

## MICHIGAN EHB-BENCHMARK PLAN (2025-2027)

### SUMMARY INFORMATION

<b>Plan Type</b>	N/A
<b>Issuer Name</b>	N/A
<b>Product Name</b>	N/A
<b>Plan Name</b>	N/A
<b>Supplemented Categories</b> (Supplementary Plan Type)	Pediatric Vision (FEDVIP BlueVision - High Option) Pediatric Dental (MICHild Dental)
<b>Habilitative Services</b> <b>Included in Benchmark</b> (Yes/No)	Yes
<b>EHB-benchmark Plan Option</b> <b>(at 45 CFR § 156.111(a))</b>	45 CFR § 156.111(a)(3) Option 3: Otherwise selecting a set of benefits that would become the state's EHB-benchmark plan.
<b>Comments</b>	<p>Michigan changed its EHB-benchmark in 2020 to come into effect in plan year 2022.</p> <p>In fulfilling the scope of benefit requirements at § 156.111(b), Michigan used the Blue Cross Blue Shield of Michigan (BCBSM) – Simply Blue Plan offered in Michigan in plan year 2014 as the basis for determining the scope of benefits provided under a typical employer plan (with the pediatric vision EHB category supplemented by the FEDVIP BlueVision - High Option offered in plan year 2014 and the pediatric dental EHB category supplemented by MICHild Dental plan from plan year 2014). Michigan selected the Small Group Plan 1 – BCBSM Community Blue PPO Plan 4 plan as the basis to determine the most generous among a set of comparison plans.</p> <p>The state's completed application for EHB-benchmark changes is available for review at <a href="https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#Michigan">https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#Michigan</a></p>

## BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				Pages 7, 15
Specialist Visit	Yes	Covered	No				Pages 7-8
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Page 7
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Page 21
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Page 21
Hospice Services	Yes	Covered	No				Pages 21-22; Coverage includes inpatient and outpatient hospice care.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	Yes	Covered	No				Pages 27-28; Underlying causes only.
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	No	Not Covered	No				
Routine Eye Exam (Adult)	No	Covered	Yes	1	Exam(s) per Year		Pages 16, 31; Included as part of annual physical exam.
Urgent Care Centers or Facilities	Yes	Covered	No				Pages 10, 23
Home Health Care Services	Yes	Covered	No				Pages 16-17
Emergency Room Services	Yes	Covered	No				Pages 10-11, 23
Emergency Transportation/ Ambulance	Yes	Covered	No				Page 11
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Page 22
Inpatient Physician and Surgical Services	Yes	Covered	No				Page 22
Bariatric Surgery	Yes	Covered	Yes	1	Procedure(s) per Lifetime		Pages 20, 70
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	Yes	45	Day(s) per Year		Page 23
Prenatal and Postnatal Care	Yes	Covered	No				Page 28
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Page 28
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				Pages 25-26
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Pages 25-26
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Page 27
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Page 27
Generic Drugs	Yes	Covered	No				Pages 12-13, 20-21
Preferred Brand Drugs	Yes	Covered	No				Pages 12-13, 20-21
Non-Preferred Brand Drugs	Yes	Covered	No				Pages 12-13, 20-21
Specialty Drugs	Yes	Covered	No				Pages 12-13, 20-21

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Year		Pages 18-19; PT/OT/Chiro - combined visits per contract year; 30 ST per contract year; 30 cardiac/pulmonary visits per contract year.
Habilitation Services	Yes	Covered	Yes	30	Visit(s) per Year		Pages 18-19; Yearly limits: PT and OT: 30 visits, Speech: 30 visits.
Chiropractic Care	Yes	Covered	Yes	30	Visit(s) per Year		Pages 18-19; Limit combined with OT and PT.
Durable Medical Equipment	Yes	Covered	No				Pages 23-24
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Pages 9, 22
Preventive Care/Screening/Immunization	Yes	Covered	No				Page 12
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	Yes	Covered	No				Page 20
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Year		Pages 14, 31; FEDVIP BlueVision, Page 14
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Year		FEDVIP BlueVision, Page 14
Dental Check-Up for Children	Yes	Covered	Yes	2	Visit(s) per Year		MiChild, Pages 8-9
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Page 18
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Page 18; Combined with chiro.
Well Baby Visits and Care	Yes	Covered	No				Page 28
Laboratory Outpatient and Professional Services	Yes	Covered	No				Page 22
X-rays and Diagnostic Imaging	Yes	Covered	No				Page 22
Basic Dental Care - Child	Yes	Covered	No				MiChild, Pages 8-9
Orthodontia - Child	No	Not Covered	No				
Major Dental Care - Child	Yes	Covered	No				MiChild, Pages 8-9
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care -- Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				
Transplant	Yes	Covered	No				Page 20
Accidental Dental	No	Not Covered	No				
Dialysis	Yes	Covered	No				Pages 7, 18
Allergy Testing	Yes	Covered	No				Page 15
Chemotherapy	Yes	Covered	No				Page 21
Radiation	Yes	Covered	No				Page 22
Diabetes Education	Yes	Covered	No				Page 15
Prosthetic Devices	Yes	Covered	No				Page 25
Infusion Therapy	Yes	Covered	No				Pages 9, 21
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				Pages 30-31; Coverage includes medical care or services to treat dysfunction or TMJS resulting from a medical cause or injury, Office visits for medical evaluation and treatment, X-rays of the temporomandibular joint including contrast studies, but not dental X-rays, Myofunctional therapy and Surgery to the temporomandibular joint, such as condylectomy, meniscectomy, arthrotomy, and arthrocentesis.
Nutritional Counseling	Yes	Covered	Yes	6	Visit(s) per Year		Page 16; Dietician Services.

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Reconstructive Surgery	Yes	Covered	No				Pages 17-18

## **PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS**

<b>CATEGORY</b>	<b>CLASS</b>	<b>SUBMISSION COUNT</b>
Analgesics	Nonsteroidal Anti-inflammatory Drugs	18
Analgesics	Opioid Analgesics, Long acting	9
Analgesics	Opioid Analgesics, Short-acting	20
Anesthetics	Local Anesthetics	1
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	0
Antibacterials	Aminoglycosides	2
Antibacterials	Antibacterials, Other	15
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	4
Antibacterials	Quinolones	4
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	6
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Modulating Agents	8
Anticonvulsants	Sodium Channel Agents	7
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	7
Antidepressants	Monoamine Oxidase Inhibitors	2
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	14
Antidepressants	Tricyclics	11
Antiemetics	Antiemetics, Other	6
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	10
Antigout Agents	No USP Class	5

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	0
Antimigraine Agents	Ergot Alkaloids	2
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	6
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	7
Antineoplastics	Alkylating Agents	5
Antineoplastics	Antiandrogens	3
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	5
Antineoplastics	Aromatase Inhibitors, 3rd Generation	2
Antineoplastics	Enzyme Inhibitors	2
Antineoplastics	Molecular Target Inhibitors	20
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugates	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	4
Antiparasitics	Anthelmintics	2
Antiparasitics	Antiprotozoals	12
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	3
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	3
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	9
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	4
Antivirals	Anti-hepatitis C (HCV) Agents	3
Antivirals	Antiherpetic Agents	3

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	4
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	6
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	14
Antivirals	Anti-HIV Agents, Other	5
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	8
Antivirals	Anti-influenza Agents	3
Antivirals	Antiviral, Coronavirus Agents	0
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	8
Bipolar Agents	Mood Stabilizers	4
Blood Glucose Regulators	Antidiabetic Agents	23
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products and Modifiers	Anticoagulants	5
Blood Products and Modifiers	Blood Products and Modifiers, Other	6
Blood Products and Modifiers	Hemostasis Agents	2
Blood Products and Modifiers	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	7
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	14
Cardiovascular Agents	Beta-adrenergic Blocking Agents	12
Cardiovascular Agents	Calcium Channel Blocking Agents, Dihydropyridines	7
Cardiovascular Agents	Calcium Channel Blocking Agents, Nondihydropyridines	2
Cardiovascular Agents	Cardiovascular Agents, Other	7
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	2
Cardiovascular Agents	Diuretics, Thiazide	5
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2

CATEGORY	CLASS	SUBMISSION COUNT
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	7
Cardiovascular Agents	Mineralocorticoid Receptor Antagonists	2
Cardiovascular Agents	Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	5
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	3
Central Nervous System Agents	Central Nervous System, Other	11
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	7
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	12
Dermatological Agents	Dermatitis and Pruritus Agents	22
Dermatological Agents	Dermatological Agents, Other	13
Dermatological Agents	Pediculicides/Scabicides	5
Dermatological Agents	Topical Anti-infectives	18
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	3
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	4
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	4
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	1
Gastrointestinal Agents	Anti-Constipation Agents	4
Gastrointestinal Agents	Anti-Diarrheal Agents	3
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	9
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	3
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	4
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	4
Genitourinary Agents	Antispasmodics, Urinary	5
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	7
Genitourinary Agents	Genitourinary Agents, Other	6



CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	14
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	15
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	6
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal or Pituitary)	No USP Class	7
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	1
Immunological Agents	Immunoglobulins	1
Immunological Agents	Immunological Agents, Other	9
Immunological Agents	Immunostimulants	1
Immunological Agents	Immunosuppressants	13
Inflammatory Bowel Disease Agents	Aminosalicylates	4
Inflammatory Bowel Disease Agents	Glucocorticoids	6
Metabolic Bone Disease Agents	No USP Class	13
Ophthalmic Agents	Ophthalmic Agents, Other	3
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	6
Ophthalmic Agents	Ophthalmic Anti-Infectives	13
Ophthalmic Agents	Ophthalmic Anti-inflammatories	9
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	4
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	7
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	4
Otic Agents	No USP Class	7
Respiratory Tract/ Pulmonary Agents	Antihistamines	6
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	5
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	5
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	10
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	8
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	2
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	3
Skeletal Muscle Relaxants	No USP Class	9
Sleep Disorder Agents	Sleep Promoting Agents	10
Sleep Disorder Agents	Wakefulness Promoting Agents	2