

DISTRICT OF COLUMBIA EHB BENCHMARK PLAN (2026-2028)

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	GHMSI
Product Name	Blue Preferred PPO
Plan Name	Blue Preferred PPO \$1,000 – 100%/80%
Supplemented Categories (Supplementary Plan Type)	None

BENEFITS AND LIMITS

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				P. 16 under "Office Visits"
Specialist Visit	Yes	Covered	No				P. 16 under "Office Visits"
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				P. 16 under "Office Visits"
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				P. 22, 36, & 43.
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				P. 26 under "Outpatient Surgical Procedures"
Hospice Services	Yes	Covered	Yes	180	Day(s) per Benefit Period		P. 8
Routine Dental Services (Adult)	No	Not Covered	No				N/A, not covered.
Infertility Treatment	Yes	Covered	No				P. 20
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				N/A, not covered.
Private-Duty Nursing	No	Not Covered	No				N/A, not covered.
Routine Eye Exam (Adult)	No	Not Covered	No				N/A, not covered.
Urgent Care Centers or Facilities	Yes	Covered	No				P. 27
Home Health Care Services	Yes	Covered	Yes	90	Visit(s) per Episode		P. 6-7 A new episode of care begins if the member does not receive Home Health Care for the same or a different condition for 60 consecutive days. Prior authorization is required.
Emergency Room Services	Yes	Covered	No				P. 28
Emergency Transportation/Ambulance	Yes	Covered	No				P. 28
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				P. 8-9 Prior authorization is required except for emergency admissions and all maternity admissions. Hospitalization solely for rehabilitation limited to ninety (90) days per Benefit Period.
Inpatient Physician and Surgical Services	Yes	Covered	No				P. 8, Including MH/SUD P.15
Bariatric Surgery	No	Not Covered	No				N/A, not covered.
Cosmetic Surgery	No	Not Covered	No				N/A, not covered.
Skilled Nursing Facility	Yes	Covered	Yes	60	Day(s) per Benefit Period		P. 37 Member must require care on a daily basis, care must not be custodial, care must only be provided on an inpatient basis. Prior authorization is required.
Prenatal and Postnatal Care	Yes	Covered	No				P. 19-21
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				P. 19
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				P. 14-15
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				P. 14-15
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				P. 14-15
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				P. 14-15
Generic Drugs	Yes	Covered	No				P. 38
Preferred Brand Drugs	Yes	Covered	No				P. 38
Non-Preferred Brand Drugs	Yes	Covered	No				P. 38
Specialty Drugs	Yes	Covered	No				P. 38
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Episode		P. 21-22. A new episode of care begins if the member does not receive rehabilitation services for the same or a different condition for 60 consecutive days.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Habilitation Services	Yes	Covered	Yes	30	Visit(s) per Episode		P. 22. A new episode of care begins if the member does not receive habilitative services for the same or a different condition for 60 consecutive days.
Chiropractic Care	Yes	Covered	No			Benefits will not be provided for spinal manipulation services other than for musculoskeletal conditions of the spine.	P. 22 Coverage is provided for medically necessary spinal manipulation, evaluation, and treatment for the musculoskeletal conditions of the spine when provided by a licensed chiropractor, doctor of osteopathy (D.O.), or other eligible practitioner.
Durable Medical Equipment	Yes	Covered	No				P. 11-12
Hearing Aids	No	Not Covered	No				Not covered, exclusion cited on P. 49
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				P. 16
Preventive Care/Screening/Immunization	Yes	Covered	No				P. 16; Immunization 17
Routine Foot Care	No	Not Covered	No				N/A; not covered
Acupuncture	No	Not Covered	No				N/A; not covered
Weight Loss Programs	No	Not Covered	No				N/A; not covered
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		P. 34
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period		P. 34-36 (spectacles)
Dental Check-Up for Children	Yes	Covered	Yes	2	Procedure(s) per Benefit Period		P. 29-31
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Episode		P. 21-22. A new episode of care begins if the member does not receive rehabilitation services for the same or a different condition for 60 consecutive days.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Episode		P. 21-22. A new episode of care begins if the member does not receive rehabilitation services for the same or a different condition for 60 consecutive days.
Well Baby Visits and Care	Yes	Covered	No				P. 17 under "Well Child Care"
Laboratory Outpatient and Professional Services	Yes	Covered	No				P. 16
X-rays and Diagnostic Imaging	Yes	Covered	No				P. 16
Basic Dental Care - Child	Yes	Covered	No				P. 29-31
Orthodontia - Child	Yes	Covered	Yes	1	Treatment(s) per Lifetime		P. 33 Braces once per lifetime.
Major Dental Care - Child	Yes	Covered	No				P. 29-31
Basic Dental Care - Adult	No	Not Covered	No				N/A; not covered
Orthodontia - Adult	No	Not Covered	No				N/A; not covered
Major Dental Care – Adult	No	Not Covered	No				N/A; not covered
Abortion for Which Public Funding is Prohibited	Yes	Covered	No				P. 19
Transplant	Yes	Covered	No			Non-human organs and their implantation; hospital or professional charges related to any accidental injury or medical condition of the donor of the transplant material; charges related to transportation, lodging, and meals unless authorized or approved by CareFirst; services for a member who is an organ donor when the recipient is not a Member; and donor search services are not covered.	P. 22-23 Transplants and related services must be coordinated, and prior authorization must be obtained. Prior authorization is not required for cornea transplants and kidney transplants.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Accidental Dental	Yes	Covered	No			Injuries to teeth that are not Sound Natural Teeth are not covered. Injuries as a result of biting or chewing are not covered.	P. 25 Only medically necessary dental services such as restoration of the tooth or teeth or the initial placement of a bridge or denture to replace the tooth or teeth injured or lost as a direct and sole result of the accidental bodily injury is covered.
Dialysis	Yes	Covered	No				P. 22
Allergy Testing	Yes	Covered	No				P. 21
Chemotherapy	Yes	Covered	No				P. 22-23
Radiation	Yes	Covered	No				P. 22-23
Diabetes Education	Yes	Covered	No				P. 25, under "Diabetes Equipment and Supplies, and Self-Management Training"
Prosthetic Devices	Yes	Covered	No			Interim prosthetic devices, fixed or removable and not part of a permanent or restorative prosthetic service are not covered.	P. 11
Infusion Therapy	Yes	Covered	No				P. 9 & 22.
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				P. 26
Nutritional Counseling	Yes	Covered	No				P. 18
Reconstructive Surgery	Yes	Covered	No				P. 27 Surgical procedures must be medically necessary, as determined, and must be operative procedures performed on structures of the body to improve or restore bodily function or to correct a deformity resulting from disease, trauma, or previous therapeutic intervention.

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	19
Analgesics	Opioid Analgesics, Long acting	9
Analgesics	Opioid Analgesics, Short-acting	18
Anesthetics	Local Anesthetics	1
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	1
Antibacterials	Aminoglycosides	3
Antibacterials	Antibacterials, Other	13
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	4
Antibacterials	Quinolones	4
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	5
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Modulating Agents	9
Anticonvulsants	Sodium Channel Agents	6
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	7
Antidepressants	Monoamine Oxidase Inhibitors	3
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	13
Antidepressants	Tricyclics	11
Antiemetics	Antiemetics, Other	8
Antiemetics	Emetogenic Therapy Adjuncts	5
Antifungals	No USP Class	11
Antigout Agents	No USP Class	6

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	0
Antimigraine Agents	Ergot Alkaloids	3
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	6
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	6
Antineoplastics	Alkylating Agents	3
Antineoplastics	Antiandrogens	5
Antineoplastics	Antiangiogenic Agents	2
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	3
Antineoplastics	Antineoplastics, Other	6
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	0
Antineoplastics	Molecular Target Inhibitors	16
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugates	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	4
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	13
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	5
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	3
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	10
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	4
Antivirals	Anti-hepatitis C (HCV) Agents	1
Antivirals	Antiherpetic Agents	3

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	6
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	13
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	7
Antivirals	Anti-influenza Agents	4
Antivirals	Antiviral, Coronavirus Agents	0
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	8
Bipolar Agents	Mood Stabilizers	4
Blood Glucose Regulators	Antidiabetic Agents	17
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products and Modifiers	Anticoagulants	7
Blood Products and Modifiers	Blood Products and Modifiers, Other	6
Blood Products and Modifiers	Hemostasis Agents	0
Blood Products and Modifiers	Platelet Modifying Agents	7
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	8
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	14
Cardiovascular Agents	Beta-adrenergic Blocking Agents	12
Cardiovascular Agents	Calcium Channel Blocking Agents, Dihydropyridines	7
Cardiovascular Agents	Calcium Channel Blocking Agents, Nondihydropyridines	2
Cardiovascular Agents	Cardiovascular Agents, Other	5
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	2
Cardiovascular Agents	Diuretics, Thiazide	5
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2

CATEGORY	CLASS	SUBMISSION COUNT
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	7
Cardiovascular Agents	Mineralocorticoid Receptor Antagonists	2
Cardiovascular Agents	Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	0
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	2
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	5
Central Nervous System Agents	Central Nervous System, Other	8
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	6
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	11
Dermatological Agents	Dermatitis and Pruritus Agents	22
Dermatological Agents	Dermatological Agents, Other	12
Dermatological Agents	Pediculicides/Scabicides	4
Dermatological Agents	Topical Anti-infectives	15
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	4
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	4
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	3
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	0
Gastrointestinal Agents	Anti-Constipation Agents	5
Gastrointestinal Agents	Anti-Diarrheal Agents	4
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	8
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	3
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	6
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	5
Genitourinary Agents	Antispasmodics, Urinary	8
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	8
Genitourinary Agents	Genitourinary Agents, Other	6

CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	16
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal or Pituitary)	No USP Class	6
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	2
Immunological Agents	Immunoglobulins	0
Immunological Agents	Immunological Agents, Other	10
Immunological Agents	Immunostimulants	2
Immunological Agents	Immunosuppressants	13
Inflammatory Bowel Disease Agents	Aminosalicylates	4
Inflammatory Bowel Disease Agents	Glucocorticoids	6
Metabolic Bone Disease Agents	No USP Class	10
Ophthalmic Agents	Ophthalmic Agents, Other	2
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	6
Ophthalmic Agents	Ophthalmic Anti-Infectives	15
Ophthalmic Agents	Ophthalmic Anti-inflammatories	10
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	4
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	8
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	4
Otic Agents	No USP Class	8
Respiratory Tract/ Pulmonary Agents	Antihistamines	9
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	8
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	4
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	11
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	5
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	5
Skeletal Muscle Relaxants	No USP Class	8
Sleep Disorder Agents	Sleep Promoting Agents	9
Sleep Disorder Agents	Wakefulness Promoting Agents	2