Essential Health Benefits
Essential Health Benefits

- Also known as “EHBs”
- Establishes a minimum level of coverage
- Chosen by Nevada for Nevadans
- Applies to all non-grandfathered individual and small group insurance plans
- Applies to plans sold on and off the Exchange
EHB Requirements

- No annual dollar limits
- No lifetime dollar limits
- Service/visit limits ARE allowed
- Adult vision and dental are NOT EHBs
EHB Restrictions

• Since dollar limits are prohibited, each carrier either provides the coverage without a limit or establishes an actuarial visit limit equivalent substitution

• Nevada’s EHB package is applicable to years 2014, 2015 and 2016
EHB Package Chosen

Health Plan of Nevada
Point-of-Service C-XV

Form #: HPN POS C-XV

This was the largest small employer plan in the state.
Missing Services

• Habilitative services must be in parity with rehabilitative services
• Pediatric Dental supplemented by Nevada CHIP
• Pediatric Vision supplemented by the FEDVIP
Dollar Limits No Longer Allowed

**Applied Behavioral Analysis:**
$36,000 annual limit

**Inherited Metabolic Disease:**
$2,500 annual limit for special foods

**Bariatric Surgery:**
$5,000 lifetime limit

**Manual Manipulation of the Spine:**
$1,000 annual limit
Dollar Limits No Longer Allowed

**Durable Medical Equipment:**
$4,000 lifetime limit

**Prosthetic and Orthotic Devices:**
$10,000 lifetime limit

**TMJ:**
$2,500 annual limit; $4,000 lifetime limit

**Hearing Aids:**
$5,000 annual limit
Physical Therapy, Speech Therapy and Occupational Therapy:
60 visits per year combined

Private Duty Nursing:
30 visits per year

Skilled Nursing Facility:
100 days per year

Home Health Care Services:
30 visits per year
Hospice Services:
Benefits for expenses arising from hospice care

Hospice Bereavement Services:
5 visits per year; treatment must be completed within 6 months of the date of death

Infertility Office Evaluation Visits:
Covered as a physician visit

Infertility Treatments:
6 cycles per person per lifetime
The **formulary** benchmark is the greater of the number of drugs in the benchmark plan formulary or one in every distinct pharmacopeia category and class.

- Brand name drugs and generic drugs are not chemically distinct
- Dosage size is not chemically distinct
- Formulary quantity is locked in until 2017
2017 EHB Selection Process

• Nevada must select one of ten 2014 benchmark plans by July 1, 2015
• On April 8, 2015 CCIIO released a list of the three largest small group plans in Nevada and the three largest FEHBPs.
• The remaining four benchmark plans are the three NV PEBP plans and the CCSD HMO plan.
• The Commissioner of Insurance will choose one of the ten benchmark plans and notify the U.S. Department of Health and Human Services on or before July 1, 2015
Basis for a Decision

• Nevada must balance cost and coverage
• As coverage goes up, so does cost
• Essential Health Benefits are a minimum
  – Too high and insurance isn’t affordable
  – Too low and the public health could be harmed
Benchmark Options

Small Group Plans
• Sierra Health and Life: SHL Solutions PPO Platinum
• Health Plan of Nevada: HPN Solutions HMO Platinum
• Health Plan of Nevada: HPN Solutions POS Gold

State Employee Plans
• Nevada PEBP: Self Funded PPO Plan
• Nevada PEBP: Health Plan of Nevada HMO
• Nevada PEBP: Hometown Health Plan HMO

HMO plan
• HPN: Clark County School District-HPN Solutions HMO 20

Federal Employee Plans
• GEHA: Benefit Plan 2014
• FEHBP: Blue Cross-Blue Shield Standard
• FEHBP: Blue Cross-Blue Shield Basic
Nevada Mandated Health Benefits

• Nevada mandated benefits must be covered in addition to EHBs.
• If Nevada mandates a benefit that is not an EHB the state would be required to pay for the cost of the benefit for some people.
• There will be no direct cost to Nevada if the benchmark plan chosen covers the state mandates.
## Rehabilitative/Habilitative Benefits

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehab only 60 visits</td>
<td>Rehab/ Hab 120 visits</td>
<td>Rehab/ Hab 120 visits</td>
<td>Rehab/ Hab 60 visits</td>
<td>Rehab Only Unlimtd</td>
<td>Rehab/ Hab 30 visits each</td>
<td>Rehab only 75 visits</td>
<td>Rehab only 50 visits</td>
</tr>
</tbody>
</table>
Skilled Nursing Facility Benefits

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 days</td>
<td>100 days</td>
<td>100 days</td>
<td>100 days</td>
<td>60 days</td>
<td>14 days</td>
<td>75 days</td>
<td>50 days</td>
</tr>
</tbody>
</table>
## Applied Behavior Analysis

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$36,000</td>
<td>250 visits or 750 hours</td>
<td>250 visits or 750 hours</td>
<td>515 hours</td>
<td>$36,000</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>


# Home Health Care Benefits

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 visits</td>
<td>60 visits</td>
<td>Unlimited</td>
<td>30 visits</td>
<td>60 visits</td>
<td>50 visits</td>
<td>25 visits</td>
<td>50 visits</td>
</tr>
</tbody>
</table>
### Durable Medical Equipment

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000 lifetime</td>
<td>1 Device per 3 years</td>
<td>1 Device per 3 years</td>
<td>1 Device per 3 years</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>
# Chiropractic Coverage

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000 annual</td>
<td>20 visits</td>
<td>20 visits</td>
<td>60 visits</td>
<td>Unlimited</td>
<td>12 visits</td>
<td>12 visits</td>
<td>20 visits</td>
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</tbody>
</table>
# Infertility Treatment

<table>
<thead>
<tr>
<th>Current Benchmark</th>
<th>SHL Plan (Default)</th>
<th>HPN Plans</th>
<th>Hometown Health Plan PEBP HMO</th>
<th>PEBP PPO</th>
<th>GEHA Benefit Plan</th>
<th>FEHBP BCBS Standard</th>
<th>FEHBP BCBS Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 cycles per lifetime</td>
<td>6 cycles per lifetime</td>
<td>6 cycles per lifetime</td>
<td>6 cycles per lifetime</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>


Questions?