



## Confirmations on the State EHB-Benchmark Plan

OMB Control Number: 0938-1174

Expiration Date: 11/30/2027

**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		
Agency	Department of Managed Health Care	Department of Managed Health Care
Phone Number		
Email		

### SECTION B

EHB-Benchmark Plan Selection Options	State's Selections
State	California
For what plan year is the State selecting its new EHB-benchmark Plan to begin applying?	2027

### 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 EHB category?
Ambulatory patient services	Yes
Emergency services	Yes
Hospitalization	Yes
Maternity and newborn care	Yes
Mental health and substance use disorder services, including behavioral health treatment	Yes
Prescription drugs	Yes
If the State is changing its prescription drug EHB, did the State provide a complete and accurate formulary drug list under the Appendix D entitled "Rx Template" in this workbook?	Not Applicable to State's Selection Option
Rehabilitative and habilitative services and devices	Yes
Laboratory services	Yes
Preventative, wellness, and chronic disease management	Yes

Pediatric services, including oral and vision care	Yes	
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## SECTION D

Under Section D, please complete the "Explanation" column with complete sentences describing how the State is complying with the specific requirement.

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	Wakely has determined that the proposed EHB-benchmark plan meets the requirements of section 156.111(b)(1) with regard to scope of benefits.
Is the State's EHB-benchmark plan equal to the scope of benefits provided under a typical employer plan as defined and established at § 156.111(b)(2)(ii) (or greater than the scope of benefits provided under a typical employer plan, to the extent any supplementation is required to provide coverage within each EHB category at § 156.110(a))?	Yes	Wakely has determined that the proposed EHB-benchmark plan is equal to the scope of benefits provided under a typical employer plan as defined and established at section 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 in accordance with § 156.111(e)(2) that the State's new EHB-benchmark plan provides a scope of benefits that is equal to the scope of benefits provided under a typical employer plan as defined and established at § 156.111(b)(2)(ii) (or greater than the scope of benefits provided under a typical employer plan, to the extent any supplementation is required to provide coverage within each EHB category at § 156.110(a))?	Yes	Wakely has affirmed that the State's new 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).
Is the State's EHB-benchmark Plan unduly weighting benefits towards any of the categories of benefits (§ 156.111(b)(2)(iii))?	No	No, the State's EHB-benchmark Plan is not unduly weighting benefits towards any of the categories of benefits (§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	Yes, the State's EHB-benchmark plan provides benefits for diverse segments of the population 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	Yes. On March 28, 2025, the State posted on the California Department of Managed Health Care's website the Draft Benchmark Plan Summary, Appendices A, B, and C, and Wakely's Benchmark Plan Benefit Valuation Report. That information was posted to the following webpage: <a href="https://www.dnhc.ca.gov/Resources/DMHCPublicMeetings/OtherMeetings/EssentialHealthBenefits.aspx">https://www.dnhc.ca.gov/Resources/DMHCPublicMeetings/OtherMeetings/EssentialHealthBenefits.aspx</a> The public comment period started on March 28, 2025, and ended on April 14, 2025. Prior to the public comment period, the Department of Managed Health Care held two public meetings to receive public input on a new benchmark plan. Those meetings were held on June 27, 2024, and January 27, 2025. Additionally, the California Legislature held a hearing on February 11, 2025, to receive public input regarding a new benchmark plan.
Are non-EHB benefits excluded from the EHB-benchmark Plan in accordance with § 156.115(d)? (Non-EHB benefits include non-pediatric eye exam services, long-term/custodial nursing home care benefits, or non-medically necessary orthodontia)	Yes	Yes, non-EHB benefits are excluded from the EHB-benchmark plan 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	No, the State has not converted any benefits in its 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	No, the State's 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	Yes, the EHB-benchmark plan benefits are 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).
Is there any additional information CMS should know?	No	See Wakely report and analysis.

**PRA DISCLOSURE:**

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, expiration date 11/30/2027. The time required to complete this information collection is estimated to average 205 hours per response for States. 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).