

**Essential Health Benefits Checklist**

**Important Information**

**NOTICE:** A health insurance product form filing submission must include: (i) a product-specific checklist, (ii) a mental health and substance use disorder benefits parity checklist, (iii) the essential health benefits (EHB) checklist for the individual and small group markets; and (iv) the supplemental pediatric dental EHB checklist (for embedded pediatric dental products complying with EHB in the individual and small group markets). Each required checklist must be completed in its entirety. The failure to submit a completed checklist will result in a delay of the review of the submission and may result in the rejection of the filing.

This document is intended to assist carriers in preparing form filings for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. **It is the responsibility of the carriers to verify that their products and plans comply with all relevant statutory and regulatory requirements.** Note that some regulatory references in the comments column are approximate. Please review the applicable citation for the full text of the requirement. Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at: [Virginia SCC - Administration of Insurance Regulation in Virginia](#)

The Life and Health Division, Forms Section will review submissions based on the requirements noted in this checklist. Please contact this Section at (804) 371-9532 if you have questions or need additional information about these requirements.

**DIRECTIONS:** In the numbered Explanation sections, please provide the corresponding page numbers for each item in the page number column.

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
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<b>EHB Benefit Design</b>						
Code of Virginia § 38.2-3451; 45 CFR 156.125 Benefit design must 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.						
Ambulatory Patient Services	Primary Care Office Visit – Injury/ Illness	Code of Virginia § 38.2-3443	Including doctor visits in the home and online visits by a webcam, chat or voice.	Pg. 49		
Ambulatory Patient Services	Specialist Office Visit	38.2-3443	Includes office surgeries and second opinions.	Pg. 49 and 52		
Ambulatory Patient Services	Other Practitioner Office Visit (Nurse, Physician Assistant)		Includes Retail Health Clinics (walk-ins) for routine care and common illnesses.	Pg. 49		
Ambulatory Patient Services	Urgent Care Visit		Includes treatment at an Urgent Care Center for urgent but non-emergent care.	Pg. 55		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services; Hospitalization	Surgery or Treatment of Illness or Injury (Office, Ambulatory Surgery Center, Outpatient Hospital Facility, or Inpatient) – includes Physician Services, Supplies and Anesthesia	38.2-3411; 38.2-3418.12	<ol style="list-style-type: none"> <li>1. Includes coverage for blood and blood products;</li> <li>2. Procedures to correct congenital abnormalities that cause functional impairment, newborn congenital abnormalities, or significant deformities caused by congenital or developmental abnormalities, disease, trauma, or previous therapeutic process in order to create a more normal appearance, other than for orthognathic surgery;</li> <li>3. Invasive procedures, such as angiogram, arteriogram, amniocentesis, tap or puncture of brain or spine;</li> <li>4. Endoscopic exams, such as arthroscopy, bronchoscopy, colonoscopy, laparoscopy;</li> <li>5. Treatment of fractures and dislocation;</li> <li>6. Pre-operative and post- operative care;</li> <li>7. Hypodermic needles, syringes, surgical dressings, splints, etc.;</li> <li>8. Services rendered by an anesthesiologist.</li> <li>9. Also includes general anesthesia services when determined to be necessary by dentist and treating physician, for dental care and the person.</li> </ol>	Pgs. 39, 41, 46, 47, 50, 52, 53, 64	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>	

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services; Hospitalization (cont.)			(i) is under the age of 5, (ii) is severely disabled, or (iii) must be admitted to an ambulatory surgery facility for dental care.			
Ambulatory Patient Services	Radiation Therapy	§38.2-3407.14:1	<p>1. Covers treatment of an illness by x-ray, radium, or radioactive isotopes. Includes materials and supplies, administration, treatment planning, and certain other covered services.</p> <p>2. Proton radiation therapy shall not be held to a higher standard of clinical evidence than other types of radiation therapy for cancer treatment.</p>	Pg. 55	1.  2.	
Ambulatory Patient Services	Respiratory Therapy		Includes introduction into the lungs of dry or moist gases, non-pressurized inhalation; Intermittent positive pressure breathing treatment, air or oxygen, with or without nebulized medication, CPAP; CNP; Chest percussion; therapeutic use of medical gases or aerosol drugs, and equipment such as resuscitators, oxygen tents, and incentive spirometers; Broncho pulmonary drainage and breathing exercises.	Pg. 55		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services	AdultDentalCare		Includes medically necessary dental work resulting from accidental injury, excluding an injury resulting from chewing or biting. Repair of dental appliances damaged in accidental injury to jaw, mouth or face. Dental appliances needed to treat an accidental injury to the teeth. Dental services, including x- rays, extractions, and anesthesia to prepare the mouth for medical treatments, such as radiation therapy totreat cancer and prepare for transplants are covered.	Pg. 39		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services; Preventive and Wellness Services and Chronic Disease Management	Infusion Services in the Office, Outpatient Facility and Home Care Settings, including Medical Formulas		<ol style="list-style-type: none"> <li>1. Nursing, durable medical equipment and drugs delivered and administered by a health care provider as part of a doctor's visit, homecare visit, or at an outpatient facility.</li> <li>2. Includes drug infusion therapy, blood products, and injectables that are not self-administered;</li> <li>3. Total Parenteral Nutrition (TPN), Enteral nutrition therapy;</li> <li>4. Antibiotic therapy; Chemotherapy; Pain care.</li> <li>5. Covers infusion of special medical formulas as the primary source of nutrition for persons with inborn errors of amino acid or organic acid metabolism, metabolic abnormality or severe protein or soy allergies.</li> </ol>	Pgs. 41, 55, 58	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	
Ambulatory Patient Services; Prescription Drugs	Chemotherapy	38.2-3407.18	Chemical or biological antineoplastic agents administered as part of a doctor's visit, homecare visit, or at an outpatient facility for treatment of an illness.	Pgs. 44, 55, 58		



EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services; Hospitalization	Bones and Joints (TMJ Diagnostic and Surgical Procedures)	38.2-3418.2	Includes benefits to treat temporomandibular and craniomandibular disorders; Removable appliances (except as specifically excluded) for TMJ repositioning and related medical care, diagnostic and surgical treatment.	Pg. 54		
Ambulatory Patient Services	Equipment/ Supplies/ Therapy/ Training and Education for Treatment of Lymphedema	38.2-3418.14	Includes benefits for equipment, supplies, complex decongestive therapy, and outpatient self-management training and education for the treatment of lymphedema.	Pgs. 3, 19, 47, 53		
Ambulatory Patient Services	Blood & Blood Services Hemophilia & Congenital Bleeding Disorders	38.2-3418.3	Includes blood and the Administration of blood products for treatment.	Pg. 37		



EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services; Hospitalization	Approved Clinical Trials for Cancer or Other Life-threatening Diseases or Conditions	PHSA § 2709; 38.2-3418.8; 38.2-3453	Includes coverage for patient costs incurred during participation in phase I, phase II, phase III, or phase IV approved clinical trials for the prevention, detection, or treatment of cancer or other life-threatening disease or condition, when the trial is (i) a federally funded or approved trial, (ii) conducted under an investigational new drug application reviewed by the USFDA, or (iii) a drug trial exempt from having an investigational new drug application.	Pgs. 37, 38		
Ambulatory Patient Services	Telemedicine	38.2-3418.16	Covers interactive telemedicine, such as audio, video, or other electronic technology or media (other than audio-only telephone, e-mail, fax, or on-line questionnaire) for diagnosis, consultation, or treatment of covered services. Covers remote patient monitoring as described in the code. Note: Nothing precludes health insurance carriers from providing coverage for a service that is not a telemedicine service, including real-time audio-only telehealth services.	Pg. 54		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services	Vision Correction after Surgery or Accident		Covers prescription glasses or contact lenses required as a result of surgery or for treatment of accidental injury. Includes cost of materials and fitting, exams, and replacement of eyeglasses or contact lenses if related to the surgery or injury. Eyeglass or contact lens purchase and fitting are covered under this benefit if (i) prescribed to replace the human lens lost due to surgery or injury; (ii) "Pinhole" glasses are prescribed after surgery for a detached retina; or (iii) Lenses are prescribed instead of surgery due to (a) Contact lenses used for treatment of infantile glaucoma; (b) Corneal or scleral lenses prescribed in connection with keratoconus; (c) Scleral lenses prescribed to retain moisture when normal tearing is not possible or is inadequate; or (d) Corneal or scleral lenses are required to reduce a corneal irregularity other than astigmatism.	Pg. 57		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services; Hospitalization; Preventive and Wellness Services and Chronic Disease Management	Sterilization Services	38.2-3442	Includes sterilization services and services to reverse non-elective sterilization that was the result of an illness or injury. Reversal of elective sterilizations is not covered.  <b>WPS</b>  <b>Note: No cost sharing for required preventive services.</b>	Pgs. 48, 50		
Ambulatory Patient Services; Hospitalization	Oral and Maxillofacial Surgery	38.2-3411; 38.2-3418.2	Covered for maxillary or mandibular Frenectomy when not related to adental procedure; Alveolectomy related to tooth extraction; Orthognathic surgery required to attain functional capacity; Correction of accidental injuries; surgical services on the hard or soft tissue of the mouth for purposes not related to treat or help teeth and supporting structures; Removal of tumors, treatment of non-dental lesions; Biopsies; incision and drainage of infection of soft tissue not including odontogenic cysts or abscesses; Treatment of cleft lip, cleft palate, or ectodermal dysplasia.	Pg. 53		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Ambulatory Patient Services	Private-Duty Nursing		<p>Medically skilled services of a licensed RN or LPN in home.</p> <p><b>Minimum Requirement: 16 hours per benefit period.</b></p>	Pg. 18		
Ambulatory Patient Services	Home Health Care Services	38.2-3418.16	<p>Intermittent care provided in home, or through remote patient monitoring. Includes visits by licensed health care professional (includes nurse, therapist, or home health aide) and physical, speech, and occupational therapy (services provided as part of home care are not subject to separate visit limits for therapy services). Also includes diagnostic and social services, nutritional guidance, training, medical supplies and durable medical equipment.</p> <p><b>Minimum Requirement: 100 visits per benefit period. This home health care visit limit applies to any combination of physical, occupational, speech therapy, or cardiac rehabilitation received in the home instead of any individual therapy limits. This home health care limit does not apply to home infusion therapy or home dialysis.</b></p>	Pgs. 18, 24, 43		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Emergency Services	Emergency Room Professional and Facility Services	38.2-3445	<p>Includes diagnostic x-ray, lab services, medical supplies, and advanced diagnostic imaging, such as MRIs and CAT scans to evaluate and treat a patient with an emergency medical condition.</p> <p>Coverage shall be provided without need for any prior authorization and regardless of the final diagnosis rendered to the covered person.</p>	Pgs. 17, 42		
Emergency Services	Emergency Transportation/ Ambulance (Ground, Water and Air)		<p>Includes coverage for professional ambulance services to or from nearest facility or provider adequate to treat condition. Air emergency transportation by fixed wing or rotary wing is covered when transport to an acute care hospital is medically necessary, and ground or water transportation is not appropriate.</p>	Pgs. 16, 36, 37		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Emergency Services	Out-of-Network Emergency Services	38.2-3445.01	Visits to out-of-network emergency rooms for emergency services (as defined in the plan document) and supplies are covered at in-network levels, and in-network cost shares apply.	Pg. 42		
Hospitalization	Skilled Nursing Facility		Includes room and board, (private room if medically necessary); Skilled convalescent care and rehabilitative services; and Drugs, biologicals, and supplies. <b>Minimum Requirement: 100 days per stay.</b>	Pgs. 19, 51, 52		
Hospitalization	Transplant Surgery – Recipient Charges	38.2-3418.19	Organ, tissue and stem cell/bone marrow transplants and infusions. Also covers necessary acquisition procedures, mobilization, harvest and storage, and preparatory myeloablative therapy, reduced intensity preparatory chemotherapy, radiation therapy, or a combination of these therapies. Reimbursement for reasonable and necessary transportation and lodging costs for the recipient and companion or two companions if recipient is a minor.	Pgs. 18, 44		

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Hospitalization	Transplant Surgery – Donor Charges		When a human organ or tissue transplant is provided from a living donor to a covered person, both the recipient and the donor may receive benefits. Reimbursement for reasonable and necessary transportation and lodging costs for the donor are covered when the recipient and donor are covered by the same carrier. Benefit may be limited if only the recipient is covered by the carrier.	Pg. 45		
Hospitalization	Reconstructive Breast Surgery following a Mastectomy	38.2-3418.4; 38.2-3418.6	Done at same time of mastectomy or following a mastectomy to establish symmetry. Hospital stays must be no less than 48 hours for radical and no less than 24 hours for total or partial mastectomy with lymph node dissection.	Pgs. 53, 54		
Hospitalization	Postmastectomy/ Lymph Node Dissection Inpatient Care	38.2-3418.6	Hospital stays must be no less than 24 hours for total or partial mastectomy w/ lymph node dissection.	Pg. 54		
Hospitalization	Minimum Hospital Stay for Hysterectomy	38.2-3418.9	No less than 23 hours for laparoscopic vaginal hysterectomy and 48 hours for a vaginal hysterectomy.	Pg. 53		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Maternity and Newborn Care	Coverage for Subscriber and Covered Dependent	PHSA § 2725	Services are covered for the subscriber or a covered dependent who becomes pregnant.	Pg. 47		
Maternity and Newborn Care	Pregnancy Testing			Pg. 47		
Maternity and Newborn Care	Services for interruption of pregnancy	PPACA § 1303; 38.2-34551 A	<p>Effective 1/1/2022, coverage for elective abortions is not required but may be included for all plans offered on and/or off the Exchange. It is not considered EHB.</p> <p>Coverage of elective abortion may be excluded, provided that such limitation shall not apply to an abortion performed (i) when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life endangering physical condition arising from the pregnancy itself, or (ii) when the pregnancy is the result of an alleged act of rape or incest.</p>			



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Maternity and Newborn Care	Prenatal and Postnatal Care	38.2-3407.16	Covers maternity care, and maternity-related checkups. Prenatal and postnatal care services for pregnancy and complications of pregnancy for which hospitalization is necessary.	Pg. 47		
Maternity and Newborn Care; Laboratory Services; Preventive and Wellness Services and Chronic Disease	Prenatal Screenings	38.2-3442	<p>Covers fetal screenings for genetic and/or chromosomal status of fetus. Also, anatomical, biochemical, or biophysical tests to better define likelihood of genetic and/or chromosomal anomalies. Covers screening for pregnant women for anemia, gestational diabetes, Hepatitis B, Rh incompatibility, and urinary tract or other infection. Also covers folic acid supplements and expanded tobacco intervention and counseling for pregnant users.</p> <p><b>Note: No cost sharing for required preventive services.</b></p>	Pgs. 47, 50, 51		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Maternity and Newborn Care	Delivery and All Inpatient Services for Maternity Care, including Charges for Hospital and Physician Services and Anesthesia	38.2-3407.16	Use of delivery room and care; Anesthesia services.  <b>Minimum Requirement: Must conform with guidelines for perinatal care.</b>	Pg. 47		
Maternity and Newborn Care	Delivery by Midwife		Includes coverage in a home setting. If carrier has no midwives in the network, an actuarial equivalent such as delivery at a birthing center is required.	Pg. 47		
Maternity and Newborn Care; Preventive and Wellness Services and Chronic Disease	Postnatal Care Services (Baby)	38.2-3411; 38.2-3442	Covers behavioral assessments and measurements; Screenings for blood pressure, hearing, Hemoglobinopathies, Hypothyroidism, and PKU; and Gonorrhea prophylactic medication. Must include dental services and dental appliances furnished to a newborn when required to treat medically diagnosed cleft lip, cleft palate, or ectodermal dysplasia.  <b>Note: No cost sharing for required preventive services.</b>	Pg. 47		

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Maternity and Newborn Care	Postpartum Care Services (Mother)	38.2-3414.1	Inpatient and home visit(s) as outlined in 38.2-3414.1.	Pg. 47		
Maternity and Newborn Care	Routine Newborn Nursery & Care	38.2-3411; 38.2-3442	Hospital services for routine nursery care during mother's normal hospital stay. Circumcision of covered dependent.	Pg. 47		
Maternity and Newborn Care; Preventive and Wellness Services and Chronic Disease	Breastfeeding/ Lactation Counseling and Equipment	PHSA § 2713; 38.2-3442	<p>Includes benefits for breast pumps.</p> <p><b>Minimum Requirement: One pump per pregnancy.</b></p> <p><b>WPS</b></p> <p><b>Note: No cost sharing for required preventive services.</b></p>	Pg. 51		
Mental Health and Substance Use Disorder Services	Parity with Medical/Surgical Benefits	38.2-3451; PHSA § 2726	Parity is required within the same classification between mental health or substance use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations.			

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Mental Health and Substance Use Disorder Services	Mental Health/ Behavioral Health/ Substance Use Disorder Outpatient Services	38.2-3412.1	Includes diagnosis and treatment of psychiatric conditions, including psychotherapy, group psychotherapy, and psychological testing. Includes coverage for office visits, outpatient facility and physician charges. Visits for medication checks are covered.	Pg. 48		
Mental Health and Substance Use Disorder Services	Mental Health/ Behavioral Health Inpatient Services; Substance Use Disorder Inpatient Services/ Detoxification and Rehabilitation	38.2-3412.1	Includes individual psychotherapy, group psychotherapy, psychological testing, and counseling with family members to assist with patient's diagnosis and treatment, and convulsive therapy, detoxification, and rehabilitation treatment. Coverage includes hospital and inpatient professional charges in any hospital or facility required by state law.	Pg. 48		
Mental Health and Substance Use Disorder Services	Partial Day/ Intensive Outpatient Services	38.2-3412.1	Partial Hospitalization is defined in 38.2-3412.1.	Pg. 48		

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Mental Health and Substance Use Disorder Services	Residential Treatment Facilities/ Centers (RTFs or RTCs)	38.2-3412.1	Coverage for inpatient services for substance abuse, eating disorders and the like must be provided in a hospital or treatment facility that is licensed to provide a continuous, structured program of treatment and rehabilitation, including 24 hour-a-day nursing care. Individualized and intensive treatment includes observation and assessment by a psychiatrist at least weekly and rehabilitation, therapy, education, and recreational or social activities.	Pg. 48		
Prescription Drugs	Formulary	45 CFR 156.122; 38.2-3451	Must cover the same number of Drugs as the Benchmark Plan in each class or at least one in each class, whichever is greater. Includes generic, brand, specialty, biological drugs.  <b>Note: Include direct workable URL for up-to-date and complete formulary of each plan.</b>	Pgs. 59-61		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Prescription Drugs	Access to In-network Retail Pharmacy	45 CFR 156.122; 38.2-3451	Access to prescription drug benefits from in-network retail pharmacies is required, unless: (i) the Drug is subject to restricted distribution by the USFDA; or (ii) Special handling, provider coordination, or patient education is required for the drug and cannot be provided by a retail pharmacy.			
Prescription Drugs	Pharmacy & Therapeutics Committee	45 CFR 156.122; 38.2-3407.9:01; 38.2-3451	Formulary must be reviewed by a pharmacy & therapeutics committee as required by these laws and regulations.			



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Prescription Drugs	Formula and Enteral Nutrition Products	38.2-3418.18	Plan shall provide benefits for medically necessary formula and enteral nutrition products and any medical equipment, supplies and services required to administer, for the treatment of inherited metabolic disorder and for which the covered person's physician has issued a written prescription.			
Prescription Drugs	Self-administered Injectable Drugs		1. Includes self-injected insulin and related supplies and equipment; and 2 Flu shots and their administration.	Pg. 59	1. 2.	
Rehabilitative and Habilitative Services and Devices	Physical/ Occupational Therapy – Rehabilitative Services	38.2-3418.14; 45 CFR 156.115 (a)(5)(iii)	<p>1. Physical therapy provided by a licensed therapist to ease pain, restore health, and avoid disability after an illness, injury, or loss of an arm or a leg, including hydrotherapy, heat, physical agents, bio-mechanical and neuro-physiological principles and devices. Includes treatment of lymphedema.</p> <p>2. Occupational therapy to restore activities such as walking, eating, drinking, dressing, toileting, transferring from wheelchair to bed, bathing, and job-related activities.</p> <p>3. Sets goals attainable in a reasonable period of time.</p> <p><b>Minimum Requirement: 30 visits per benefit period combined for rehabilitative physical and occupational therapy.</b></p>	Pgs. 3, 19, 23, 47, 51, 53, 54	1.  2.  3.	



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Rehabilitative and Habilitative Services and Devices	Physical/ Occupational Therapy – Habilitative Services	38.2-3418.14; 45 CFR 156.115 (a)(5)(iii)	<p>Physical and Occupational therapy provided by a licensed therapist to keep, learn or improve skills needed for daily living, such as therapy for a child who is not walking at the expected age.</p> <p><b>Minimum Requirement: 30 visits per benefit period combined for habilitative physical and occupational therapy.</b></p>	Pgs. 23, 52		
Rehabilitative and Habilitative Services and Devices	Speech Therapy and Speech-language Therapy – Rehabilitative Services	38.2-3451; 45 CFR 156.115 (a)(5)(iii)	<p>Services to identify, assess, and treat speech, language, and swallowing disorders in children and adults; Therapy will treat communication or swallowing difficulties to correct a speech impairment. Sets goals attainable in a reasonable period of time.</p> <p><b>Minimum Requirement: 30 visits per benefit period for rehabilitative speech therapy and speech-language pathology.</b></p>	Pgs. 24, 51, 54		

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Rehabilitative and Habilitative Services and Devices	Speech Therapy and Speech-language Therapy – Habilitative Services	38.2-3451; 45 CFR 156.115 (a)(5)(iii)	<p>Services necessary to teach speech. Therapy to develop communication or swallowing skills to correct a speech impairment. Therapy to keep, learn or improve skills needed for daily living, such as therapy for a child who is not talking at the expected age.</p> <p><b>Minimum Requirement: 30 visits per benefit period for habilitative speech therapy and speech-language pathology.</b></p>	Pgs. 24, 52, 54		
Rehabilitative and Habilitative Services and Devices	Chiropractic/ Osteopathic/ Manipulation Therapy – Rehabilitative Services	38.2-3451; 45 CFR 156.115 (a)(5)(iii)	<p>Therapy to treat problems of the bones, joints, and back. Services must involve goals you can reach in a reasonable period of time. Benefits will end when progress toward the goal ends.</p> <p><b>Minimum Requirement: 30 visits per benefit period for rehabilitative chiropractic /osteopathic/ manipulation therapy.</b></p>	Pgs. 24, 51, 54		

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Rehabilitative and Habilitative Services and Devices	Chiropractic/ Osteopathic/ Manipulation Therapy – Habilitative Services	38.2-3451; 45 CFR 156.115 (a)(5)(iii)	<p>Therapy to treat problems of the bones, joints, and back. Services that help you keep or improve skills and functioning for daily living. Includes services for people with disabilities in an inpatient or outpatient setting.</p> <p><b>Minimum Requirement: 30 visits per benefit period for habilitative chiropractic /osteopathic/ manipulation therapy.</b></p>	Pg. 52		
Rehabilitative and Habilitative Services and Devices	Cardiac Rehabilitation		<p>Medical evaluation, training, supervised exercise, and psychosocial support following a cardiac event. Services will not be provided for home programs (other than home health care services), on-going conditioning, and maintenance care.</p>	Pgs. 24, 55		
Rehabilitative and Habilitative Services and Devices	Early Intervention Services	38.2-3418.5	<p>Must include coverage as specified in Section 38.2-3418.5, except the dollar limit does not apply. No therapy visit maximum applies to occupational, physical, or speech therapy services received under this benefit.</p>	Pg. 42		

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Rehabilitative and Habilitative Services and Devices	Pulmonary Rehabilitation		Includes outpatient short-term respiratory care following an illness or injury.	Pg. 55		
Rehabilitative and Habilitative Services and Devices	Adult Corrective Lenses		Covered only when prescribed as a result of surgery or for the treatment of accidental injury.	Pgs. 57, 64		
Rehabilitative and Habilitative Services and Devices	Orthotics		Covers certain types of orthotics, such as braces, boots, and splints, other than foot orthotics, including cost of fitting, adjustment, and repair.	Pgs. 41, 65		
Rehabilitative and Habilitative Services and Devices	Prosthetics	38.2-3418.4; 38.2-3418.15	Covers prosthetic devices, including artificial limbs and components medically necessary for daily living; Breast prosthesis following a mastectomy; Colostomy and other related ostomy supplies; Composite facial prosthesis; a Wig needed following cancer treatment. Covers repair, fitting, adjustments and replacement of the device.  <b>Minimum Requirement: One Wig per Benefit Period.</b>	Pgs. 17, 41, 53		

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Rehabilitative and Habilitative Services and Devices	Durable Medical Equipment and Devices		Rental (or purchase if less expensive) of multi-use and non-disposable equipment that has no other use than medical, and is ordered by a health care provider for use outside a medical facility. Also, maintenance and supplies needed for use of the equipment, such as a battery for a powered wheelchair are covered as well as necessary repairs except if damage is due to neglect. Covered equipment includes oxygen concentrator, ventilator, oxygen and equipment for administration, cochlear implants, negative pressure wound therapy devices, nebulizers, hospital-type beds, wheelchairs, traction equipment, walkers & crutches.	Pgs. 40-41		
Rehabilitative and Habilitative Services and Devices	Supplies	38.2-3418.10	Medical supplies that are purchased and used once, such as syringes, needles, dressings, splints, etc.	Pg. 41		
Rehabilitative and Habilitative Services and Devices	Devices and Supplies for Sleep Treatment		Covers devices and supplies, such as APAP, CPAP, BPAP, and oral devices for sleep treatment.	Pg. 42		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Laboratory Services	Diagnostic Radiology		Includes x-rays, mammograms, ultrasound, or nuclear medicine.	Pg. 40		
Laboratory Services	Diagnostic Lab and Pathology Services			Pg. 40		
Laboratory Services	Diagnostic Hearing and Vision Tests			Pg. 40		
Laboratory Services	Diagnostic EKGs, EEG, Echocardiograms			Pg. 40		
Laboratory Services	Advance Diagnostic Imaging		Includes MRA, MRI, MRS, CTA, PET scans, CT scans, PET/CT Fusion scans, SPECT scans, QCT Bone Densitometry, diagnostic CT colonography, and nuclear cardiology.	Pg. 40		
Laboratory Services	Professional Services for Test Interpretation, X-ray Reading, Lab			Pg. 39		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Laboratory Services	Diagnostic Sleep Testing			Pg. 40		
Preventive and Wellness Services and Chronic Disease Management		PHSA § 2713; § 38.2-3442	<b>NOTE:</b> Carriers must keep coverage current with the preventive care recommendations discussed in Virginia Code § 38.2-3442. Plan documents must provide or identify a resource for consumers to access a current list of specific preventive care services covered with no cost sharing.			
Preventive and Wellness Services and Chronic Disease Management	Preventive Services for Women—“A” or “B” Rating from the U.S. Preventive Services Task Force and per Guidelines Supported by the Health Resources and Services Administration	PHSA § 2713; 38.2-3418.1; 38.2-3442	Includes well woman visits; Screenings for BRCA risk assessment and genetic testing, breast cancer mammography, cervical cancer, domestic and interpersonal violence, HPV, sexually transmitted infections (STIs) and HIV, and osteoporosis; Counseling for breast cancer genetic testing (BRCA), breast cancer chemoprevention, domestic and interpersonal violence, and STIs.  <b>Note: No cost sharing for required preventive services.</b>	Pgs. 50, 51		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Preventive and Wellness Services and Chronic Disease Management; Prescription Drugs	Preventive Care and Screening for Women per Guidelines Supported by the Health Resources and Services Administration – <u>Women’s contraceptives</u>	PHSA § 2713; 38.2-3407.5:1; 38.2-3407.5:2; 38.2-3442	Covers all 18 FDA-approved contraceptive methods and sterilization treatments for women, including drugs, injectables, patches, rings and devices such as diaphragms, IUDs, and implants. Also covers related counseling. A prescription for a 12-month supply of hormonal contraceptives must be covered when dispensed or furnished at one time.  <b>WPS</b>  <b>Note: No cost sharing for required preventive services.</b>	Pgs. 47, 50, 59		



EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Preventive and Wellness Services and Chronic Disease Management; Prescription Drugs	Preventive Services for Infants, Children and Adolescents – “A” or “B” Rating from the U.S. Preventive Services Task Force and Guidelines Supported by the Health Resources and Services Administration	PHSA § 2713; 38.2-3411.1; 38.2-3442	Includes assessments for alcohol and drug use, behavioral, oral health risk; Medical history; BMI measurements; Screenings for autism (18 and 24 months), blood pressure, cervical dysplasia, depression, development, dyslipidemia, hematocrit or hemoglobin, Hepatitis, B, HIV, lead, obesity, sexually transmitted infection (STI), tuberculin, and vision. Also includes counseling for obesity and STI, and supplements for fluoride chemoprevention.  <b>Note: No cost sharing for required preventive services.</b>	Pgs. 50, 59		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Preventive and Wellness Services and Chronic Disease Management; Prescription Drugs	Preventive Services for Adults – “A” or “B” Rating from the U.S. Preventive Services Task Force	PHSA § 2713; 38.2-3418.7:1; 38.2-3418.10; 38.2-3442	<p>Includes screening for abdominal aortic aneurysm, alcohol misuse, colorectal cancer, high blood pressure, Type 2 Diabetes, cholesterol, depression, Hepatitis B and C, HIV, lung cancer, obesity, syphilis, and tobacco use. Also includes counseling for alcohol misuse, nutrition, obesity, sexually transmitted infection prevention, and smoking and tobacco cessation products, including nicotine patches and gum when obtained with a prescription. Covers aspirin use to prevent cardiovascular disease.</p> <p><b>Note: No cost sharing for required preventive services.</b></p>	Pgs. 50, 59		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Preventive and Wellness Services and Chronic Disease Management; Prescription Drugs	Immunizations for Children, Adolescents, and Adults Recommended by the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention	PHSA § 2713; 38.2-3442	<b>Note: No cost sharing for required preventive services.</b>	Pgs. 50, 59		
Preventive and Wellness Services and Chronic Disease Management	PSA Testing & Digital Exams	38.2-3418.7	Must cover preventive screening by means stated in mandate provisions of § 38.2-3418.7.  <b>Note: Cost sharing may be applied.</b>	Pg. 51		
Preventive and Wellness Services and Chronic Disease Management	Adult Routine Eye Exam and Refraction		1 routine eye exam per benefit period (optional).  <b>Note: Cost sharing may be applied.</b>	Pg. 57		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Pediatric Services, Including Oral and Vision Care	Off-exchange Plans without Coverage for Minimum Essential Pediatric Oral Health Benefits	38.2-3451	The following disclosure is required on the plan's cover page and notice at the time of application that: "This policy does not provide the ACA-required minimum essential pediatric oral health benefits. Stand-alone dental coverage that includes such benefits must be available to you for purchase separately from a qualified stand-alone dental plan."			
Pediatric Services, Including Oral and Vision Care; Preventive and Wellness Services and Chronic Disease Management	Routine Hearing Screening	38.2-3411.4; 38.2-3442	Must at least include the minimum provisions of §§ 38.2-3411.4 and 38.2-3442.  <b>Note: No cost sharing for required preventive services.</b>	Pg. 50		
Pediatric Services, Including Oral and Vision Care; Preventive and Wellness Services and Chronic Disease Management	Routine Eye Exam	38.2-3442	<b>Minimum Requirement: One routine eye exam per benefit period.</b>  <b>Note: No cost sharing for required preventive services.</b>	Pg. 56		

EHB Category	Service	Federal & State Law/Authority	Explanation	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
Pediatric Services, Including Oral and Vision Care	Eyeglasses and Contact Lenses		<b>Minimum Requirement: One pair of standard single vision, bifocal, trifocal, or progressive eyeglass lenses or contact lenses every year; One frame every year.</b>	Pgs. 25, 56		
Pediatric Services, Including Oral and Vision Care; Preventive and Wellness Services and Chronic Disease Management	Dental Care, including Preventive and Diagnostic Dental Care, Basic Dental Care, Major Dental Care, and Orthodontia	Medicaid CHIP (Smiles); 38.2-3411 B	<p>Covered services include: dental checkups twice/year; cleaning and fluoride treatments twice/year; Sealants; Space maintainers; Extractions; Root canal treatment; Crowns; Dentures; X-rays; and Other medically necessary dental services, to include orthodontia up to at least the end of the month the enrollee turns age 19.</p> <p><b>Explained in detail in the Supplemental Pediatric Dental Checklist.</b></p>	Pgs. 58-88		

Excluded Services	Related State Law (s) and/or Applicable Mandate for Partial Services	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
<b>Acts of War or Nuclear Accidents</b> In addition, benefits may not be able to be provided or may be delayed in the event of a major disaster.		Pg. 63		
<b>Administrative Charges</b> , including charge to complete forms.		Pg. 63		
<b>Alternative/Complementary Medicine</b> , including but not limited to, acupuncture; Holistic and homeopathic medicine; Hypnosis; Aroma therapy; Reiki therapy; Massage therapy; Herbal, vitamin or dietary products or therapies; Naturopathy; Thermography; Orthomolecular therapy; Contact reflex analysis; BEST; Iridology; AIT; Colonic irrigation; Magnetic innervation therapy; Electromagnetic and neurofeedback/biofeedback therapies.	38.2-3408 A	Pg. 63		
<b>Applied Behavioral Analysis</b>				
<b>Complications of Non-covered Services</b> , meaning care that is needed as a Direct result of the non-covered service and without the non-covered service, care would not have been needed.		Pg. 64		
<b>Cosmetic Surgery, Services, Treatments, Drugs, Equipment or Supplies.</b> Services to preserve, change, or improve how a person looks or to change the texture or look of skin, the size, shape or look of facial or body features are excluded.	38.2-3411 B	Pg. 64		
<b>Court Ordered Testing</b> unless medically necessary		Pg. 64		
<b>Custodial Care</b> , Non-skilled Convalescent Care or Rest Cures, even when recommended by a professional or performed in a facility, such as a hospital or skilled nursing facility, or at home. This exclusion does not apply to hospice care.		Pgs. 64, 104		
<b>Adult Dental Services</b> , including treatment of natural teeth due to diseases; Routine preventive care; Dental x-rays oral surgeries, except as specifically covered; Extraction of erupted or impacted wisdom teeth, except to prepare the mouth for medical services and treatments; Treatment for biting or chewing injuries; Orthodontic care.		Pgs. 53, 64, 66		

Excluded Services	Related State Law (s) and/or Applicable Mandate for Partial Services	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
<b>Donor Benefits</b> are not available if the covered individual is donating an organ to a non-covered member; When the donor is a non-covered member and the person receiving the organ is covered, benefits are limited to benefits not available to the donor from any other source.		Pg. 45		
<b>DME</b> , including exercise equipment; Air conditioners, purifiers, and humidifiers; First aid supplies or general use items such as heating pads, thermometers, and bandages; Hypoallergenic bed linens; Raised toilet seats; Shower chairs; Whirlpool baths; Waterbeds; Handrails, ramps, elevators, and stair glides; Adjustments made to vehicle; Changes made to home or business; Clothing articles, except those needed after surgery or injury; Non-medically necessary enhancements of equipment and devices; or Repair or replacement of equipment lost or damaged through neglect.		Pgs. 65, 66		
<b>Drugs</b> – compound drugs when there is not at least one ingredient for which a prescription is needed and for which a commercial drug product is not available; Charge for delivery of drugs; Non-formulary drugs, except in certain circumstances described in coverage documents; Over the counter drugs or drugs that are therapeutically comparable to an over the counter drug, except for injectable insulin and drugs that must be covered as recommended for preventive care; Refills of lost or stolen drugs; Drugs not FDA-approved; Off-label use, unless required by law; Drugs to treat toenail fungus, except for immune-compromised or diabetic individuals.	38.2-3407.5	Pgs. 67, 68		
<b>Educational, Vocational, or Self-training Services</b> or supplies, except as otherwise specifically covered.	38.2-3418.10	Pg. 64		

Excluded Services	Related State Law (s) and/or Applicable Mandate for Partial Services	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
<b>Experimental/Investigational Drugs, Items, Devices, Services, or Procedures</b> , and their complications, except for clinical trial costs required to be covered under law.	38.2-3418.8; 38.2-3453	Pgs.38,64, 105		
<b>Eye Exercises</b> , such as orthoptics and vision therapy.		Pg.64		
<b>Eye Surgery</b> , including services for radial keratotomy and other surgical procedures to correct refractive defects; Lasik procedures.		Pg.65		
The following <b>Family Planning Services</b> are excluded: assisted reproductive technologies (ART) and related diagnostic tests and drugs, including artificial insemination, in vitro fertilization, zygote intrafallopian transfer (ZIFT), or gamete intrafallopian transfer (GIFT) or any other types of artificial or surgical means of conception; Surrogate pregnancy expenses when the person is not covered under your plan; Services to reverse voluntarily induced sterility.		Pgs.48,65, 66,68		
<b>Foot Care</b> (palliative or cosmetic), including cleaning and preventive foot care when there is no illness or injury to the foot; Flat foot conditions; Foot orthotics, orthopedic and corrective shoes not part of a leg brace and fitting, castings and other services related to devices of the feet, unless used for an illness affecting the lower limbs; Subluxations of the foot; corns, calluses, and care of toenails (all except for patients with diabetes or vascular disease); Fallen arches; Weak feet; Tarsalgia; Metatarsalgia; and Hyperkeratoses.		Pg.65		
<b>Free Care</b> , including services the covered person would not have to pay for if not covered by this plan, such as government programs, services received in jail or prison, services from free clinics, and Workers Compensation benefits, whether or not you claim these benefits.		Pg.65		



Excluded Services	Related State Law (s) and/or Applicable Mandate for Partial Services	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
<b>Health Club Memberships, Health Spa Charges, Exercise Equipment or Classes, Charges from a Physical Fitness Instructor or Personal Trainer,</b> anyother charges for services, equipment, or facilities for developing or maintaining physical fitness, even when ordered by a physician.		Pg. 65		
<b>Hearing Aids</b> or the <b>Examination</b> to prescribe or fit hearing aids, unless otherwise covered in the certificate.		Pg. 65		
<b>Home Care Services</b> that are not rendered under an approved arrangement with a home health care provider; Homemaker services; Housing; or Food and home-delivered meals.		Pg. 65		
Services and supplies deemed <b>Not Medically Necessary.</b>		Pg. 66		
<b>Nutritional</b> and/or <b>Dietary Supplements</b> , except as required by law. This exclusion includes but is not limited to nutritional formulas and dietary supplements that are available over the counter and do not require a written prescription.		Pg. 66		
Charges for <b>Missed</b> or <b>Cancelled Appointments.</b>		Pg. 66		
<b>Over-the-counter Convenience and Hygienic Items.</b>		Pg. 66		
<b>Private Duty Nursing</b> in inpatient setting.		Pg. 66		
<b>Prosthetics for Sports or Cosmetic Purposes</b> , including wigs and scalp hair prosthetics, except for wigs needed after cancer treatment.		Pgs. 17, 66		
Non-covered <b>Providers</b> , including massage therapists, physical therapist technicians, and athletic trainers.		Pg. 66		
<b>Residential Treatment Centers</b> , except when the center qualifies as a substance use disorder providing continuous, structured, 24-hour-a-day program of drug or alcohol treatment and rehabilitation including 24-hour-a-day nursing care.	38.2-3412.1	Pg. 66		
<b>Services</b> prescribed, ordered, referred by or given by an immediate family member.		Pg. 65		

Excluded Services	Related State Law (s) and/or Applicable Mandate for Partial Services	Source document page number	Page number provision found in form filing	If not addressed or N/A, explain here
<b>Sexual Dysfunction Treatment</b> , including services, supplies or drugs for Male or female sexual problems. Drugs to treat sexual orerectile problems.		Pgs. 66, 69		
<b>Skilled Nursing Facility Stays</b> are not covered when the skilled nursing facility is used mainly for care of the aged, custodial or domiciliary care; or mainly for a place for rest, educational, or similar services; a private room is not covered unless medically necessary.		Pgs. 52, 110		
Non-interactive <b>telehealth</b> services, such as audio-only telephone conversations; Electronic mail message or fax transmissions. <b>However, a carrier may cover services that are not telemedicine services, including real-time audio-only telehealth services.</b>	38.2-3418.16	Pgs. 53, 66		
<b>TMJ Disorder Device</b> - appliances for TMJ pain dysfunction that reposition the teeth, fillings, or prosthetics.	38.2-3418.2	Pgs. 54, 66		
<b>Vein Treatment</b> , for cosmetic purposes, including treatment of varicose Veins and spider veins by any method.		Pg. 67		
Adult <b>Vision</b> services or supplies unless needed due to eye surgery or accidental injury, including routine vision care and materials except as outlined in the coverage documents; Eyeglasses and eyewear, except as included under this plan; Sunglasses or safety glasses and accompanying frames.		Pg. 67		
<b>Weight Loss</b> programs, whether or not under medical supervision, except as stated as covered, including commercial weight loss and fasting programs; bariatric surgery, including Roux-en-Y, Laparoscopic gastric bypass or other gastric bypass surgery, Gastroplasty, or gastric banding procedures; Drugs used mainly for weight loss.		Pgs. 67, 69		