According to information on www.healthcare.gov

Essential Health Benefits:

A set of health care service categories that must be covered by certain plans, starting in 2014.

The Affordable Care Act defines essential health benefits to “include at least the following general categories and the items and services covered within the categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care."

Insurance policies must cover these benefits in order to be certified and offered in Exchanges, and all Medicaid State plans must cover these services by 2014.

Starting with plan years or policy years that began on or after September 23, 2010, health plans can no longer impose a lifetime dollar limit on spending for these services. All plans, except grandfathered individual health insurance policies, must phase out annual dollar spending limits for these services by 2014.

The Department of Health and Human Services is working with a number of partners to develop the essential health benefits package. In the fall of 2011, HHS will launch an effort to collect public comment and hear directly from all Americans who are interested in sharing their thoughts on this important issue.

The Affordable Care Act indicates that all newly eligibility adults (under the Medicaid expansion) will be guaranteed a minimum of the benchmark coverage, which meets the essential health benefits available through the Exchange plans.

The State of North Dakota will need to decide prior to January 2014 if the Medicaid Expansion population will receive the current Medicaid services (see attachment) or if the benefit package will be more consistent with the essential health benefits package.