Aids																														
Imaging (CT/MRI Scans, MRA)																														
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																														
Major Dental Care - Adult																														
Abortion for Which Public Funding is Prohibited																														
Transplant																														
Accidental Dental																														
Diets																														
Allergy Testing																														
Chemotherapy																														
Radiation																														
Diabetes Education																														
Prosthetic Devices																														
Inhalation Therapy																														
Treatment for Temporomandibular Joint Disorders																														
Nutritional Counseling																														
Reconstructive Surgery																														
Gender Affirming Care																														

PRA DISCLOSURE:

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 0938-1187, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 24.50 hours per issuer per year, including the time to review instructions, gather the information needed, and complete and review the information collection. 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**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Nicole Levesque at Nicole.Levesque@cms.hhs.gov.