

Delaware Health Care Commission
Essential Health Benefits - Supplemental Plan Packet

The US Department of Health and Human Services guidance states that the essential health benefits benchmark plan must include all ten essential health benefits, as provided in previous bulletins. For benchmark plans that do not already cover all ten outlined benefits, the state must choose supplemental benchmarks for these options. Delaware's selected benchmark plan for the individual and small group markets, the Blue Cross Blue Shield Small Group EPO plan, does not cover habilitative services, pediatric vision, or pediatric dental. Below outlines the supplemental options for each benefit area.

Supplemental Options per Benefit Area

- **Habilitative Services:** Current federal guidance has stated that the level of habilitative services may be determined by the insurer; however, they must be offered at parity with rehabilitative services. Delaware does not have the authority at this time to more specifically define this benefit category.
- **Pediatric Vision:** The Federal Employees Dental and Vision Insurance Program (FEDVIP) Blue Vision is the only allowable option as outlined in current federal guidance. Details regarding the benefits services included in the federal plan are included in this packet.
- **Pediatric Dental:** There are two available options for the state to choose regarding supplemental pediatric dental—(1) the federal employee plan (FEDVIP), or (2) the CHIP dental plan. The attached EHB Supplemental packet provides a side-by-side benefit analysis of the two supplemental dental plans. As a reminder, there are several parts of a typical benefit description are not considered in selecting essential health benefits. Limits on the number of services a person may receive in a year are included; cost sharing requirements are not included.

FEDVIP Blue Vision Summary of Benefits

<http://www.opm.gov/insure/health/planinfo/2013/brochures/FEPBlueVi.pdf>

Services	Description	Limitations
Diagnostic	Eye exam- new, or established patient	1X per year, includes dilation if professionally indicated
	Routine ophthalmologic exam w/ refraction	
Glasses/Lenses	Prescription glasses or contacts	
	Single vision lens	
	Conventional lined bifocal lens	
	Conventional lined trifocal lens	
	Lenticular lens	
	Contact lens	1X every other calendar year, preauthorization req.
	Frame	1X every other calendar year
Other	Low vision coverage	
	Various lens types/coating	subject to copay
	Medically necessary contact lenses	for treatment of specific conditions