

Essential Health Benefits (EHB) Benchmark Plan Updates

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Federal Update Process

- The Affordable Care Act requires health plans in the individual and small group markets to cover essential health benefits (EHB).
- Federal regulations define EHB based on a state-selected EHB “benchmark plan.” 45 C.F.R. § 156.100, et seq.
- Federal regulations provide options from which states may select an EHB benchmark plan.
- If a state selects a new EHB-benchmark plan under any of the options allowed under §156.111, the included benefits will not be treated as state mandates for purposes of defrayal under 45 C.F.R. § 155.170.

Vermont Update Process

Under Vermont Law (18 VSA 9375(b)(9)) :

- The Department of Vermont Health Access (DVHA): responsible for making recommendations related to the benefit packages for qualified health plans
- The Green Mountain Care Board (GMCB): jurisdiction to review and approve DVHA's recommendations for qualified health plans.

Options for Revising Vermont's Benchmark Plan Design

CMS provides three options from which states may select an EHB benchmark plan:

Option 1: Selecting the EHB benchmark plan that another state used for the 2017 plan year.

Option 2: Replacing one or more categories of EHBs under its EHB benchmark plan used for the 2017 plan year with the same category or categories of EHB from the EHB benchmark plan that another State used for the 2017 plan year.

Option 3: Otherwise selecting a set of benefits that would become the State's EHB benchmark plan.

Under each of these three options, the new EHB benchmark plan also must comply with additional requirements, including scope of benefits requirements, under 45 CFR 156.111(b)

Recommendation

DVHA recommends federal option 3 (selection of set of benefits for EHB benchmark plan):

1. Create new benchmark plan including all the existing benefits within the [Blue Cross Blue Shield CDHP-HMO plan](#)
2. Add hearing aid coverage - up to one hearing aid per ear every three years and an annual exam
3. Submit to CMS for plan year 2024

Hearing Aid Benefit Description

- Annual hearing exam for adults and children
- Based on medical necessity, up to one hearing aid per ear every three years
- No age limitations
- Issuers will determine cost share amount for each plan

Hearing Aid Benefit Considerations

- Expected to improve quality of life for many Vermonters currently unable to afford hearing assistance
 - Improved mental well-being
 - Supports health and economic equity
- Closes a gap in Vermont's current EHB coverage: Vermont is currently one of only two northeast states without hearing aid coverage (Pennsylvania)
- Federal anti-discrimination regulations require coverage when medically necessary without age limitations

Other Benefit Options

DVHA does not recommend the following additions at this time but would support further exploration for future years:

- Expansion of Infertility Services
 - Low utilization and high-cost services
 - Minimal alignment with state health care reform goals
 - Equity considerations for benefit designs
- Medically-Tailored Meals
 - Potentially high utilization and high cost depending on benefit design
 - Strong alignment with state health care reform goals
 - Could lead to lower prevalence of chronic conditions
- Other benefits for consideration?

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