

EHB Benchmark Plan for Ohio

Under the Affordable Care Act (ACA), non-grandfathered health plans offered in the individual and small group markets, both inside and outside of the Exchanges¹, must offer a package of items and services, known as the Essential Health Benefits (EHB). Essential health benefits must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services (including behavioral health treatment); prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services (including oral and vision care).

Each state has in place a benchmark plan that includes coverage for all required EHB health care items and services – this is known as the state benchmark plan. The following chart provides an overview of the benefits contained in Ohio’s benchmark plan.

EHB Benchmark Plan for Ohio
Ambulatory Patient Services <ul style="list-style-type: none">• Primary care visits to treat an injury or illness• Physician office visits and treatment, including nurse and physician assistant services• Specialist visits• Outpatient facility fees• Outpatient surgery• Outpatient physician and professional services• Outpatient medical and surgical supplies• Urgent care centers or facilities• Allergy treatment• Outpatient Chemotherapy• Outpatient radiation therapy• Home health care services• Hospice services• Renal Dialysis/Hemodialysis
Emergency Services <ul style="list-style-type: none">• Emergency room services• Emergency transportation• Emergency care outside the U.S.
Hospitalization <ul style="list-style-type: none">• Inpatient hospital services• Inpatient physician services• Inpatient surgical physician and professional services• Skilled nursing facilities

¹ “Grandfathered” health plans are not required to cover essential benefits. A plan may be considered grandfathered if it existed on March 23, 2010, and has covered at least one person continuously since that date. Grandfathered status must generally be disclosed in plan materials provided to enrollees.

Maternity and Newborn Care

- Delivery and all inpatient services for maternity and newborn care
- Prenatal care
- Postnatal care

Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment

- Mental/Behavioral health outpatient services
- Mental/Behavioral health inpatient services
- Partial day mental health services
- Substance abuse disorder outpatient services
- Substance abuse disorder inpatient services
- Partial day substance abuse services
- Intensive outpatient programs

Prescription Drugs

- Generic drugs
- Non-formulary drugs
- Formulary brand-name drugs

Rehabilitative and Habilitative Services and Devices

- Inpatient physical rehabilitation services including cardiac, pulmonary, speech and occupational therapy
- Outpatient physical rehabilitation services including cardiac, pulmonary, speech and occupational therapy
- Chiropractic care
- Durable medical equipment
- Habilitative services, including the following services for children diagnosed with Autism Spectrum Disorder²
 - Speech and language therapy and/or occupational therapy
 - Clinical therapeutic intervention
 - Mental/behavioral health outpatient services

Laboratory Services

- Diagnostic X-ray and lab work
- Imaging (CT and PET scans, MRIs)

Preventive and Wellness Services and Chronic Disease Management

- Preventive services for adults including, but not limited to:
 - Alcohol misuse screening and counseling
 - Aspirin use
 - Blood pressure screening
 - Cholesterol screening
 - Colorectal screening
 - Depression screening
 - Type 2 diabetes screening for adults with high blood pressure
 - Diet counseling for adults at higher risk for chronic disease
 - Obesity screening and counseling
 - HIV screening

² As required by the [Governor's letter](#) on habilitative services, dated December 26, 2012.

- Sexually transmitted infection prevention screening and counseling for adults at higher risk
- Preventive services for women including, but not limited to:
 - Cervical cancer screenings
 - Mammography screenings
 - Well-woman visits
 - Gestational diabetes screening
 - Human papillomavirus (HPV) testing
 - Counseling for sexually transmitted infections
 - Counseling and screening for human immune-deficiency virus
 - Contraceptive methods and counseling
 - Breastfeeding support, supplies, and counseling
 - Screening and counseling for interpersonal and domestic violence
 - Osteoporosis screening
- Preventive services for children including, but not limited to:
 - Medical history
 - Depression and alcohol and drug use assessments for adolescents,
 - Autism screening for children at 18 and 24 months
 - Behavioral assessments
 - Height, weight and body mass index (BMI) measurements
 - Blood pressure screening
 - Developmental screening and surveillance
 - Hearing screening for newborns
 - Oral health risk assessment
 - Vision screening
 - Obesity screening and counseling
- Adult, adolescent, and child immunization vaccines
- Routine hearing screenings for adults
- Routine vision screenings for adults
- Tobacco cessation counseling

Pediatric Services, including Oral and Vision Care

- Basic dental services and supplies
- Intermediate dental services and supplies
- Major dental services and supplies
- Orthodontic services and supplies
- Diagnostic eye exams
- Prescription eyeglasses or contact lenses

As previously noted, while health insurers must comply with the EHB requirement, all health insurance plans will not be identical. The EHB package provides a floor for minimum coverage as required by the ACA – health insurers are free to provide coverage for additional benefits and services. Similarly, health insurers can make approved equivalent substitutions to benefits included within the benchmark. In terms of costs, the percentages paid by a health plan of the total costs of benefits will vary depending on plan generosity. Finally, benefits contained both within EHB and any additional benefits may be subject to certain limitations. Therefore, consumers should review their health insurance policy and plan documents for specific information regarding benefits, exclusions and limitations, and cost-sharing.