

Essential Health Benefits – Summary of Benchmark Plan Coverage and State Mandates

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Federal Benefit Categories and State Mandates						
Federal	<b>(A) Ambulatory Patient Services</b>					
	Primary care visit to treat an injury or illness			√	√	
	Specialist visit			√	√	
	Other practitioner office visit (nurse, physician assistant)			√	√	
	Allergy testing			√	√	Medically necessary testing appears to be covered on an outpatient basis, but allergy serums and testing materials are excluded. Inpatient allergy testing and treatment are excluded.
	Outpatient facility fee (e.g., ambulatory surgery center)			√	√	
	Outpatient surgery physician/surgical services			√	√	
	Home health care services			√ 60 visits	√ 60 visits	
	Dialysis			√	√	
	Chemotherapy			√	√	
	Radiation			√	√	
	Infusion therapy			√	√	
	Hospice services			√	√	
TX	<b>Home Health</b>	No	Offer	√	√	
Federal	<b>(B) Emergency Services</b>					
	Emergency room services (facility and physician charges)			√	√	
	Emergency transportation/ambulance			√	√	
	Urgent care centers or facilities			√	√	
	Accidental dental			√	√	
TX	<b>Emergency Care</b>	Yes	Yes	√	√	
Federal	<b>(C) Hospitalization</b>					
	Inpatient hospital services (e.g., hospital stay)			√	√	Preauthorization should be made two days before elective admittance to the hospital. No penalty for failure to preauthorize services when hospitalization occurs in network; \$250 penalty applies when out of network.
	Skilled nursing facility			√ 25 days	√ 25 days	

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	Inpatient physician and surgical services			√	√	
	Transplant			√	√	
	Reconstructive surgery			√	√	
	Treatment for temporomandibular joint disorders			√	√	Excludes any non-surgical (dental restorations, orthodontics, or physical therapy) or non-diagnostic services or supplies (oral appliances, oral splints, oral orthotics, devices, or prosthetics) provided for the treatment of the temporomandibular joint and all adjacent or related muscles and nerves.
TX	Transplant Donor Coverage	Yes	No	√	√	
	Mastectomy or Lymph Node Dissection, Minimum Stay	Yes	No	√	√	
	Mastectomy, Reconstructive Surgery	Yes	Yes	√	√	
	Reconstructive Surgery for Craniofacial Abnormalities in a Child	Yes	No	√	√	Coverage includes surgery performed on a child under the age of 19 for the treatment or correction of a congenital defect.
Federal	<b>(D) Maternity and newborn Care</b>					
	Prenatal and postnatal care			√	√	
	Delivery and all inpatient services for maternity care			√	√	Will cover 48-hour hospital stay for uncomplicated vaginal delivery and 96-hour hospital stay for uncomplicated caesarean section.
TX	Maternity Minimum Stay (if maternity is covered)	Yes	Yes	√	√	
	Maternity Nondiscrimination	Offer	No	√	√	
	Complications of Pregnancy	Yes	Yes	√	√	
Federal	<b>(E) Mental health and substance use disorder services, including behavioral health treatment</b>					Note that the limits on coverage described below may violate parity requirements at 42 USC §300gg-26 and 45 CFR §146.136
	Mental/behavioral health outpatient services			√ 25 visits	√ 25 visits	
	Mental/behavioral health inpatient services			√ 10 days	√ 10 days	
	Substance abuse disorder outpatient services			√	√	
	Substance abuse disorder inpatient services			√ 3 series (lifetime)	√ 3 series (lifetime)	

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TX	Chemical Dependency Treatment	No	Yes	√ 3 series (lifetime)	√ 3 series (lifetime)	
	<i>Psychiatric Day Treatment Facility</i>	No	Offer	√	√	
	Crisis Stabilization & Residential Treatment for Children and Adolescents	No	Yes	√	√	
	<i>Serious Mental Illness</i>	No	Offer	√	√	
	Psychological Testing			√	√	The definition of “Mental Health Care” appears to include psychological testing in the section describing diagnosis. At the request of interested stakeholders, this benefit was added to the analysis in 2012 for the 2014 default benchmark.
Federal	<b>(F) Prescription Drugs</b>					
	Generic drugs			√	√	In 2014, issuers were required to cover the same number of drugs in various categories as the benchmark covered. TDI has not analyzed the drug count; issuers should refer to drug count information published by CMS for each state.
	Preferred brand drugs			√	√	
	Non-preferred brand drugs			√	√	
Specialty drugs			√	√		
TX	Amino Acid-based Formulas	Yes	Yes	√	√	
	Contraceptive Drugs and Devices and Related Services	Yes	Yes	√	√	
	Off-label Drugs	Yes	No	√	√	
	Oral Anticancer Medications	Yes	Yes	√	√	
	Phenylketonuria (PKU)	No	Yes	√	√	Explicitly states dietary supplements are covered.
Federal	<b>(G) Rehabilitative and habilitative services and devices</b>					
	Chiropractic care (also referred to as manipulative therapy)			√	√	Annual limit of 35 visits across physical medicine services.
	Hearing aids			√	√	Covered up to a limit of \$1,000 per 36 month period.
	Prosthetic devices (appliances)			√	√	Medically necessary foot orthotics are not subject to a calendar year maximum.
	Durable medical equipment			√	√	Durable medical equipment not provided for Home Health Care. Rental covered under medical/surgical. Excluded from RX benefits, but permitted for diabetes and self-

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						administered injections. Female contraception and breast pumps covered under medical/surgical benefits.
	Rehabilitative speech therapy			√	√	
	Outpatient rehabilitation services			√	√	Benchmark includes an annual limit of 35 visits across physical medicine services.
	Rehabilitative occupational and rehabilitative physical therapy			√	√	
	Habilitation services  Clarified at 45 CFR §156.115(a)(5): "health care services and devices that help a person keep, learn, or improve skills and functioning for daily living (habilitative services). Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings."			√	√	However, note federal rules: Plans may not impose limits on coverage of habilitative services and devices that are less favorable than any such limits imposed on coverage of rehabilitative services and devices; and for plan years beginning on or after January 1, 2017, plans may not impose combined limits on habilitative and rehabilitative services and devices.
TX	<b>Autism Spectrum Disorder</b>	No	Yes	√	√	The 2017 benchmark plan includes an amendment to comply with the state autism mandate as modified by the 83rd Texas Legislature. The 2017 plan was amended to remove the age limit, which restricted autism benefits to children under age 10. Note – coverage for required screening at 18 and 24 months is contained in the preventive well-child benefit.
	<b>Brain Injury - Acquired brain injury</b>	Yes	Yes	√	√	
	<b>Prosthetic / Orthotic Devices</b>	Yes	Yes	√	√	Medically necessary foot orthotics are not subject to a calendar year maximum.
	<b>Speech and Hearing</b>	No	Offer	√	√	Services to restore loss of or correct an impaired speech or hearing function with hearing aids are covered as any other sickness.
Federal	<b>(H) Laboratory Services</b>					
	Laboratory outpatient and professional services			√	√	
	X-rays and diagnostic imaging			√	√	
	Imaging (CT/PET scans, MRIs)			√	√	

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<b>Federal</b>	<b>(I) Preventive and wellness services and chronic disease management</b>					
	Preventive care/screening/immunization			√	√	Preventive care services include: a. evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the <a href="#">United States Preventive Services Task Force</a> ; b. immunizations recommended by the <a href="#">Advisory Committee on Immunization Practices</a> of the Centers for Disease Control and Prevention; c. evidenced-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for <a href="#">infants, children, and adolescents</a> ; and d. with respect to women, such additional preventive care and screenings, not described in item a. above, as provided for in <a href="#">HRSA guidelines</a> .
	Well baby visits and care			√	√	
	Diabetes education and management			√	√	
	Routine foot care			√	√	Note that routine foot care is covered only in connection with diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency. In the absence of such conditions, any services or supplies in connection with routine foot care are excluded.
Nutritional counseling			√	√	Diet and nutritional counseling is covered under preventive services for adults at higher risk for chronic disease. Also covered as part of autism and diabetes related benefits, and under the inpatient nutritional assessment program provided by a Hospital and approved by the issuer.	

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TX	Cardiovascular Disease - Screening Tests	Yes	Yes	√	√	Benefits are available for one of the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five years when performed by a laboratory that is certified by a recognized national organization: (1) Computed tomography (CT) scanning measuring coronary artery calcifications; or (2) Ultrasonography measuring carotid intima-media thickness and plaque.
	Colorectal Cancer Testing	Yes	No	√	√	
	Diabetes	Yes	No	√	√	Diabetes benefits include but are not limited to diabetes equipment, diabetes supplies including new and improved FDA-approved equipment and supplies if medically necessary. Medical-surgical expense for the nutritional, educational, and psychosocial treatment of diabetes as well as diabetes self-management training to develop an individualized management plan.
	Osteoporosis, Detection and Prevention	No	Yes	√	√	Bone mass measurement for the detection of low bone mass to determine risk of osteoporosis and fractures associated with osteoporosis.
	Prostate Testing - Coverage of Certain Tests	Yes	No	√	√	Available for each participant as part of an annual medically recognized diagnostic evaluation if the participant is 50 years of age and asymptomatic or 40 years of age with a prostate cancer risk factor.
	Human Papillomavirus and Cervical Cancer Testing	Yes	Yes	√	√	Available for each woman enrolled in the plan age 18 or older as part of an annual medically recognized diagnostic evaluation.
	Mammography	Yes	Yes	√	√	Available for each enrollee 35 or older. One mammogram per calendar year.
Federal	<b>(J) Pediatric services, including oral and vision care</b>					
	Routine eye exam for children			√	√	One routine eye exam visit is covered annually.
	Eye glasses for children			X	X	Missing EHB category that must be supplemented. Default supplement is FEDVIP.

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	Dental check-up for children			X	X	Missing EHB category that must be supplemented. Default supplement is FEDVIP.
	Basic dental care – child			X	X	Missing EHB category that must be supplemented. Default supplement is FEDVIP.
	Orthodontia – child			X	X	Missing EHB category that must be supplemented. Default supplement is FEDVIP.
	Major dental care - child			X	X	Missing EHB category that must be supplemented. Default supplement is FEDVIP.
TX	<i>Developmental Delays</i>	Offer	No	X	X	Not explicitly covered; however, the definition of Autism Spectrum Disorder includes “pervasive developmental disorder, not otherwise specified.” Additionally, see coverage for habilitative services, consistent with federal definition.
	Hearing Screening	Yes	No	√	√	Coverage includes a newborn screening test for hearing impairment, and necessary diagnostic follow-up care through age two. Additionally, the plan covers an annual hearing examination.
	Immunizations	Yes	No	√	√	Specified immunizations covered without cost sharing.
Federal	<b>Supplementary Benefits Listed in HHS EHB Data Collection Template, Not Considered EHB</b>					
	Non-emergency care when traveling outside the U.S.			√	√	Excludes care received when the purpose of travel was to receive medical care.
	Routine dental services (adult)			X	X	
	Basic dental care – adult			X	X	
	Orthodontia – adult			X	X	
	Major dental care – adult			X	X	
	Abortion for which public funding is prohibited			X	X	
	Long-term/custodial nursing home care			X	X	
	Private-duty nursing			X	X	
Routine eye exam (adult)			√	√	One routine eye exam visit is covered annually.	
Bariatric surgery			X	X		

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	Cosmetic surgery			X	X	Covered only for the correction of congenital deformities in children, conditions resulting from accidental injuries, and reconstructive surgery following cancer surgery including prosthesis in the event of a mastectomy.
	Acupuncture			X	X	
	Weight loss programs			X	X	Certain weight loss services such as nutritional and diet counseling are available through a diabetes management plan, autism benefits, and for adults at higher risk of chronic disease.
	Infertility treatment			X	X	Diagnosis is covered but treatment is not covered.
TX	<i>In Vitro Fertilization</i>	No	Offer	X	X	State law mandates an offer of coverage for in vitro in the group market, but does not require each employer to elect this coverage. Coverage is not included in the benchmark plan.

<sup>1</sup> Federal law (42 USC 18022(b)) requires coverage for 10 categories of essential health benefits (EHB), listed from A to J in this chart. Federal rules at 45 CFR Part 156 Subpart B define the EHB package with respect to a benchmark plan. In Texas, the default benchmark plan option applies, which is the most popular small group plan. CMS has produced a chart that summarizes the benefits considered to be EHB, which is available here: <http://www.cms.gov/ccio/resources/data-resources/ehb.html#Texas>. The shaded benefits listed on this chart are based on the CMS chart.

<sup>2</sup> This chart includes all state mandates that apply to plans sold in the individual and small group markets, which are subject to the federal essential health benefits requirement. Lack of coverage for a mandated benefit or offer should not be interpreted as lack of compliance; the benchmark plan is only required to include coverage for mandates that apply to small group plans. Note that coverage for benefits subject to state mandated offers may not be present if most groups did not choose to purchase the additional coverage.