



essential benefits

Essential Health Benefits for Ohio Members with Individual Coverage

The Affordable Care Act (ACA) defined 10 broad categories¹ of Essential Health Benefits (EHB) that insurers must include in individual plans on and off the Exchanges. Each state defines its own Essential Health Benefits. Starting on the first day of the first plan year on or after January 1, 2014, members covered by a non-grandfathered plan have access to the benefits listed below.

Ohio Essential Health Benefits

- Abortions (therapeutic)
- Allergy testing and treatment
- Ambulance
- Anesthesia
- Autism²
- Cochlear implants
- Dental care for children to age 19 (includes check-up, basic care, major care, medically necessary orthodontia)²
- Dental services for accidental injury and other related medical services
- Diabetes education and training²
- Dialysis
- Drugs (generic, preferred brand and non-preferred brand)
- Drugs and biologicals (specialty drugs and therapeutic injections)
- Durable medical equipment and medical supplies
- Emergency room and care
- Endoscopic services (all preventive and diagnostic)
- Evaluation and management office visits (primary care, specialists and urgent care)
- Genetic testing
- Hearing evaluation and audiology testing (to age 21)
- Home health services
- Hospice services
- Imaging (CT/PET scans and MRIs)—preventive and diagnostic
- Immunizations
- In-hospital physician visits/consultations
- Infusion therapy
- Labs, X-rays and medical tests (all preventive and diagnostic)
- Maternity—obstetrics, delivery, pre- and post-natal care
- Mental/behavioral health and substance abuse disorder inpatient and outpatient services (including biofeedback²)
- Organ transplants (including donor search)
- Organ transplant services (travel, meals, lodging and transportation)²
- Out-patient therapy (cardiac rehabilitation, chemotherapy, chiropractic services, occupational, physical, pulmonary, radiation, respiratory and speech)
- Physical rehabilitation (inpatient)
- Preventive services covered under the ACA
- Private duty nursing²
- Prostate specific antigen (PSA) (preventive and diagnostic)
- Room and board (semi-private room)
- Skilled nursing facility
- Sterilization—male and female (female covered under well women's preventive services)
- Surgery (inpatient, outpatient and ambulatory)
- Temporomandibular Joint Disease (TMJ)
- Vision—routine exam and hardware² (to age 19)
- Wigs (following cancer treatment)²

Ohio Non-Essential Health Benefits

Non-Essential Health Benefits are benefits that are not required to be covered under a plan.

- Abortions (elective)³
- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care—adults
- Dental orthodontia (cosmetic)—child
- Education and training (non-diabetic)
- Hearing aids/hearing aid evaluation/dispensing/fitting/repair/conformity
- Hearing evaluation and audiology testing for adults (age 21 and older)
- Hypnosis
- Infertility treatment
- Learning disability (not classified as mental health)
- Long-term care
- Non-emergency use of the emergency room³
- Non-emergency care when traveling outside the US
- Room and board (private room)
- Routine foot care
- Vision—routine eye exam and hardware—adult
- Weight loss programs

This document is intended to be a summary of benefits provided by each state's benchmark plans as required by the Affordable Care Act. These lists are subject to change upon issuance of additional regulations or guidance.

The implementation of Essential Health Benefits may not discriminate based on an individual's age, expected length of life, present or predicted disability, quality of life or other health conditions.

Footnotes

1. The 10 Essential Health Benefits categories are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness, and chronic disease management; and pediatric services, including oral and vision care (to age 19).
2. These benefits are not covered in the current pre-2014 Ohio individual products.
3. These benefits are covered in the current pre-2014 Ohio individual products.