OMB Control Number: 0938-1187 Expiration Date: XX/XX/20XX

2023 Plans & Benefits Template v12.0

To use this template, please review the user guide and instructions. All fields with an asterisk (\*) are require

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To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro

To create additional Banefits Package worksheets, use the Create New Banefits Package macro.

To occusion the banefits on the Banefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.

To occus

MICE Files ID: Special Companies (ID) Special	FTotal EHB Apportionment for Guaranteed vs. Pediatric Dental Estimated Rate Plan Effective Date Plan Effective Date Date	Out of Country Out of Country Coverage Coverage Out of Service Area Coverage Coverage Description Coverage Coverage Description Coverage C
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Benefit Information					General Informati			
Benefits	EHB	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Exclusions	Benefit Explanation	EHB Variance Reason
Primary Care Visit to Treat an Injury or Illness Specialist Visit								
Other Practitioner Office Visit (Nurse, Physician Assistant)								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)								
Outpatient Surgery Physician/Surgical Services								
Hospice Services								
Routine Dental Services (Adult)								
Infertility Treatment								
Long-Term/Custodial Nursing Home Care								
Private-Duty Nursing								
Routine Eye Exam (Adult)								
Urgent Care Centers or Facilities  Home Health Care Services								
Home Health Care Services Emergency Room Services								
Emergency Transportation/Ambulance								
Inpatient Hospital Services (e.g., Hospital Stay)								
Inpatient Physician and Surgical Services								
Barlatric Surgery								
Cosmetic Surgery								
Skilled Nursing Facility								
Prenatal and Postnatal Care								
Delivery and All Inpatient Services for Maternity Care  Mental/Behavioral Health Outpatient Services								
Mental/Behavioral Health Outpatient Services  Mental/Behavioral Health Inpatient Services								
Mental/Behavioral Health Inpatient Services Substance Abuse Disorder Outpatient Services								
Substance Abuse Disorder Inpatient Services								
Generic Drugs								
Preferred Brand Drugs								
Non-Preferred Brand Drugs								
Specialty Drugs								
Outpatient Rehabilitation Services								
Habilitation Services								
Chiropractic Care  Durable Medical Equipment								
Hearing Alds								
Imaging (CT/PET Scans, MRIs)								
Preventive Care/Screening/Immunization								
Routine Foot Care								
Acupuncture								
Weight Loss Programs								
Routine Eye Exam for Children								
Eye Glasses for Children  Dental Check-Up for Children								
Dental Check-Up for Children  Rehabilitative Speech Therapy								
Rehabilitative Occupational and Rehabilitative Physical Therapy								
Well Baby Visits and Care								
Laboratory Outpatient and Professional Services								
X-rays and Diagnostic Imaging								
Basic Dental Care - Child								
Orthodontia – Child Major Dental Care – Child								
Major Dental Care – Child Basic Dental Care – Adult								
Basic Dental Care – Adult Orthodontia – Adult								
Major Dental Care - Adult								
Abortion for Which Public Funding is Prohibited								
Transplant								
Accidental Dental								
Dialysis								
Allergy Testing								
Chemotherapy								
Radiation Diabetes Education								
Diabetes Education  Prosthetic Devices								
Prosthetic Devices								
Treatment for Temporomandibular Joint Disorders								
Nutritional Counseling								
Reconstructive Surgery								
Gender Affirming Care								

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