



# 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 Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H 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							
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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**\*\*\*\*CMS Disclosure\*\*\*\***

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