



TERRY E. BRANSTAD  
GOVERNOR

NICK GERHART  
COMMISSIONER OF INSURANCE

KIM REYNOLDS  
LT. GOVERNOR

**Essential Health Benefit and Exchange Resources**

Health and Human Services Appropriations Subcommittee  
February 20, 2013

Section 1302(b)(1) of the Affordable Care Act (ACA) provides that EHB include items and services within 10 statutorily defined benefit categories. The categories of benefits and services are:

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

Also, pursuant to the ACA, states could choose a benchmark from among the following health insurance plans for 2014 and 2015:

- The largest plan by enrollment in any of the three largest small group insurance products in the State's small group market;
- Any of the largest three State employee health benefit plans by enrollment;
- Any of the largest three national FEHBP plan options by enrollment; or
- The largest insurance commercial non-Medicaid Health Maintenance Organization (HMO) operating in the State.

If a State did not exercise the option to select a benchmark health plan, the default benchmark plan for that State would be the largest plan by enrollment in the largest product in the State's small group market. Iowa did not voluntarily select a benchmark as required by October 1, 2012, thereby, defaulting to Wellmark Inc.'s Alliance Select Copayment Plus PPO as the benchmark plan.

**NOTE:** (1) the benchmark plan is not a health benefit plan but is the "floor" of benefits upon which carriers will create qualified health plans offered within the Exchange (now known as Marketplace); and (2) comments regarding the EHB standards set out in federal rulemaking were due by December 26, 2012. HHS will assess the benchmark process for the year 2016 and beyond. Due to federal requirements, the State cannot make changes to Iowa's benchmark plan at this time. However, we are waiting for final rules and guidance that may address how changes are made.

<http://cciio.cms.gov/resources/data/ehb/html>

<http://www.iid.state.ia.us/node/5070502>