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BENEFIT NEWS BRIEFS

2017-2020 EHB Benchmark Plans

Used By Self-Funded Multiemployer Health Plans In Complying with the ACA "No Annual Limits" Rules

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In *Benefit News Briefs 2015-20*, we reported on final changes to Essential Health Benefit (EHB) benchmark plans for 2017-2020. As part of the changes, health plans required to offer EHBs beginning in the 2017 plan year will be required to provide benefits substantially equal to the benefit amounts, duration and scope of benefits covered by the applicable 2014 State EHB-benchmark plan (supplemented as necessary).

Self-funded plans, including multiemployer group health plans (grandfathered and non-grandfathered), are not required to cover EHBs, but must choose a State benchmark plan to comply with the *Affordable Care Act* (*ACA)* requirements that prohibit "annual" limits on coverage of EHBs. Self-funded plans can choose a benchmark plan from any State; they are not limited to their home State's benchmark plan. The plan can then categorize the benefits it offers that are EHBs and subject to the "no limits" on EHBs rule. Plans may set limits on non-EHBs.

Accordingly, multiemployer plans that have previously selected a State EHB benchmark plan to measure its annual limits against may wish to reevaluate its choice of State benchmark plans against the new 2017-2020 State benchmark plans.

In this *Benefit News Brief*, we will be taking a look at how to obtain information on the new State benchmark plans.

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Essential Health Benefits Refresher

The *ACA* requires non-grandfathered health plans in the individual and small group markets to cover essential health benefits (EHB), which include items and services in the following ten benefit 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. HHS regulations (45 CFR 156.100) define EHB based on state-specific EHB benchmark plans. More information on EHBs is also available in a Congressional Research Service report.

According to HHS, in plan years 2014 through 2016, the EHB benchmark plan was a plan that was sold in 2012. For plan year 2017 and beyond, the EHB benchmark plan will be a plan that was sold in 2014. A list of the final 2017 EHB benchmark plans for the 50 States and D.C. is available by "clicking here."

> Detailed information on the 2017 EHB benchmark plans for each of the 50 States and the District of Columbia (D.C.) can be found at https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html.

For 2017, three documents are provided at the above webpage for each EHB benchmark plan: (1) a summary of the plan's coverage of certain benefits that appear on the Plans & Benefits Template, including a list of covered prescription drug categories and classes; (2) supporting plan documents that provide detail regarding all plan coverage, limits and exclusions and (3) an updated list of State-required benefits. Information on plans used to supplement benchmark plans that are missing one or more categories of benefits is also provided, as applicable.

If one or more categories of benefits is missing in the benchmark plan, the issuer must supplement it. Pediatric dental and vision must be supplemented with the FEDVIP dental plan with the largest national enrollment or the benefits in the State's separate CHIP plan. Please click here to view FEDVIP details.

Many multiemployer plans have been amended to fit dental and vision benefits under the "excepted benefits" exclusion from compliance with the ACA annual limits rule, thus allowing the plan to set limits on such benefits.

Conclusion

While self-funded multiemployer health plans are not required to cover EHBs, such plans cannot have an annual or lifetime limit on the EHBs the plan covers. To determine which of its benefits are EHBs and subject to the *ACA* prohibitions against annual/lifetime limits, self-funded multiemployer plans should choose one State as a benchmark for evaluating its EHB coverage and limits.

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