



The State's EHB-Benchmark Plan's Benefits and Limits

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Instructions: All fields in columns B, C, and D are required to be completed. To ensure that this Benefits and Limits Summary Template corresponds with the EHB-benchmark plan document, please indicate the page number in which the benefit is covered under Column H if answering "Covered" under Column C (for example, "Covered" in Column C, "pg. 12" in Column H). If there is a quantitative limit on a benefit, then complete the Limit Quantity and Limit Unit fields. If there are no exclusions for a benefit, then leave the Exclusions field blank. Add an explanation in Column H to provide more details on a benefit.

| 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 | | | | | | | |
| 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 | No | | | | | | |
| Private-Duty Nursing | | | | | | | |
| Routine Eye Exam (Adult) | No | | | | | | |
| Urgent Care Centers or Facilities | | | | | | | |
| Home Health Care Services | | | | | | | |
| Emergency Room Services | | | | | | | |
| Emergency Transportation/Ambulance | | | | | | | |
| Inpatient Hospital Services (e.g., Hospital Stay) | | | | | | | |
| Inpatient Physician and Surgical Services | | | | | | | |
| Bariatric 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 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 Aids | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |
| Basic Dental Care - Adult | | | | | | | |
| Orthodontia - Adult | No | | | | | | |
| Major Dental Care - Adult | | | | | | | |
| Abortion for Which Public Funding is Prohibited | No | | | | | | |
| Transplant | | | | | | | |
| Accidental Dental | | | | | | | |
| Dialysis | | | | | | | |
| Allergy Testing | | | | | | | |
| Chemotherapy | | | | | | | |
| Radiation | | | | | | | |
| Diabetes Education | | | | | | | |
| Prosthetic Devices | | | | | | | |
| Infusion Therapy | | | | | | | |
| Treatment for Temporomandibular Joint Disorders | | | | | | | |
| Nutritional Counseling | | | | | | | |
| Reconstructive Surgery | | | | | | | |

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