The following benefit categories ARE essential health benefits in all state benchmark plans:

- Delivery and All Inpatient Services for Maternity Care
- Dental Checkup for Children
- Durable Medical Equipment
- Emergency Room Services
- Emergency Transportation/Ambulance
- Generic Drugs
- Habilitation Services
- Home Health Care Services
- Hospice Services
- Imaging (CT/PET Scans, MRIs)
- Inpatient Hospital Services (e.g., Hospital Stay)
- Inpatient Physician and Surgical Services
- Laboratory Outpatient and Professional Services
- Mental/Behavioral Health Inpatient Services • Mental/Behavioral Health Outpatient Services
- Non-Preferred Brand Drugs
- Other Practitioner Office Visit (Nurse, Physician Assistant)
- Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
- Outpatient Rehabilitation Services

- Outpatient Surgery Physician/Surgical Services
- Preferred Brand Drugs
- Prenatal and Postnatal Care
- Preventive Care/Screening/Immunization
- Primary Care Visit to Treat an Injury or Illness
- Prosthetics
- Reconstructive Surgery
- Rehabilitative Occupational and Physical Therapy
- Rehabilitative Speech Therapy
- Routine Eye Exam for Children
- Smoking Cessation Prescription Drugs
- Specialist Visit
- Specialty Drugs
- Substance Use Disorder Inpatient Services
- Substance Use Disorder Outpatient Services
- Transplants
- Urgent Care Centers or Facilities
- Well Baby Visits and Care
- X-rays and Diagnostic Imaging

The following benefit categories are NOT essential health benefits in all state benchmark plans:

- Cosmetic Surgery
- Long-Term/Custodial Nursing Home Care



2017 Expanded ASO **Benchmark Options**

Use this Essential Health Benefits comparison grid of state and federal benchmark plans as a reference tool.





																								Ве	nchr	nark	Plan																						
Category	AL	AK	AR	AZ	CA	CO	СТ	DC	DE F	EHBP1	FL G	EHA² (GA I	-II I <i>F</i>	\ ID		. IN	KS	KY	LA	MA	MD	ME	MI	MN	МО	MS N	1 TN	NC N	E NE) NH	NJ	NM	NV	NY	О НС	K OI	R PA	RI	SC	SD	TN	TX	UT '	VA V	T W	/A W	I WV	WY
Accidental Dental	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Y	Υ	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	Y	Υ	Y	Y	Υ	Υ	Υ	Υ	N	Υ	Y	Y	Y	Υ	Υ	Υ	Υ	N	Υ	Y	Y	Y	Y
Acupuncture	N	Υ	N	N	Υ	N	N	N (C)	N	Υ	N	Υ	Υ	N N	I N	1 1	I N	N	N	N	N	Υ	N	N	N	N	N 1	N	N N	N N	N	N (C)	Υ	N	N	N N	N N	I N	N	N	N	N	N	N	N N	N	YN	I N	N
Bariatric Surgery	N	N	N	Υ	Υ	Υ	N	N	Υ	Υ	N	Υ	N	Y	N	1 Y	N	N	N	N	Υ	Υ	Υ	Υ	N	N	N I	N	Y	N Y	Υ	Υ	Υ	Υ	Υ	N N	N N	I N	Υ	N	Y	N	N	N	N	Y	N N	1 Y	Y
Basic Dental Care - Child	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Y	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Y	Υ	Υ	Υ	Υ	N	Y	Y	Y	Υ
Chiropractic Services	Υ	Υ	Υ	Υ	N	Υ	Υ	Y (12)	Υ	Υ	Υ	Υ	Υ	N Y	Y	Y	Y	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Υ	Y	Y	Y	Υ	Υ	Υ	Υ	Y	/ N	I Y	Υ	Y	Υ	Υ	Υ	N	Υ	Y	Y	Y	Y
Dental Anesthesia (may have age or other restrictions)	N	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	N Y	Y	Y	Y	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	N	Y	Y	Y	Υ	Υ	Υ	N	Y	Y	Y	Y	N	Υ	Υ	Υ	N	Υ	Y	Y	′ Y	Υ
Eye Glasses for Children	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y Y	Y	Y	Y	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Υ	Y	Y	Y	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Υ	Υ	Υ	Y	/ (E)	Υ	Y	Y	Y	Y
Hearing Aids ³	N	Υ	Υ	Υ	N	Υ	Υ	N	Υ	Υ	N	Υ	N	Y	I N	1 Y	N	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N 1	N	Y	N N	Υ	Υ	Υ	Υ	Υ	N Y	Y	N	Υ	N	N	Υ	Υ	N	N N	N N	N Y	N	N
Infertility Treatment	N	N	Υ	N	N	N (A)	Υ	N	N	N	N	N	N	Y	I N	1 Y	N	N	N	N	Υ	N (A)	N	N	N	N	N (/	N A)	N N	N N	N	N (A)	N	N (A)	N (A)	N N	N N	N (A)	Y	N	N	N	N	N	N N	N N	N N	I N	N
Major Dental Care - Child	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Y	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Υ	Y	Y	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Υ	Y	Υ	Υ	Υ	N	Υ	Y	Y	′ Y	Y
Non-Emergency Care When Traveling Outside the U.S.	N	Ν	N	N	N	N	N	N	N	Υ	N	Υ	N I	N N	I N	1 1	I N	N	N	N	N	N	N	N	N	N	N I	N	N N	N N	N	N	N	N	N	N N	N N	I N	N	N	N	N	N	N	N N	N 1	N N	I N	N
Nutrition/Formulas	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Y	I Y	Y	Y	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N ,	Υ	N N	N Y	Υ	Υ	Υ	Υ	Υ	N Y	Y	Y	Y	N	N	Υ	Υ	Υ	Υ	Y	YN	I N	N
Orthodontia - Child	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Y	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	Υ	Y	Y	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Υ	Υ	Υ	Υ	N	Υ	Y	Y	′ Y	Y
Ostomy Supplies	Υ	Υ	N	Υ	Υ	N	Υ	N	N	Υ	N	Υ	Υ	N N	I Y	' N	I Y	N	Υ	Υ	Υ	N	N	Υ	N	Υ	N ,	Υ	Y	/ N	Υ	Υ	N	Υ	Υ	Y	Y	Y	Υ	Y	N	Υ	Υ	N	Y	N	Y	′ N	Y
Private-Duty Nursing	N	Ν	N	Υ	N	Υ	N	N	Υ	N	N	Υ	N I	N N	I N	1 Y	Y	Υ	Υ	Υ	N	N	N	Υ	N	Υ	N I	N	Y	N N	N	Υ	N	Υ	N	Y	/ N	I N	Υ	N	Υ	N	N	N	Υ	Y	N N	1 Y	Y
Routine Eye Exam (Adult)	N	N	N	N	Υ	N	N	N	N	N	N	N	N I	N N	I N	1 1	I N	N	N	N	N	N	N	N	N	N	N 1	N	N N	N N	N	N	N	N	N	N N	N N	I N	N	N	N	N	N	N	N N	N 1	N Y	N	N
Routine Foot Care (non-Diabetic)	N	N	N	N	N	N	N	N	N	N	N	N	N I	N N	I N	1 1	I N	N	N	N	N	N	N	N	N	Υ	N 1	N	N N	N N	N	Υ	N	N	N	N N	N N	I N	N	N	N	N	N	N	N N	N 1	N N	I N	N
Skilled Nursing Facility	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	Υ	Y	Y	Y	Y	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N ,	Υ	Y	Y	Υ	Υ	Υ	Υ	Υ	Y	Y	Y	Y	Υ	Y	Υ	Υ	Υ	Υ	Y	Y	Y	Υ
Transplant Donor Search	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Y	′ (F)	Υ	Υ	Y	N	1 Y	Y	Y (G)	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Y	N	Y	Y	Υ	Y	Υ	Υ	Υ	Y	Y	Y	Y (H)) Y	Y	Υ	Υ	Υ	Υ	Y	Y	Y	Υ
Treatment for Temporo- mandibular Joint Disorders	N	N	Υ	Y	Y (D)	Υ	Υ	Υ	Y	(D)	YY	(D)	Υ	N Y	N	1 Y	Y	Υ	Υ	N	Υ	Υ	N	Υ	Υ	Υ	Y	Υ	Υ	Y	Υ	Υ	Υ	Υ	Υ	Y	N N	I N	N	N	Y	Υ	Υ	N	Υ	Y	Y	Y	N
Weight Loss Programs	N	N	N	N	N	N	N	N	N	N	N	N	N I	N N	I N	1 1	I N	N	N	N	Υ	N	N	Υ	N	N	N 1	N	N N	N N	N	N	N	N	N (B)	N N	N N	I N	N	N	N	N	N	N	N N	N 1	N N	I N	N
Wigs (as a result of chemo and/ or radiation treatment for cancer)	N	N	N	Υ	N	N	Υ	Υ	Υ	Υ	N	N	N I	N N	I N	1 1	I Y	N	Υ	N	Υ	N	N	N	Υ	Υ	N 1	N	N N	N N	Υ	N	N	N	Υ	Y	Y	N	Y	N	N	N	N	N	Y	N 1	N N	I N	N

References for Benchmark Plan Grid cells with parentheses.

- A Artificial Insemination is an Essential Health Benefit. In vitro fertilization, ovum transplants and gamete intrafallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures are not EHB and can retain dollar maximums.
- **B** Exercise Gym Reimbursement may be included as part of benefits, however, considered a non-health benefit so dollar limits can apply.
- C Dollar limits cannot be applied to Acupuncture used to substitute for anesthesia.
- D Surgical services for TMJ are Essential Health Benefits. Nonsurgical treatment is non-EHB and can retain dollar limits.
- **E** EHB for lenses only. Frames are not EHB.
- **F** EHB for donor searches related to bone marrow transplants only.
- **G** EHB for donor searches related to bone marrow transplants and peripheral stem cell transplants only.
- **H** EHB for donor searches related to all transplants except bone marrow transplants.
- **12** For ages 12+ only.

Y = Benefit is an EHB in that benchmark plan.

N = Benefit is not an EHB in that benchmark plan. See Reference page for any cell with parentheses.

occ ricicionec page for any cen with parentheses.

¹ FEHBP = Federal Employees Health Benefit Program. ² GEHA = Government Employees Health Association.

³ Effective Jan. 1, 2017, for those states that consider hearing aids an Essential Health Benefit; age limits can no longer be applied.