



# MILLENNIUM UPDATE

## DECEMBER 2011: ESSENTIAL BENEFITS

RECENTLY, the Center for Consumer Information and Insurance Oversight (CCIIO) released an informational bulletin addressing the Essential Health Benefits required by the PPACA. The purpose of the bulletin is to provide information and solicit comments on the regulatory approach that the Department of Health and Human Services (HHS) plans to propose to define essential health benefits (EHB) under section 1302 of the Affordable Care Act.

The bulletin outlines the ten categories of "essential health benefits" that are required to be covered according to the PPACA. These requirements apply to large and small groups both inside and outside of the Affordable Insurance Exchanges.

### Categories of Essential Health Benefits

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance abuse disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care

### For More Information

The above information is excerpted from the 13-page bulletin released by the Center for Consumer Information and Insurance Oversight on December 16, 2011.

[Read the full bulletin here.](#)

OR, copy and paste this link into your navigation bar: [http://cciio.cms.gov/resources/files/Files2/12162011/essential\\_health\\_benefits\\_bulletin.pdf](http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf)

### Submit your Feedback!

Public input is welcome on this intended approach.

Please send comments on the bulletin by January 31, 2012 to: [EssentialHealthBenefits@cms.hhs.gov](mailto:EssentialHealthBenefits@cms.hhs.gov)