



## Confirmations on the State EHB-benchmark Plan

OMB Control Number: 0938-1174  
Expiration Date: 02/28/2024

**Instructions:** All fields on this template are required to be completed. Please make sure to answer all fields and confirm that the new EHB-benchmark Plan covers all 10 EHB 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. Under Section D, please complete the "Explanation" column with sentences describing how the State is complying with the specific requirement; single word responses such as Yes, No, or N/A are not sufficient responses.

### SECTION A

Points of Contact for the State's EHB- benchmark Plan Selection	Primary	Secondary
Name	Sharon Holston	Julie Blauvelt
Agency	VA BOI	VA BOI
Phone Number	804-371-9153	804-371-9865
Email	<a href="mailto:Sharon.Holston@scc.virginia.gov">Sharon.Holston@scc.virginia.gov</a>	<a href="mailto:Julie.Blauvelt@scc.virginia.gov">Julie.Blauvelt@scc.virginia.gov</a>

### SECTION B

EHB-Benchmark Plan Selection Options	State's Selections
State	Virginia
Under which option of 45 CFR 156.111(a), is the State selecting its new EHB-benchmark Plan?	§ 156.111(a)(3) - Select a set of benefits that would become the State's EHB-benchmark plan
For what plan year is the State selecting its new EHB-benchmark Plan to begin applying?	Plan Year 2025
If using §156.111(a)(1), which other State's EHB-benchmark Plan is the State using for its EHB-benchmark plan?	Not Applicable to State's Selection Option

### SECTION C

EHB Category Criteria for a State EHB-benchmark Plan at 45 CFR 156.111	Does the State's EHB-benchmark Plan cover the category?	If the State's is using §156.111(a)(2), select the other State's EHB-benchmark Plan being used for the particular category
Ambulatory patient services	Yes	Not Applicable to State's Selection Option
Emergency services	Yes	Not Applicable to State's Selection Option
Hospitalization	Yes	Not Applicable to State's Selection Option
Maternity and newborn care	Yes	Not Applicable to State's Selection Option
Mental health and substance use disorder services, including behavioral health treatment	Yes	Not Applicable to State's Selection Option
Prescription drugs*	Yes	Not Applicable to State's Selection Option
If the State is using the option under §156.111(a)(3), did the State provide a complete and accurate formulary drug list under the Appendix D entitled "Rx Template" in this workbook?	Yes	Not Applicable to State's Selection Option
Rehabilitative and habilitative services and devices	Yes	Not Applicable to State's Selection Option
Laboratory services	Yes	Not Applicable to State's Selection Option
Preventative, wellness, and chronic disease management	Yes	Not Applicable to State's Selection Option
Pediatric services, including oral and vision care	Yes	Not Applicable to State's Selection Option

\* Note: Due to the availability of drugs in the market, the exact drug count for a given State will be established in the EHB drug count tool, but for the purposes of the State's EHB- benchmark Plan, the display will be the same drug count as the 2017 EHB-benchmark plan.

**SECTION D**

Under Section D, please complete the "Explanation" column with sentences describing how the State is complying with the specific requirement; single word responses such as Yes, No, or N/A are not sufficient responses.

EHB-Benchmark Plan Requirements	State's Confirmations	Explanation
Does the State's EHB-benchmark Plan definition meet the requirements of §156.111(b)(1) with regard to scope of benefits?	Yes	The proposed EHB benchmark plan meets the requirements of §156.111(b)(1) by providing the required categories of benefits with an appropriate balance of coverage with regard to the scope of benefits.
Is the State's EHB-benchmark Plan equal to, or greater than, to the extent any supplementation is required to provide coverage within each EHB category at §156.110(a), the scope of benefits provided under a typical employer plan as defined and established at §156.111(b)(2)(i)?	Yes	NovaRest has determined that the proposed EHB benchmark plan is equal to or greater than the scope of benefits provided under a typical employer plan.
Has an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, affirmed that the State's new EHB-benchmark plan provides a scope of benefits that is equal to, or greater than, to the extent any supplementation is required to provide coverage within each EHB category at §156.110(a), to the scope of benefits provided under a typical employer plan as defined at §156.111(b)(2)(i) and in accordance with §156.111(e)(2)?	Yes	NovaRest has affirmed that the proposed EHB benchmark plan provides a scope of benefits that is equal to the scope of benefits provided under a typical employer plan and in accordance with §156.111(e)(2).
Does the State's EHB-benchmark Plan not exceed the generosity of the most generous the plans listed at §156.111(b)(2)(ii) ?	Yes	NovaRest has determined that the proposed EHB benchmark plan does not exceed the generosity of the most generous plans listed at §156.111(b)(2)(ii).
Has an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, affirmed that the new EHB-benchmark plan does not exceed the generosity of the most generous the plans listed at §156.111(b)(2)(ii) and in accordance with §156.111(e)(2)?	Yes	Yes, NovaRest has affirmed that the proposed EHB benchmark plan does not exceed the generosity of the most generous the plans listed at §156.111(b)(2)(ii) and in accordance with §156.111(e)(2).
Is the State's EHB-benchmark Plan unduly weighting benefits towards any of the categories of benefits (§156.111(b)(2)(iii))?	No	The proposed EHB benchmark plan reflects an appropriate balance among the 10 EHB categories, so that benefits are not unduly weighted toward any one category as required by §156.111(b)(2)(iii).
Does the State's EHB-benchmark Plan provide benefits for diverse segments of the population in accordance with §156.111(b)(2)(iv)?	Yes	The proposed EHB-benchmark plan provides benefits for diverse segments of the population, including women, children, persons with disabilities, and other groups in accordance with §156.111(b)(2)(iv).
Did the State provide reasonable public notice and an opportunity for public comment on the State's selection of its EHB-benchmark Plan that includes posting a notice on its opportunity for public comment with associated information on a relevant State Web site in accordance with §156.111(c)? Please provide the public notice dates and applicable website address in the "Explanation" column.	Yes	Public comment is between March 28 and April 12, 2023 in accordance with §156.111(c). The proposed EHB benchmark is available at the following URL: <a href="https://scc.virginia.gov/pages/Essential-Health-Benefits-Benchmark-Plan">https://scc.virginia.gov/pages/Essential-Health-Benefits-Benchmark-Plan</a>
Are non-EHB benefits excluded from the EHB-benchmark Plan in accordance with §156.115(d)? (Non-EHB benefits include adult vision, adult dental, long-term care, cosmetic orthodontia)	Yes	The proposed EHB benchmark plan does not include non-EHB benefits, including adult vision, adult dental, long term care, and cosmetic orthodontia, in accordance with §156.115(d).
Has the State converted any benefits in its EHB-benchmark Plan restricted by annual or lifetime dollar limits as defined by §147.126 to non-dollar limit benefits?	No	Virginia has not converted any benefits in the proposed EHB benchmark plan restricted by annual or lifetime dollar limits to non-dollar limit benefits.
Does the EHB-benchmark Plan include benefits mandated by State action taking place after 2011, other than for purposes of compliance with Federal requirements, for which payment is required under §155.170?	No	The proposed EHB benchmark plan does not include benefits mandated after 2011 other than for the purposes of compliance with Federal requirements.
Are the EHB-benchmark Plan's benefits designed such that they do not discriminate based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions as prohibited by §156.125 and in accordance with §156.111(b)(2)(v)?	Yes	The proposed EHB benchmark plan's benefits are designed such that they do not discriminate against individuals because of their age, disability, expected length of life, or other health conditions as prohibited by §156.125 and in accordance with §156.111(b)(2)(v).
Is there any additional information CMS should know?	No	Please see NovaRest actuarial report and analysis and supplemental information.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1174 (Expires 02/28/2024). The time required to complete this information collection is estimated to average 47 hours or 2,820 minutes per response for States. For Form 1, the estimate is 4 hours. For Form 2, the estimate is 19 hours. For Form 3, the estimate is 12 hours. For Form 4, the estimate is 12 hours. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

\*\*\*\*CMS Disclosure\*\*\*\*

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Ken Buerger at [Ken.Buerger@cms.hhs.gov](mailto:Ken.Buerger@cms.hhs.gov).