



ESSENTIAL HEALTH BENEFITS: PREMIUM ESTIMATES

Presented by Garen Corbett, MS

February 11, 2025

*Joint Informational Hearing
Assembly and Senate Health Committees
2027 Essential Health Benefits Benchmark Options*



CHBRP SNAPSHOT



Speed



**Delivering value directly
to the Legislature**



Rigor

CHBRP impacts policy by informing, educating, and supporting evidence-based decision-making with impartial and neutral analysis.

Key Caveats

- Analysis undertaken in less than two weeks
- Where possible, reliance was placed on prior work for CHBRP or similar coverage in other states
- We assumed no coverage of the benefits at baseline
- We have not performed a detailed comparison of Wakely's definition of these benefits to ours (though we have provided some responses to staff questions)

Analytic Approach

- Actuarial analysis was led by Milliman. Milliman, with long-term contracts with CHBRP, provides the actuarial services component of CHBRP reports, as required by statute.
- This analysis uses Milliman's Consolidated Health Sources Database (CHSD)
- For benefits that are already in other states' EHB plans, we looked at utilization levels from that state and then calculated unit costs from California
- For newer benefits that are still emerging in California and other states, we used estimates for unit cost and utilization to develop potential impacts

Results

- The following key fiscal impact table shows the expected plan paid per member per month (PMPM) impact of the various proposed EHB expanded benefits
- The estimated premium increase includes the estimated increase in plan paid for the benefit as well as an increase in non-benefit expenses (admin costs, etc).

Fiscal Estimates

Proposed EHB Benefit Expansion	Estimated Plan Paid PMPM Increase for Silver Plans	Estimated Premium Increase for Silver Plans
Hearing Aids	\$1.52	0.21%
Wigs	\$0.31	0.04%
Chiropractic care	\$0.78	0.11%
Durable medical equipment (DME) - General	\$1.64	0.23%
DME - Augmented communication devices	\$0.03	0.00%
DME - Neuromodulators	\$0.01	0.00%
Infertility	\$5.36	0.76%

PMPM = per member per month



STATE COMPARISON: ESSENTIAL HEALTH BENEFITS

Presented by An-Chi Tsou, PhD

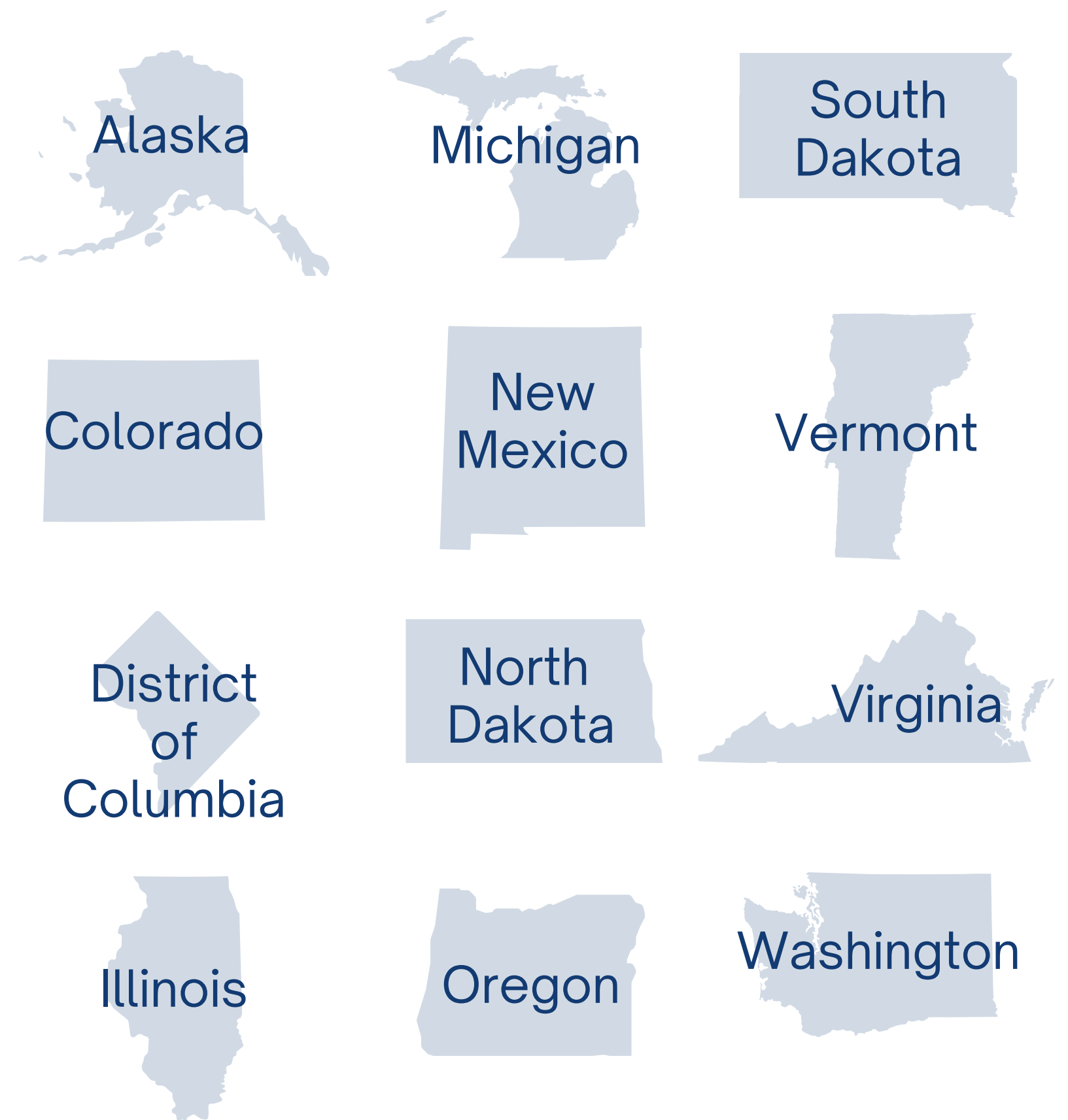
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Essential Health Benefits (EHBs) Benchmark Plan Updates Since 2020

- **Updated EHB benchmark plans:** 11 states and District of Columbia (DC)
- **Updated plan to include at least one benefit that California is considering:**
 - 5 states + DC
 - AK, DC, ND, OR, VT, WA

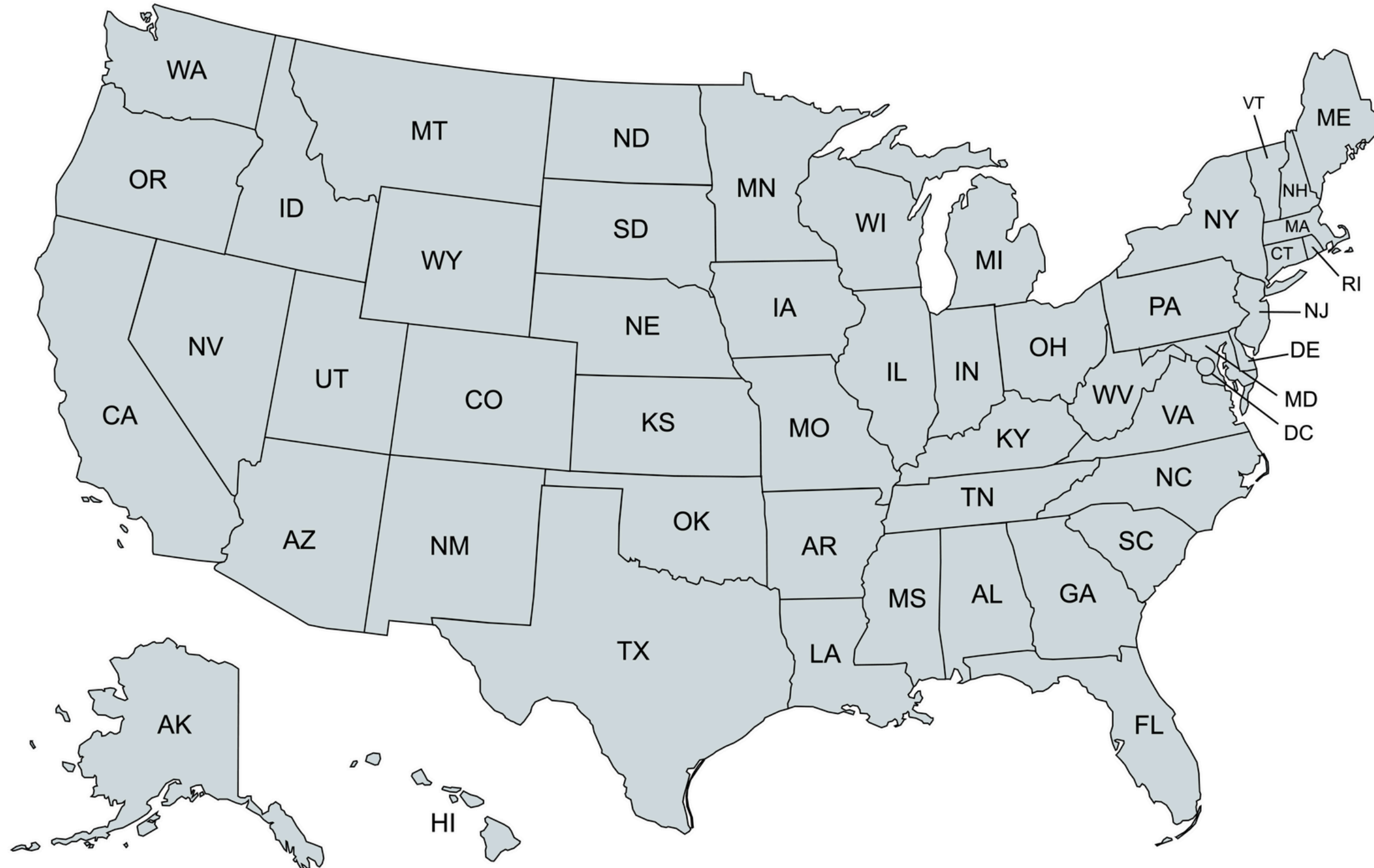


BENEFITS REVIEWED

- Adult dental
- Cranial prostheses
- Chiropractic care
- DME: Wheelchairs
- Hearing aids
- Infertility



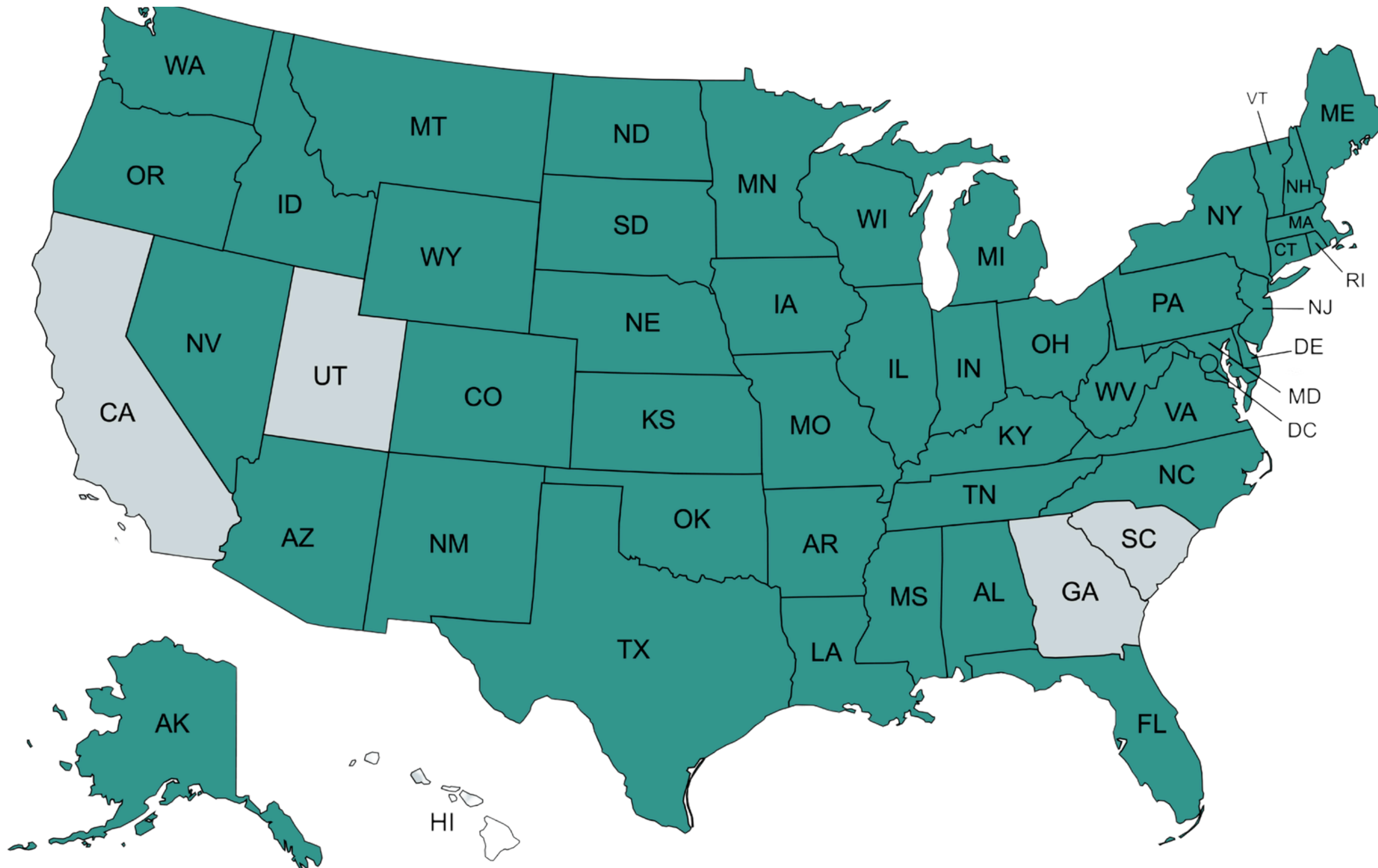
Adult Dental



- No states include adult dental as EHB

■ Adult dental considered EHB

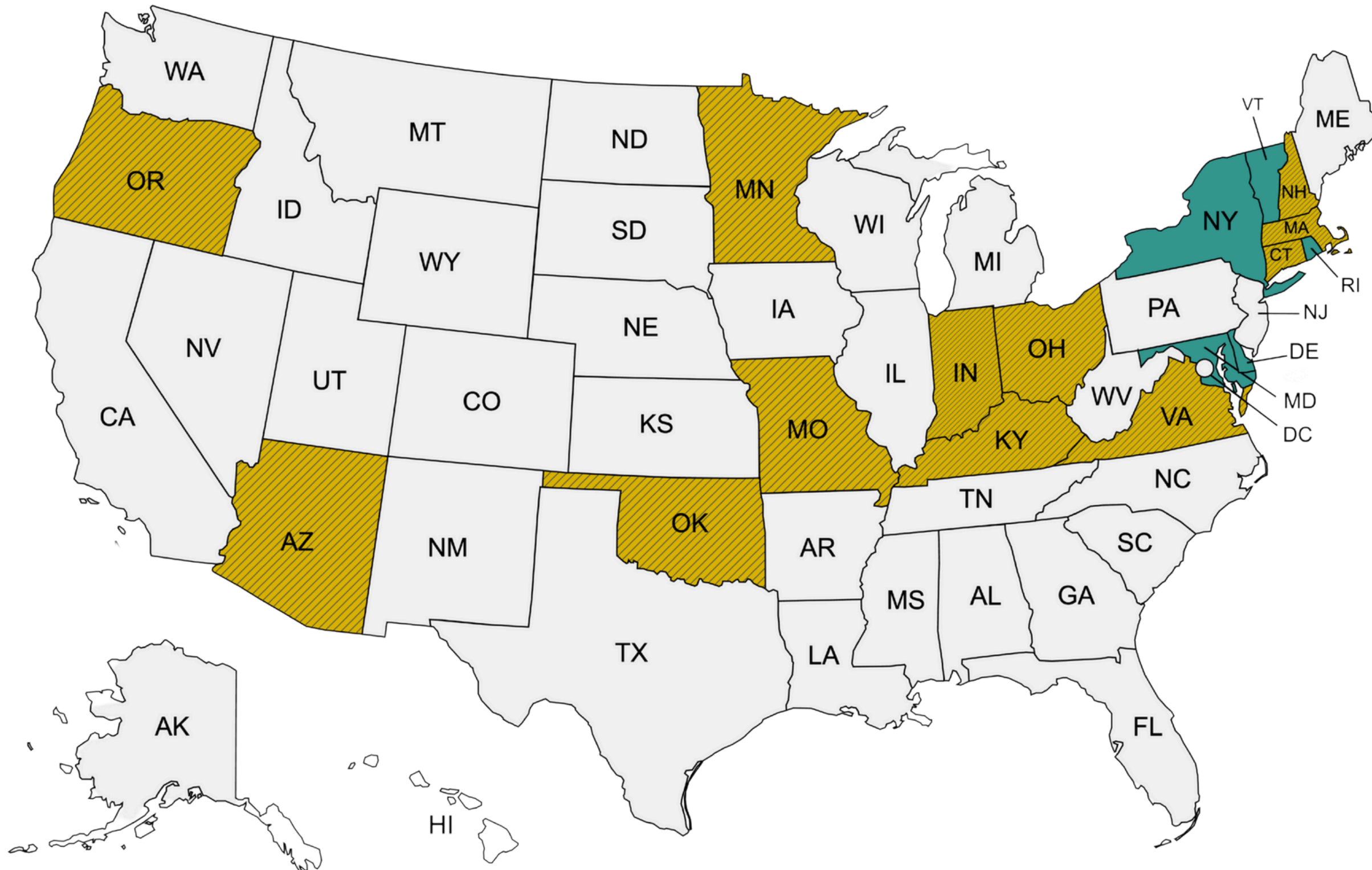
Chiropractic Care





- 45 states + DC
- Limits vary, but generally between 10 and 40 visits per benefit year

Chiropractic care considered EHB

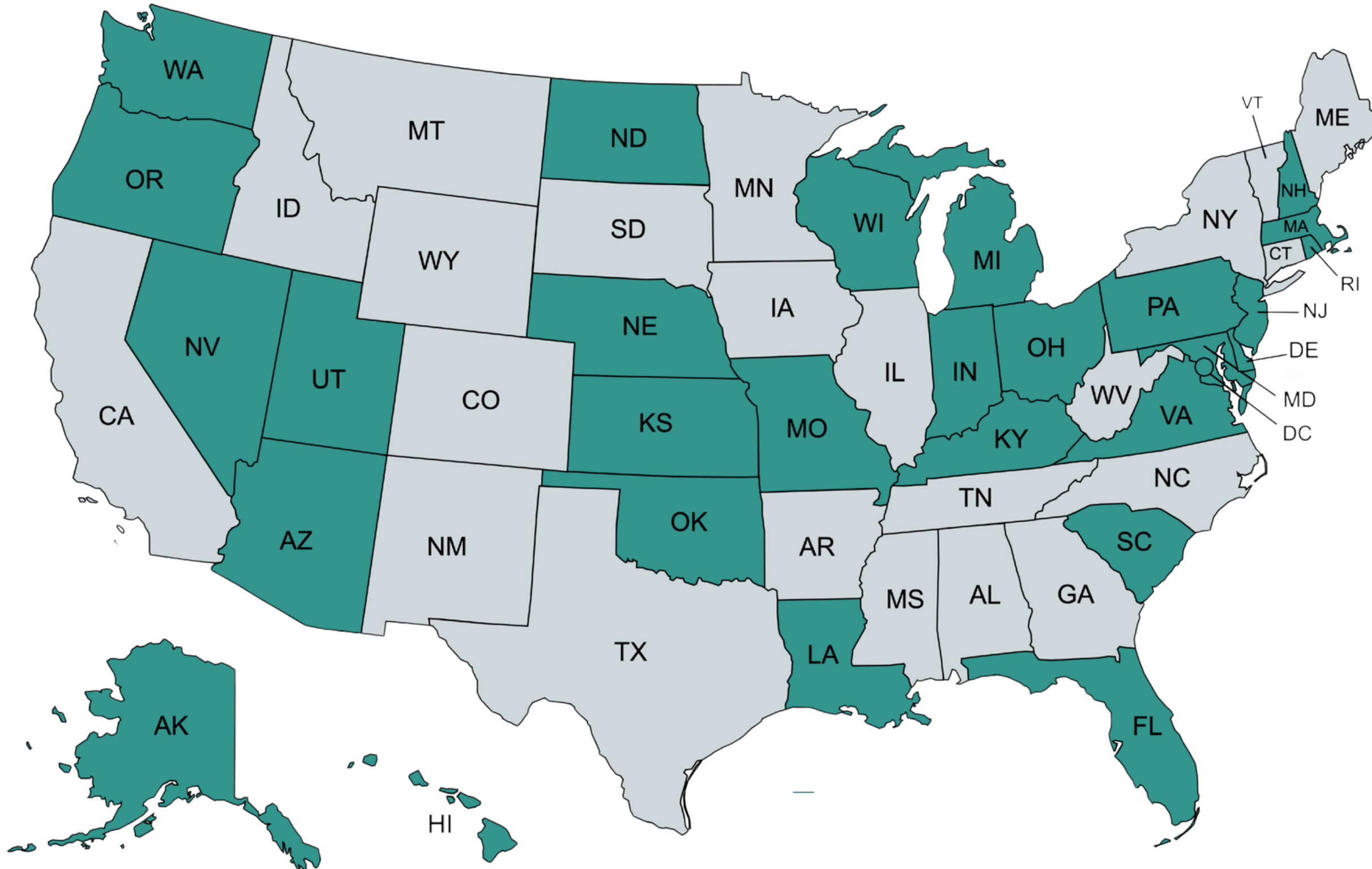
Cranial Prostheses



- 17 states
- Terms and conditions differ between states

-  Cranial prostheses considered EHB (5)
-  Cranial prostheses considered EHB; restrictions apply

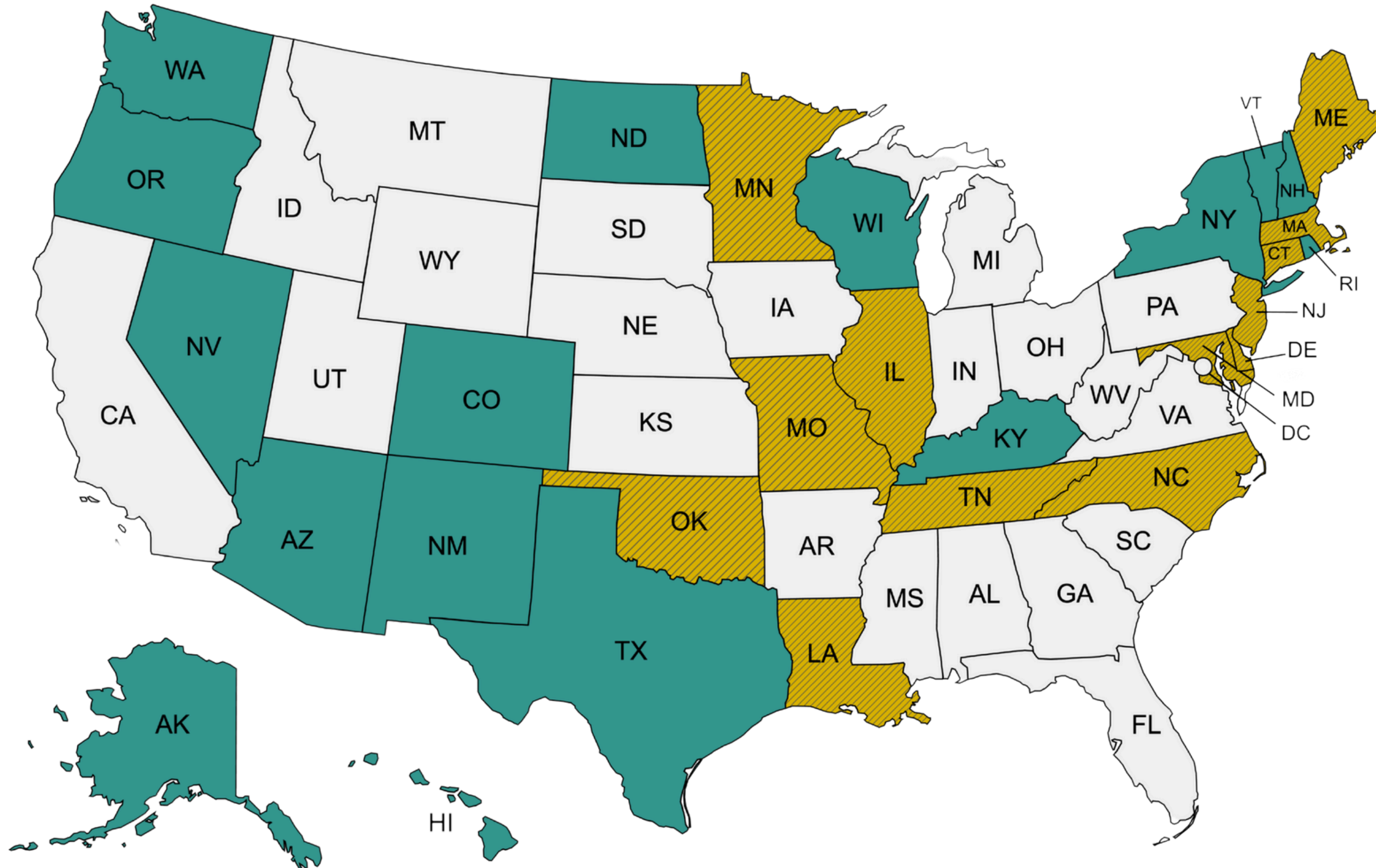
Durable Medical Equipment: Wheelchairs





- 28 states + DC
- Terms and conditions vary among states with coverage

Explicitly includes wheelchairs as a type of durable medical equipment under EHB benchmark plan

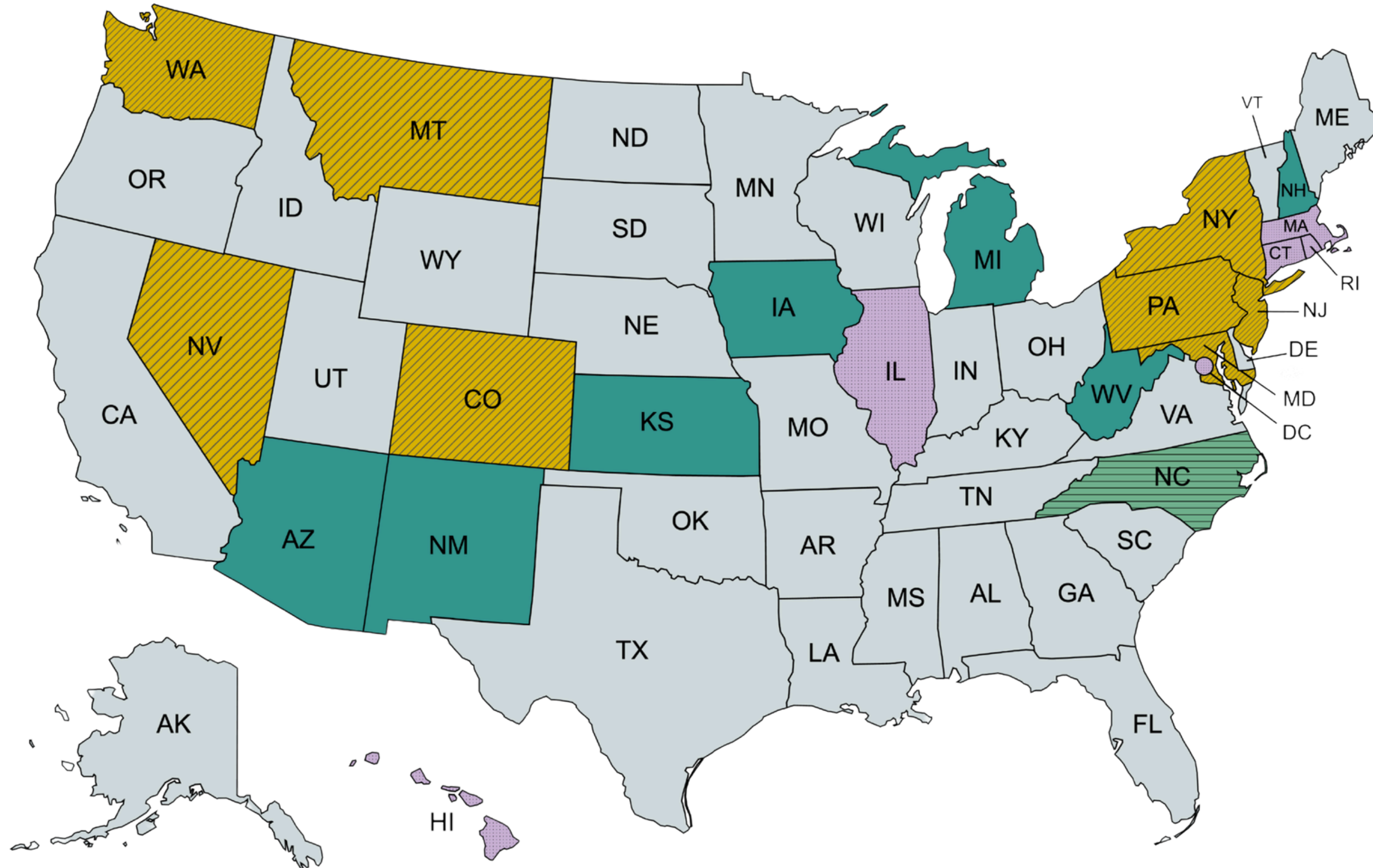
Hearing Aids



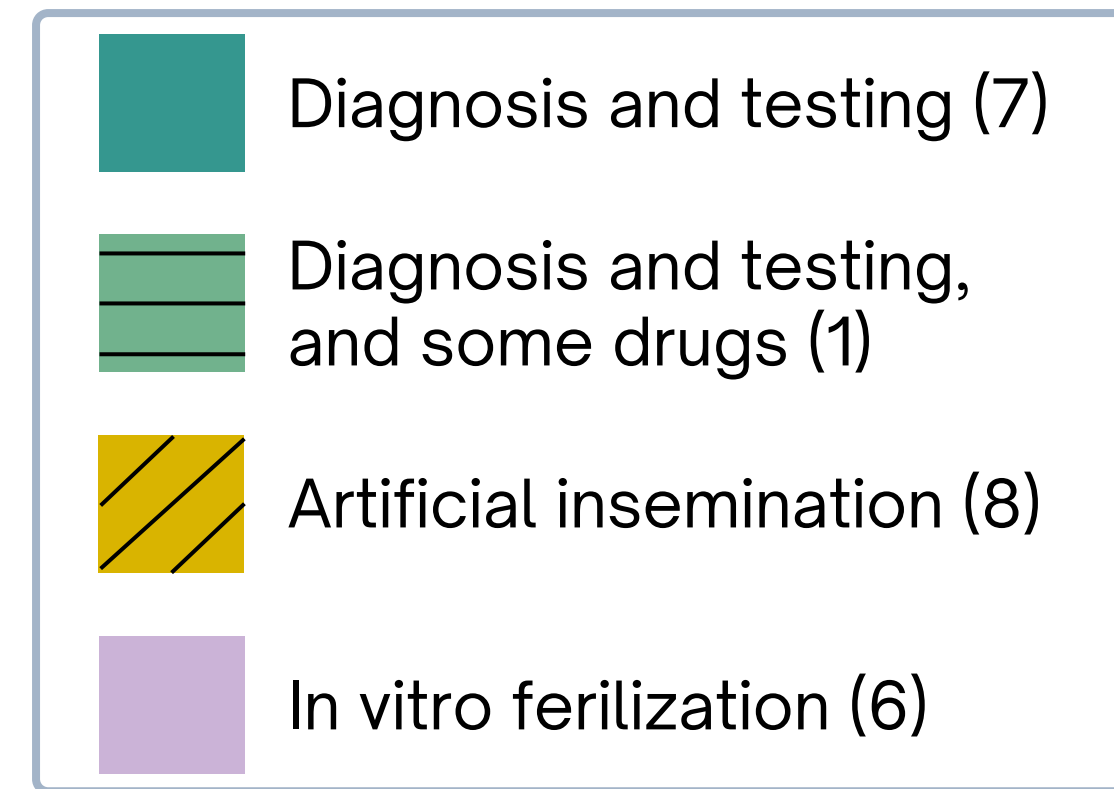
- All ages: 16 states
- Pediatric only: 13 states
- Annual exam typical
- 1 hearing aid / ear every 1-3 years
- May include cap in coverage

-  Hearing aids considered EHB; no age restriction
-  Pediatric hearing aids considered EHB

Infertility



- Diagnosis and testing may include treatment of cause of infertility
- Levels of coverage for advanced reproductive technology vary



Questions?

Contact for CHBRP: info@chbrp.org

***Source:** [Centers for Medicare & Medicaid Services, Information on Essential Health Benefits \(EHB\) Benchmark Plans, 2025.](#)*

Maps created with [mapchart.net](https://www.mapchart.net/).

Last updated: February 10, 2025