



## The State's EHB-benchmark Plan's Benefits and Limits

OMB Control Number: 0938-1174

Expiration Date: 02/28/2024

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	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Specialist Visit	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 23.
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 27.
Hospice Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 16.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No			Fertility treatments such as artificial insemination and in-vitro fertilization are not a Covered Service.	Diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis. Benefits also include services to treat the underlying medical conditions that cause infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). Please see Virginia Benchmark Plan Pg. 21 for more information.
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	Yes	16	Hours per Benefit Period	Coverage does not include benefits for private duty nursing in the inpatient setting.	Please see Virginia EHB Benchmark Plan, pg. 25.
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 31.
Home Health Care Services	Yes	Covered	Yes	100	Visit(s) per Benefit Period	Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider; Food, housing, homemaker services and home delivered meals.	Please see Virginia EHB Benchmark Plan, pg. 15.
Emergency Room Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 14.
Emergency Transportation/Ambulance	Yes	Covered	No			Air ambulance will not be covered if you are taken to a Facility that is not an acute care Hospital (such as a Skilled Nursing Facility), or if you are taken to a Physician's office or your home. Coverage is not available for air ambulance transfers for the reason of being treated in a specific Hospital or by a specific Physician.	Please see Virginia EHB Benchmark Plan, pg. 7.
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 18.
Inpatient Physician and Surgical Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 18.
Bariatric Surgery	No	Not	No				

		Covered					
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	Yes	100	Day(s) per stay	Custodial care even if it is recommended by a professional or performed in a facility, such as a Skilled Nursing Facility.	Please see Virginia EHB Benchmark Plan, pg. 27
Prenatal and Postnatal Care	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 19.
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 19.
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Generic Drugs	Yes	Covered	No			<ul style="list-style-type: none"> <li>• Refills after one year after date of original prescription</li> <li>• Infertility Drugs</li> <li>• Drugs that do not need a Prescription</li> <li>• Fluoride treatments</li> <li>• Items covered as DME</li> <li>• Lost or stolen drugs</li> <li>• Drugs not approved by USFDA</li> <li>• Drugs to treat sexual dysfunction</li> <li>• Weight loss drugs</li> </ul>	Please see Virginia EHB Benchmark Plan, pg. 33.
Preferred Brand Drugs	Yes	Covered	No			<ul style="list-style-type: none"> <li>• Refills after one year after date of original prescription</li> <li>• Infertility Drugs</li> <li>• Drugs that do not need a Prescription</li> <li>• Fluoride treatments</li> <li>• Items covered as DME</li> <li>• Lost or stolen drugs</li> <li>• Drugs not approved by USFDA</li> <li>• Drugs to treat sexual dysfunction</li> <li>• Weight loss drugs</li> </ul>	Please see Virginia EHB Benchmark Plan, pg. 33.
Non-Preferred Brand Drugs	Yes	Covered	No			<ul style="list-style-type: none"> <li>• Refills after one year after date of original prescription</li> <li>• Infertility Drugs</li> <li>• Drugs that do not need a Prescription</li> <li>• Fluoride treatments</li> <li>• Items covered as DME</li> <li>• Lost or stolen drugs</li> <li>• Drugs not approved by USFDA</li> <li>• Drugs to treat sexual dysfunction</li> <li>• Weight loss drugs</li> </ul>	Please see Virginia EHB Benchmark Plan, pg. 33.
Specialty Drugs	Yes	Covered	No			<ul style="list-style-type: none"> <li>• Refills after one year after date of original prescription</li> <li>• Infertility Drugs</li> <li>• Drugs that do not need a Prescription</li> <li>• Fluoride treatments</li> <li>• Items covered as DME</li> </ul>	Please see Virginia EHB Benchmark Plan, pg. 33.

						<ul style="list-style-type: none"> <li>• Lost or stolen drugs</li> <li>• Drugs not approved by USFDA</li> <li>• Drugs to treat sexual dysfunction</li> <li>• Weight loss drugs</li> </ul> <p>See Virginia EHB Benchmark Plan Pg. 45-46 for more details.</p>	
Outpatient Rehabilitation Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 26. See specific therapies for visit limits.
Habilitation Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 26. See specific therapies for visit limits.
Chiropractic Care	Yes	Covered	Yes	30	Visit(s) per Benefit Period	Spinal manipulations or other manual medical interventions for an illness or injury other than musculoskeletal conditions.	Please see Virginia EHB Benchmark Plan, pgs. 26, 30.
Durable Medical Equipment	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 12.
Hearing Aids	No	Not Covered	No			Hearing aids or exams to prescribe or fit hearing aids are not covered. This Exclusion does not apply to cochlear implants.	Please see Virginia EHB Benchmark Plan, pg. 42.
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 11.
Preventive Care/Screening/Immunization	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 23.
Routine Foot Care	No	Not Covered	No			Routine foot care is not covered unless medically necessary	Please see Virginia EHB Benchmark Plan, pg. 11.
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		Please see Virginia EHB Benchmark Plan, pg. 31.
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period	Benefits are not available for non-elective contact lenses if the Member has undergone prior elective corneal surgery, such as radial keratotomy (RK), photorefractive keratectomy (PRK), or LASIK.	Please see Virginia EHB Benchmark Plan, pg. 31.
Dental Check-Up for Children	Yes	Covered	Yes	1	Treatment(s) per 6 Months		Please see Virginia EHB Benchmark Plan, pg. 36.
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Please see Virginia EHB Benchmark Plan, pgs. 26, 29.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period. Visit limit is combined for Rehabilitative Occupational and Rehabilitative Physical Therapy.	Non-covered providers include, but are not limited to, masseurs or masseuses (massage therapists), and physical therapist technicians.	Please see Virginia EHB Benchmark Plan, pgs. 26, 29.
Well Baby Visits and Care	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pgs. 19, 24.
Laboratory Outpatient and Professional Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 11.
X-rays and Diagnostic Imaging	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 11.
Basic Dental Care - Child	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 36.
Orthodontia - Child	Yes	Covered	Yes	1	Treatment(s) per Lifetime		Please see Virginia EHB Benchmark Plan, pg. 38.
Major Dental Care - Child	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 37.
Basic Dental Care - Adult	No	Not Covered	No				

Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				Please see Virginia EHB Benchmark Plan, pg. 20.
Transplant	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 17.
Accidental Dental	Yes	Covered	No			An injury that results from chewing or biting is not considered an accidental injury and is not covered.	Please see Virginia EHB Benchmark Plan, pg. 10.
Dialysis	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Allergy Testing	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 7.
Chemotherapy	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Radiation	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Diabetes Education	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 10.
Prosthetic Devices	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 13.
Infusion Therapy	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No			The medical benchmark benefits exclude fixed or removable appliances that involve movement or repositioning of the teeth, repair of teeth (fillings), or prosthetics (crowns, bridges, dentures).	Please see Virginia EHB Benchmark Plan, pg. 29.
Nutritional Counseling	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Reconstructive Surgery	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 28.

#### PRA Disclosure Statement

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