**Issuer Essential Health Benefits (EHB) Crosswalk and Certification**

| **Benefit** | **Description and Location of Benefit in Issuer’s Policy** | **Description and Location of Corresponding Benefit in [INSERT STATE]’s Benchmark Plan (BP)** |
| --- | --- | --- |
| **The benefits included in [INSERT STATE]’s benchmark plan are “essential health benefits” (EHB) and must be included in all policies and plans offered in the individual and small group markets pursuant to 45 C.F.R. §§147.150 & 156.100 et. seq.****The issuer must complete and submit this Crosswalk and Certification for each policy filed for review.** |
| **[INSERT BENEFIT]** | See page \_\_ of \_\_\_\_\_\_\_\_. | See page \_\_ of BP. |
| **[INSERT BENEFIT]** | See page \_\_ of \_\_\_\_\_\_\_\_. | See page \_\_ of BP. |
| **[INSERT BENEFIT]** | See page \_\_ of \_\_\_\_\_\_\_\_. | See page \_\_ of BP. |

I, on behalf of [INSERT ISSUER], hereby certify, based on information and belief formed after reasonable inquiry, that (i) the statements and information contained herein are true, accurate and complete and (ii) all benefits included in [INSERT STATE]’s benchmark plan are included in the policy or policies filed by [INSERT ISSUER] for review and approval.

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Name:

Title:

Date: