

Essential Health Benefit plans

Essential Health Benefit (EHB) plans are medical plans that always have a member out-of-pocket maximum, and may or may not have a deductible. Vision is just one component of an EHB plan. EHB plans, also known as ACA or Obamacare plans, require coverage of Dental, Vision, Rx and more for pediatric members. As a result, any out-of-pocket costs roll up to the medical out-of-pocket maximum and deductible, when applicable.

How to identify an EHB plan and determine if there is a deductible that gets applied first

An easy way to identify an EHB plan is to look at the **plan code listed on the benefit summary**. When reviewing member benefits on spectera.com:

- Look at the plan code on the top of the page, and if the plan code is 3 or 4 characters long it is an EHB plan

Once you identify the member has an EHB plan, you'll want to determine if it's a plan with or without a deductible. Again, you can do this by looking at the plan code.


- If the plan code starts with a D (e.g. – D99), you can assume that some portion of the member's benefit is dependent on a deductible

The member would receive the benefits listed on the benefit summary as long as:

- The member is eligible for benefits
- The member's age falls within the stated range
- The deductible for the service/material has been met

Member:
Date of Birth:
Subscriber ID:
Product Name: H2072
Plan Code: 123 
Please Note: Member must be eligible at date of service to receive benefit.



In Network Coverage	
Vision Care Services	Patient Responsibility (includes applicable copay)
Exam	\$10.00 
Selection Contact Lens Fit	Covered-in-Full for Ages 0-18
Frames	
Frames	Covered-in-Full for Ages 0-18 for Billed Amounts \$0.00-\$130.00
Frames	\$15.00 for Ages 0-18 for Billed Amounts \$130.01-\$160.00
Frames	\$25.00 for Ages 0-18 for Billed Amounts \$160.01-\$200.00
Frames	\$50.00 for Ages 0-18 for Billed Amounts \$200.01-\$250.00
Frames	40% of Allowed for Ages 0-18 for Billed Amounts \$250.01+

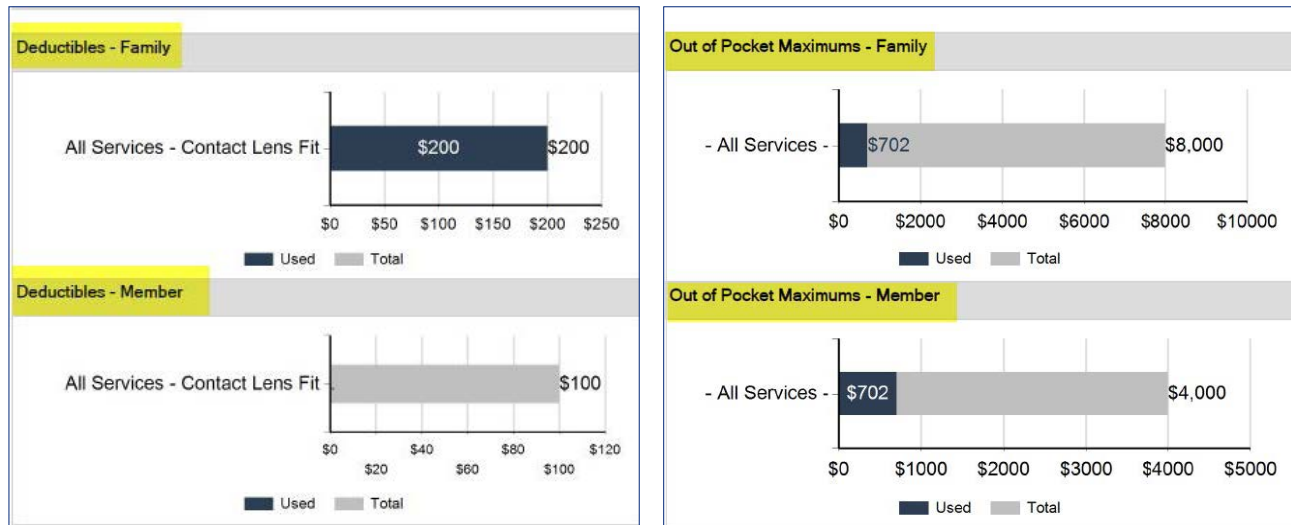
No age range for the exam so the member pays the copay regardless of age as long as he or she is eligible.

Understanding deductibles and out-of-pocket maximums

A deductible is the specified amount of money that the member must pay before the insurance coverage is enabled. The deductible is visible on the second or third page of the member's benefit summary and looks like the example below.

- "All Services – Contact Lens Fit" means that both the exam and materials are subject to the deductible for this plan
- You may also see "All Materials – Contact Lens Fit," which means only the materials are subject to the deductible

Note: The contact lens fit is always covered for EHB plans regardless of whether the deductible applies.



Since both Member and Family are shown in the examples above, this plan requires the member to hit their individual deductible or the family deductible before the benefits listed on the summary will be available.

- If the deductible **hasn't** been met, the member would pay the eligible expenses, typically your contracted rate, 100% out of pocket, based on the eligible coverage
 - Any out-of-pocket cost will accumulate toward the deductible/out-of-pocket max
- If the deductible **has** been met, then the plan details on the benefit summary provided to you will be applied (e.g., \$xx copay toward exam or for coinsurance, xx% of allowed for bifocal)

Out-of-pocket maximums, like deductibles, include the member's Medical, Rx, Vision and Dental claims. Once the member hits the out-of-pocket maximum, then the member gets 100% coverage on all plan components.

- For example, if a member had coinsurance of 50%, that would be ignored and the member would get their service covered in full

Items that are not part of the coverage would continue to be charged at 100% of the billed charges since there is no benefit towards that option.

- For example, because platinum progressives are not part of the plan coverage, the full cost of these lenses would be the member out-of-pocket cost

Note: If only the "Deductible – Member" chart is listed, then the member only has to meet the individual deductible shown. If the family deductible has been met, then the individual deductible doesn't have to be met. The plan coverage is available when either individual or family is met.

Frequently asked questions

Why does an adult – or someone over 18 – show coverage if they aren’t eligible?

A member’s EHB eligibility is based on the adult subscriber’s eligibility with one of UnitedHealthcare’s medical plans. As a result, we note that the coverage is only available up to a certain age.

Why do EHB plans have a different contact lens formulary?

The formulary for EHB plans was developed to meet the needs of the pediatric population. The lenses included on this formulary are traditionally better suited for wearers under the age of 19. This formulary should only be used if the member has EHB coverage listed on their benefit summary. If the benefit is not EHB, please refer to the contact lens formulary listed for vision plans. Both formularies can be found on spectera.com.

Note: If the member selects a contact lens that is not on the formulary, the contact lens purchase is 100% out of pocket for the member. There is no allowance that can be applied.

How do I read the plan grid?

The plan grid provided is a secondary source for you when working with EHB plans. These documents will have a “Y” or “N” to identify what part of the member’s benefit the deductible applies to.

- If there is a “Y,” then the deductible must be met prior to the benefit kicking in
- If the deductible hasn’t been met, then the member will pay based on the eligible expenses for the item and the out-of-pocket cost will then accumulate towards the deductible or out-of-pocket maximum

EXAM/FRAME BENEFITS		LENS BENEFIT/OPTIONS	
EXAM BENEFIT		EYEGLOSS LENS BENEFIT	
	Member Pays		Member Pays
Deductible applies	Y	Deductible applies	Y
Deductible amount remaining	Web/IVR	Deductible amount remaining	Web/IVR
Out of Pocket Maximum (OOPM) applies	Y	Out of Pocket Maximum (OOPM) applies	Y
OOPM Amount Remaining	Web/IVR	OOPM Amount Remaining	Web/IVR
Coinsurance	No Charge	Coinsurance	No Charge
Exam Copay	N/A	Lens Copay (SV/BF/TF)	N/A

For this plan, the member has to meet the deductible in order to receive the benefits on the benefit sheet. Prior to meeting the deductible, the member will pay your contracted amount out of pocket.