

Essential Health Benefits - Wisconsin

September 2013

Essential Health Benefits

Federal law requires that all comprehensive individual and small group health insurance policies issued or renewed on or after January 1, 2014, provide coverage of the essential health benefits (EHB) package as defined in the Affordable Care Act (ACA). The ACA provides that each state may select a benchmark plan to serve as the standard for plans required to offer EHB in the state. If a state does not exercise the option to select a benchmark plan, the default is the largest plan by enrollment in the largest product by enrollment in the state's small group market.

Wisconsin's benchmark plan is the largest plan by enrollment in the largest product by enrollment in the small group market. Please refer to the federal [Wisconsin EHB Benchmark Plan Summary \(opens in new window\)](#) document for detailed information on benefits included in the plan. Please note that the summary document may not capture all of the benefits included in the benchmark plan. All benefits in the Wisconsin benchmark plan are EHBs in this state and all plans in the individual and small group markets must offer, at a minimum, benefits that are substantially equal to the EHB benchmark plan, including: covered benefits, limitations on coverage and prescription drug benefits. Plan offerings are not restricted to EHBs, so plans may offer additional benefits.

Links to the complete plan language for the Wisconsin benchmark plan are provided below.

- [Part 1 - Certificate](http://oci.wi.gov/healthcare_ref/ehb_certificate.pdf) (http://oci.wi.gov/healthcare_ref/ehb_certificate.pdf)
- [Part 2 - Prescription Drug Rider](http://oci.wi.gov/healthcare_ref/ehb_drugrider.pdf) (http://oci.wi.gov/healthcare_ref/ehb_drugrider.pdf)
- [Part 3 - Drug Formulary](http://oci.wi.gov/healthcare_ref/ehb_drugformulary.pdf) (http://oci.wi.gov/healthcare_ref/ehb_drugformulary.pdf)

Source: <http://oci.wi.gov/ociforms/comphealth-formfilings.htm#ehb>

Source: <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/wisconsin-ehb-benchmark-plan.pdf#page=1&zoom=auto,0,800>

WISCONSIN EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Point of Service
Issuer Name	UnitedHealthcare Insurance Company
Product Name	Choice Plus
Plan Name	Choice Plus Definity HSA Plan A92NS
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none"> • Pediatric Oral (FEDVIP) • Pediatric Vision (FEDVIP)
Habilitative Services Included Benchmark (Yes/No)	No
Habilitative Services Defined by State (Yes/No)	No

Drug Formulary

16.2 Smoking Deterrents

TIER 1

+ Bupropion HCl Tablet, Sustained-Action (Zyban)¹

+ Nicotine Patch, Transdermal 24 Hour (Habitrol)¹

TIER 2

Chantix¹ (Varenicline Tartrate)

TIER 3

Nicotrol Nasal Spray¹

¹Smoking cessation product coverage is determined by the consumer's prescription drug benefit plan

+ Generic equivalent available

* Products listed in Tier 1 may be covered in Tier 3 in a non-standard Prescription Drug List

*** Products listed in Tier 3 may be covered in Tier 1 in a non-standard Prescription Drug List

** Products listed in Tier 2 may be covered in Tier 1 in a non-standard Prescription Drug List

^^ Products listed in Tier 2 may be covered in Tier 3 in a non-standard Prescription Drug List

Tier Designations

Prescription medications are categorized within three tiers on the Prescription Drug List (PDL). Each tier is assigned a cost, which is determined by the member's pharmacy benefit plan. You may refer to the PDL as a guide to select the most appropriate medication with the lowest member cost for your patients.

Tier 1

Tier 1 medications are your patient's lowest-cost option. Members can maximize their cost savings when you prescribe Tier 1 medications, if you decide they are appropriate for your patient's treatment .

Tier 2

Tier 2 medications are your patient's midrange-cost option. Consider Tier 2 medications if no Tier 1 medication is appropriate to treat your patient's condition .

Tier 3

Tier 3 medications are your patient's highest-cost option. If your patient is currently taking a medication in Tier 3, you may want to determine if there is an appropriate alternative in Tier 1 or Tier 2

Source: http://oci.wi.gov/healthcare_ref/ehb_drugformulary.pdf

Section 2: Exclusions and Limitations

How We Use Headings in this Section

To help you find specific exclusions more easily, we use headings (for example A. Alternative Treatments below). The headings group services, treatments, items, or supplies that fall into a similar category. Actual exclusions appear underneath headings. A heading does not create, define, modify, limit or expand an exclusion. All exclusions in this section apply to you.

We do not Pay Benefits for Exclusions

We will not pay Benefits for any of the services, treatments, items or supplies described in this section, even if either of the following is true:

- It is recommended or prescribed by a Physician.
- It is the only available treatment for your condition.

The services, treatments, items or supplies listed in this section are not Covered Health Services, except as may be specifically provided for in Section 1: Covered Health Services or through a Rider to the Policy.

Exclusions (no benefits paid for these exclusions)

N. Procedures and Treatments

12. Stand-alone multi-disciplinary smoking cessation programs.

R. Substance Use Disorders

1. Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
2. Substance Use Disorder Services that extend beyond the period necessary for evaluation, diagnosis, the application of evidence-based treatments or crisis intervention to be effective.
3. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
4. Substance Use Disorder Services for the treatment of nicotine or caffeine use.

Source: http://oci.wi.gov/healthcare_ref/ehb_certificate.pdf (Page 23; Page 31; Page 32)