

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



October 7, 2024

Jane Beyer, Senior Health Policy Advisor
Washington State Office of the Insurance Commissioner
360-725-7043
jane.beyer@oic.wa.gov

Dear Jane Beyer:

Thank you for the submission of Washington's application to change its Essential Health Benefits (EHB)-benchmark plan for plan years beginning on or after January 1, 2026. This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS), having completed its review of the application, approves Washington's application to change its EHB-benchmark plan under 45 C.F.R. § 156.111. This EHB-benchmark plan will be the basis for determining EHB for non-grandfathered individual and small group health insurance coverage in Washington for plan years beginning on or after January 1, 2026.^{1,2}

As you know, section 1302 of the Affordable Care Act requires non-grandfathered individual and small group health plans to cover EHB, which include items and services in 10 benefit categories. Federal regulations (45 C.F.R. § 156.100, et seq.) define EHB based on state-specific EHB-benchmark plans. A state may change its EHB-benchmark plan by submitting an application that complies with the requirements at § 156.111.

Washington submitted an application on April 30, 2024, that sought to expand coverage of human donor milk, hearing aids, and artificial insemination. In accordance with § 156.111(c), Washington provided a reasonable public notice and an opportunity for public comment on the State's application with a notice on the opportunity for public comment and associated information posted on a relevant State website. This application included the following materials:

1. A document confirming that Washington's EHB-benchmark plan definition complies with the requirements at § 156.111(a), (b), and (c).

¹ State EHB-benchmark plans also define the benefits that are subject to the prohibition of annual and lifetime dollar limitations under 45 C.F.R. § 147.126. The approval of this new EHB-benchmark plan means that it is now an option for a group health plan or a health insurance issuer that is not required to provide EHB under section 1302(b) to define EHB this purpose. See 45 C.F.R. § 147.126(c)(2) for more information.

² The approval of a change to a state EHB-benchmark plan also impacts the coverage in a Medicaid Alternative Benefit Plans (ABPs) or Basic Health Program (BHP), standard health plan. Under [42 C.F.R. § 440.347](#), Medicaid Alternative Benefit Plans (ABPs) authorized under section 1937 of the Act are required to meet EHB standards. Similarly, under [42 CFR 600.405](#), in States that elect to operate a BHP, the standard health plans must meet EHB standards.

2. An actuarial certification and an associated actuarial report from an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, that affirms that the State's EHB-benchmark plan complies with the applicable scope of benefits requirements at § 156.111(b)(2).
3. Washington's new EHB-benchmark plan document that reflects the benefits and limitations, including medical management requirements, and a schedule of benefits.
4. Other documentation specified by HHS, which is necessary to operationalize the State's EHB-benchmark plan.

Upon review, CMS has determined that Washington's application satisfies the requirements to change its EHB-benchmark plans as set forth in § 156.111.

Your state's EHB-benchmark plan selection and accompanying application documents will be posted publicly on the CMS EHB website at <https://www.cms.gov/marketplace/resources/data/essential-health-benefits>.

If you have any questions, please contact Alex Gribbin at Alexandrda.Gribbin@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellen Montz". The signature is stylized with a large, sweeping "M" and a long, trailing flourish.

Ellen Montz, Ph.D.
Deputy Administrator & Director
Center for Consumer Information & Insurance Oversight
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services