



Confirmations on the State EHB-Benchmark Plan

OMB Control Number: 0938-1174
Expiration Date: 02/28/2024

Instructions: All fields on this template are required to be completed. Please make sure to answer all fields and confirm that the new EHB-benchmark Plan covers all 10 EHB categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. Under Section D, please complete the "Explanation" column with sentences describing how the State is complying with the specific requirement; single word responses such as Yes, No, or N/A are not sufficient responses.

SECTION A		
Points of Contact for the State's EHB-Benchmark Plan Selection	Primary	Secondary
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SECTION B		
EHB-Benchmark Plan Selection Options	State's Selections	
State	District of Columbia	
For what plan year is the State selecting its new EHB-benchmark Plan to begin applying?	Plan Year 2026	
SECTION C		
EHB Category Criteria for a State EHB-benchmark Plan at 45 CFR 156.111	Does the State's EHB-benchmark Plan cover the EHB category?	
Ambulatory patient services	Yes	
Emergency services	Yes	
Hospitalization	Yes	
Maternity and newborn care	Yes	
Mental health and substance use disorder services, including behavioral health treatment	Yes	
Prescription drugs*	Yes	
If the State is changing its prescription drug EHB, did the State provide a complete and accurate formulary drug list under the Appendix D entitled "Rx Template" in this workbook?	Yes	
Rehabilitative and habilitative services and devices	Yes	
Laboratory services	Yes	
Preventative, wellness, and chronic disease management	Yes	
Pediatric services, including oral and vision care	Yes	

* Note: Due to the availability of drugs in the market, the exact drug count for a given State will be established in the EHB drug count tool, but for the purposes of the State's EHB-benchmark Plan, the display will be the same drug count as the 2017 EHB-benchmark plan.		
SECTION D		
Under Section D, please complete the "Explanation" column with complete sentences describing how the State is complying with the specific requirement.		
EHB-Benchmark Plan Requirements	State's Confirmations	Explanation
Does the State's EHB-benchmark plan definition meet the requirements of § 156.111(b)(1) with regard to scope of benefits?	Yes	The benchmark covers all 10 categories of benefits specified in the relevant federal regulations.
Is the State's EHB-benchmark plan equal to the scope of benefits provided under a typical employer plan as defined and established at § 156.111(b)(2)(ii) (or greater than the scope of benefits provided under a typical employer plan, to the extent any supplementation is required to provide coverage within each EHB category at § 156.110(a))?	Yes	Lewis & Ellis has determined that the proposed EHB benchmark plan is equal to or greater than the scope of benefits provided under a typical employer plan.
Has an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, affirmed in accordance with § 156.111(e)(2) that the State's new EHB-benchmark plan provides a scope of benefits that is equal to the scope of benefits provided under a typical employer plan as defined and established at § 156.111(b)(2)(ii) (or greater than the scope of benefits provided under a typical employer plan, to the extent any supplementation is required to provide coverage within each EHB category at § 156.110(a))?	Yes	Lewis & Ellis has affirmed that the proposed EHB benchmark plan is equal to or less than the scope of benefits provided under a set of comparison plans at §156.111(b)(2).
Is the State's EHB-benchmark Plan unduly weighting benefits towards any of the categories of benefits (§ 156.111(b)(2)(iii))?	No	The plan covers all EHB benefit categories with no undue weighting in favor of any single EHB category.
Does the State's EHB-benchmark Plan provide benefits for diverse segments of the population in accordance with § 156.111(b)(2)(iv)?	Yes	The plan covers benefits for diverse segments of the population including women, children, persons with disabilities, and other groups.
Did the State provide reasonable public notice and an opportunity for public comment on the State's selection of its EHB-benchmark Plan that includes posting a notice on its opportunity for public comment with associated information on a relevant State Web site in accordance with § 156.111(c)? Please provide the public notice dates and applicable website address in the "Explanation" column.	Yes	Initial broad solicitation of comments was posted on HBX and DISB websites on April 26, 2024: https://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Benchmark_2026_solicit_comments_4-26-24.pdf and https://disb.dc.gov/page/essential-health-benefits-and-selecting-new-benchmark-plan . The full set of documents required documents will be posted on both pages once the application is submitted.
Are non-EHB benefits excluded from the EHB-benchmark Plan in accordance with § 156.115(d)? (Non-EHB benefits include non-pediatric eye exam services, long-term/custodial nursing home care benefits, or non-medically necessary orthodontia)	Yes	The benchmark plan does not include non-pediatric eye exams, long-term/custodial nursing home benefits, non-medically
Has the State converted any benefits in its EHB-benchmark Plan restricted by annual or lifetime dollar limits as defined by § 147.126 to non-dollar limit benefits?	Yes	There are no dollar limits or restrictions on annual or lifetime benefit limits.
Does the EHB-benchmark Plan include benefits mandated by State action taking place after 2011, other than for purposes of compliance with Federal requirements, for which payment is required under § 155.170?	Yes	This benchmark change application includes infertility services, which is a new state-mandated benefit effective Plan Year 2025.
Are the EHB-benchmark Plan's benefits designed such that they do not discriminate based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions as prohibited by § 156.125 and in accordance with § 156.111(b)(2)(v)?	Yes	The DC benchmark plan does not contain any prohibited discriminatory benefit design, to our knowledge.
Is there any additional information CMS should know?	Yes	DC is amending the benchmark only to add infertility services.

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 0938-1174, expiration date 02/28/2024. The time required to complete this information collection is estimated to average 205 hours per response for States. 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 Ken Buerger at Ken.Buerger@cms.hhs.gov.