



Maryland

INSURANCE ADMINISTRATION

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2000 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Essential Health Benefits Chart: Individual and Small Group Plans As of September 8, 2025

The federal Patient Protection and Affordable Care Act ("Affordable Care Act") requires that individual and small group plans (these plans are available for employers with 50 or fewer employees¹) that are not grandfathered plans² and that began or are renewed on or after January 1, 2014, provide certain benefits. These benefits, called "Essential Health Benefits," are summarized in the following chart. The Essential Health Benefits are subject to the limitations and exclusions that are set forth in federal and state law. An overview of these limitations and exclusions can be found in Maryland Insurance Administration Bulletins 13-01 and 15-33. For more details regarding the specific benefits that are covered by your plan or the plan that you are considering purchasing, ask the insurance company³ for a Summary of Benefits and Coverage. If you have a large employer plan (offered by an employer with more than 50 full-time employees) or a grandfathered individual plan, this chart does not apply to you. You should refer to Maryland's Mandated Benefits Chart, which can be found at www.insurance.maryland.gov or by calling (800) 492-6116.

¹ The number of employees is determined by adding the full-time employees (those working 30 hours per week) plus the number of full time equivalent employees. The number of full-time equivalent employees for a particular month is calculated by dividing the aggregate number of hours worked in that month by all employees who are not full-time employees and dividing the sum by 120.

² A grandfathered plan is any plan that was in existence on or prior to May 23, 2010, and has not substantively changed. (Substantive changes can include, for example, certain increases in copayments, coinsurance or deductibles.) To determine whether your plan is a grandfathered plan, contact your insurance company or review your insurance documents (plans are required to inform you whether your plan is a grandfathered plan).

³ In this brochure, the reference to "insurance company" includes insurers as well as health maintenance organizations and non-profit health service plans.

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Allergy Serum	Allergy Serum	Yes	Yes	
Ambulance Service	Ambulance services to or from the nearest hospital where needed medical services can appropriately be provided	Yes	Yes	
Bariatric Surgery	Surgical treatment of morbid obesity	Yes	Yes	Patient must meet clinical definition of morbid obesity.
Blood and Blood Products	All cost recovery expenses for blood, blood derivatives, components, biologics, and serums, to include autologous services, whole blood, red blood cells, plasma, immunoglobulin and albumin	Yes	Yes	
Breast Reconstructive Surgery and Breast Prostheses	Includes (1) reconstructive breast surgery, including coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with the diseased breast when reconstructive breast surgery is performed on the diseased breast; and (2) physical complications of all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and patient.	Yes	Yes	

⁴ The information in this chart does not apply to grandfathered individual plans.

⁵ The information in this chart does not apply to grandfathered small group plans.

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Cardiac Rehabilitation Benefits	Benefits for individuals who have been diagnosed with significant cardiac disease, or who have suffered a myocardial infarction, or have undergone invasive cardiac treatment immediately preceding referral for cardiac rehabilitation. Cardiac rehabilitation is a comprehensive program involving medical evaluation, prescribed exercise, cardiac risk factor modification, education and counseling. Benefits include: continuous EKG telemetric monitoring during exercise, EKG rhythm strip with interpretation, physician's revision of exercise prescription, and follow up examination for physician to adjust medication or change regimen; and increased outpatient rehabilitation services (physical therapy, speech therapy and occupational therapy) for cardiac rehabilitation.	Yes	Yes	The outpatient visits for cardiac rehabilitation are limited to 90 visits per therapy, per contract year. Exclusions applicable to cardiac rehabilitation – services must be provided at a place of service equipped and approved to provide cardiac rehabilitation. Benefits will not be provided for maintenance programs. Maintenance programs consist of activities that preserve the individual's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional progress is apparent or expected to occur.
Care in Medical Offices for Treatment of Illness or Injury	Care in medical offices for treatment of illness or injury	Yes	Yes	
Chiropractic Services	Chiropractic services	Yes	Yes	20 visits per condition per contractual year.

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Controlled Clinical Trials	<p>"Controlled clinical trial" means a treatment that is:</p> <ul style="list-style-type: none"> (a) Approved by an institutional review board; (b) Conducted for the primary purpose of determining whether or not a particular treatment is safe and efficacious; and (c) Approved by: <ul style="list-style-type: none"> (i) An institute or center of the National Institutes of Health, (ii) The U.S. Food and Drug Administration, (iii) The U.S. Department of Veterans' Affairs, (iv) The U.S. Department of Defense; (v) The Centers for Disease Control and Prevention; (vi) The Agency for Health Care Research and Quality; (vii) The Centers for Medicare and Medicaid Services; (viii) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or (ix) The U.S. Department of Energy 	Yes	Yes	
Diabetes Treatment, Equipment and Supplies	Diabetes equipment includes glucose monitoring equipment under the durable medical equipment coverage for insulin-using beneficiaries. Insulin pumps are included. Diabetes supplies include coverage for insulin syringes and needles and testing strips for glucose monitoring equipment under the prescription coverage for insulin-using beneficiaries.	Yes	Yes	
Durable Medical Equipment	Durable medical equipment, including nebulizers, peak flow meters, prosthetic devices such as leg, arm, back, or neck braces, artificial legs, arms, or eyes, and the training necessary to use these prostheses	Yes	Yes	

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Emergency Services	<p>“Emergency services” means, with respect to an emergency medical condition:</p> <ul style="list-style-type: none"> (a) A medical screening examination (as required under section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and (b) Such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)). 	Yes	Yes	
Family Planning Services	<p>Includes:</p> <ul style="list-style-type: none"> (a) Prescription contraceptive drugs or devices; (b) Coverage for the insertion or removal of contraceptive devices; (c) Medically necessary examination associated with the use of contraceptive drugs or devices; and (d) Voluntary sterilization. 	Yes	Yes	

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
General Anesthesia & Associated Hospital or Ambulatory Surgical Facility Services for Dental Care	<p>General anesthesia and associated hospital or ambulatory facility charges in conjunction with dental care provided to the following:</p> <ul style="list-style-type: none"> (a) Individuals who are 7 years old or younger or developmentally disabled and for whom a: <ul style="list-style-type: none"> (i) Successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual, or other medically compromising condition of the enrollee or insured; and (ii) Superior result can be expected from dental care provided under general anesthesia; (b) Individuals 17 years old or younger who: <ul style="list-style-type: none"> (i) Are extremely uncooperative, fearful, or uncommunicative; (ii) Have dental needs such as magnitude that treatment should not be delayed or deferred; and (iii) Are individuals for whom lack of treatment can be expected to result in oral pain, infection, loss of teeth, or other increased oral or dental morbidity. 	Yes	Yes	
Habilitative Services – Adults	Coverage for health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. For adults (those 19 and older), covers outpatient rehabilitative services provided through a carrier's managed care system; or when provided by a federally qualified health maintenance organization, the outpatient rehabilitation service coverage specified in 42 CFR § 417.101(a)(2)(iii).	Yes	Yes	A maximum of 30 physical therapy visits per condition per year; 30 speech therapy visits per condition per year; 30 occupational therapy visits per condition per year.
Habilitative Services - Children	Coverage for health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. For children up until the end of the month in which they turn 19 years old, includes medically necessary services for cleft lip and cleft palate, orthodontics, oral surgery, otologic, audiological, and speech therapy, physical therapy, and occupational therapy	Yes	Yes	Does not include habilitative services provided in early intervention and school services.

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Hair Prosthesis	Hair Prostheses for covered persons whose hair loss results from chemotherapy or radiation treatment for cancer	Yes	No	
Hearing Aids	Covered for each hearing-impaired ear, every 36 months	Yes	Yes	
Home Health Care Services	Covered as an alternative to otherwise covered services in a hospital or other related institution. Also includes for covered persons who receive less than 48 hours of inpatient hospitalization following a mastectomy or removal of a testicle or who undergo a mastectomy or removal of a testicle on an outpatient basis: <ul style="list-style-type: none"> (a) One home visit scheduled to occur within 24 hours after discharge from the hospital or outpatient health care facility; and (b) An additional home visit if prescribed by the covered person's attending physician. 	Yes	Yes	
Hospice	Hospice care services	Yes	Yes	
Infertility Services	Coverage for services obtained after diagnosis of infertility	Yes	Yes; but excludes in vitro fertilization	Small group plans exclude in vitro fertilization. In vitro fertilization is covered for individual plans.
Inpatient Hospital Services (e.g., Hospital Stay)	Inpatient hospital services (e.g. hospital stay). "Services" means a health care diagnosis, procedure, treatment or item.	Yes	Yes	
Inpatient Physician & Surgical Services	Inpatient physician and surgical services. "Services" means a health care diagnosis, procedure, treatment or item.	Yes	Yes	
Medical Food	Covered for persons with metabolic disorders when ordered by a health care practitioner qualified to provide diagnosis and treatment in the field of metabolic disorders	Yes	Yes	

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Mental Health & Substance Abuse	<p>A. Professional services by licensed, registered, or certified professional mental health and substance use practitioners when acting within the scope of their license, registration, or certification. Services include:</p> <ul style="list-style-type: none"> (1) Diagnostic evaluation; (2) Crisis intervention and stabilization for acute episodes; (3) Medication evaluation and management (pharmacotherapy); (4) Treatment and counseling (including individual or group therapy visits); (5) Diagnosis and treatment of alcoholism and drug abuse, including detoxification, treatment and counseling; (6) Professional charges for intensive outpatient treatment in a provider's office or other professional setting; (7) Electroconvulsive therapy; (8) Inpatient professional fees; (9) Outpatient diagnostic tests provided and billed by a licensed, registered, or certified mental health and substance abuse practitioner; (10) Outpatient diagnostic tests provided and billed by a laboratory, hospital or other covered facility; (11) Psychological and neuropsychological testing necessary to determine the appropriate psychiatric treatment. 	Yes	Yes	Services by pastoral or marital counselors; therapy for sexual problems; treatment for learning disabilities; treatment for intellectual disabilities; telephone therapy; travel time to the member's home to conduct therapy; services rendered or billed by schools, or halfway houses or members of their staffs; marriage counseling; and services that are not medically necessary may be excluded.

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Mental Health & Substance Abuse (continued)	<p>B. Inpatient hospital and inpatient residential treatment centers services, which includes:</p> <p>(1) Room and board, such as:</p> <p>(i) Ward, semi-private, or intensive care accommodations (Private room is covered only if medically necessary. If private room is not medically necessary, the contract covers only the hospital's average charge for semiprivate accommodations.);</p> <p>(ii) General nursing care;</p> <p>(iii) Meals and special diets.</p> <p>(2) Other facility services and supplies—services provided by a hospital or residential treatment center.</p> <p>C. Outpatient—services such as partial hospitalization or intensive day treatment programs.</p> <p>D. Emergency room—Outpatient services and supplies billed by a hospital for emergency room treatment.</p>			

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Nutritional Services	Benefits for unlimited medically necessary nutritional counseling provided by a licensed dietitian-nutritionist, physician, physician assistant or nurse practitioner for an individual at risk due to nutritional history, current dietary intake, medication use or chronic illness or condition. It also includes unlimited medical nutrition therapy provided by a licensed dietitian-nutritionist, working in coordination with a primary care physician, to treat a chronic illness or condition.	Yes	Yes	
Outpatient Hospital Services	Outpatient hospital services. "Services" means a health care diagnosis, procedure, treatment or item.	Yes	Yes	
Outpatient Laboratory & Diagnostic Services	Outpatient laboratory services. "Services" means a health care diagnosis, procedure, treatment or item.	Yes	Yes	
Outpatient Short-Term Rehabilitative Services	Physical, occupational, and speech therapy	Yes	Yes	30 visits per therapy per condition per contract year.
Patient Centered Medical Homes	<p>For individuals with chronic conditions, serious illnesses and complex health care needs who agree to participate in a patient centered medical home program. This includes associated costs for coordination of care, such as:</p> <ul style="list-style-type: none"> (a) Liaison services between the individual and the health care provider, nurse coordinator, and the care coordination team; (b) Creation and supervision of a care plan; (c) Education of the individual and family regarding the individual's disease, treatment compliance and self-care techniques; and (d) Assistance with coordination of care, including arranging consultations with specialists and obtaining medically necessary supplies and services, including community resources. 	Yes	Yes	

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Pediatric Dental	Covers children up to the end of the month in which they turn age 19. Periodic screening in accordance with the periodicity schedule developed by the American Academy of Pediatric Dentistry; and treatment of all dental services determined to be medically necessary for problems identified during screening or diagnostic evaluations. Benefits include diagnostic services, preventative services, restorative services, endodontic services, periodontic services, removable prosthodontics, maxillofacial prosthetics, fixed prosthodontics, orthodontics for children with severe dysfunctional, handicapping malocclusion, and adjunctive general services.	Yes	Yes	<p>Not required if the carrier discloses that the plan does not include pediatric dental essential health benefits, and:</p> <ul style="list-style-type: none"> For MHBE Plans: Carrier must also disclose that stand-alone dental plans are offered through the Exchange. Non-MHBE Plans: The purchaser has indicated the name of the carrier from whom s/he has obtained stand-alone dental coverage that includes pediatric EHB on the required form.
Pediatric Vision	Covers children up to the end of the month in which they turn age 19. One routine eye examination, including dilation if professionally indicated, each year; one pair of prescription eyeglass lenses each year; one frame each year; in lieu of eyeglasses, one pair of contact lenses, or multiple pairs of disposable contact lenses each year; and low vision services, including one comprehensive low vision evaluation every 5 years, 4 follow-up visits in any 5-year period, and prescribed optical devices, such as high-power spectacles, magnifiers and telescopes.	Yes	Yes	
Pregnancy & Maternity	Covers pregnancy and maternity services, including birthing classes and abortion.	Yes	Yes (Abortion benefit may not apply to certain religious employer plans)	Birthing classes are limited to one course per pregnancy.
Prescription Drugs	Includes prescription drugs and insulin. Must permit a 90- day supply for a maintenance drug (except for first prescription of the maintenance drug).	Yes	Yes	

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Preventive Services	<p>Covered with no cost sharing (deductibles, copayment amounts or cost-sharing).</p> <p>(1) Except as provided below, evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force;</p> <p>(2) Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;</p> <p>(3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and</p> <p>(4) With respect to women, to the extent not described in item (1) above, evidence-informed preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</p> <p>For the purposes of item (1) above, recommendations of the United States Preventive Services Task Force regarding breast cancer screening, mammography, and prevention issued in or around November 2009 are not considered to be current.</p> <p>For the purposes of item (2) above, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention is considered to be in effect after it has been adopted by the director of the Centers for Disease Control and Prevention considered to be for routine use if it is listed on the immunization schedules of the Centers for Disease Control and Prevention.</p>	Yes	Yes	

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Prostate Cancer Screening	<p>Covered with no cost sharing (deductibles, copayment amounts or coinsurance) a medically recognized diagnostic examination which shall include a digital rectal exam and a blood test called the prostate-specific antigen (PSA) test:</p> <ul style="list-style-type: none"> <li data-bbox="418 323 1104 388">(a) for men who are between forty (40) and seventy-five (75) years of age; <li data-bbox="418 404 1104 502">(b) when used for the purpose of guiding patient management in monitoring the response to prostate cancer treatment; <li data-bbox="418 518 1104 584">(c) when used for staging in determining the need for a bone scan for patients with prostate cancer; or, <li data-bbox="418 600 1104 665">(d) when used for male Members who are at high risk for prostate cancer. 	Yes	Yes	
Pulmonary Rehabilitation	Pulmonary rehabilitation benefits for individuals who have been diagnosed with significant pulmonary disease.			<p>Limited to one (1) program per lifetime.</p> <p>Services must be provided at a place of service equipped and approved to provide pulmonary rehabilitation services.</p> <p>Benefits will not be provided for maintenance programs. Maintenance programs consist of activities that preserve the individual's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional progress is apparent or expected to occur.</p>

BENEFIT	DESCRIPTION OF BENEFIT	INDIVIDUAL PLANS ⁴	SMALL GROUP PLANS ⁵	COMMENTS
Services Approved by a Carrier's Case Management Program	Case management is a form of utilization review used with high cost cases to monitor and manage treatment and suggest appropriate medical services.	Yes	Yes	
Skilled Nursing Facility	<p>“Skilled nursing facility” means an institution, or a distinct part of an institution, licensed by the Department of Health, which is:</p> <p>(a) Primarily engaged in providing:</p> <p>(i) Skilled nursing care, and related services, for residents who require medical or nursing care, or</p> <p>(ii) Rehabilitation services for the rehabilitation of injured, disabled, or sick persons; and</p> <p>(b) Certified by the Medicare Program as a skilled nursing facility.</p>	Yes	Yes	Maximum of 100 days per contract year.
Transplants	Covers all solid organ and non-solid organ transplant procedures. Benefit includes the cost of hotel lodging and air transportation for the recipient individual and a companion (or the recipient individual and two companions if the recipient individual is under the age of 18 years) to and from the site of the transplant.	Yes	Yes	The transplant must be medically necessary and non-experimental/investigational.
Wellness Benefit	A health risk assessment that is completed by each individual on a voluntary basis; and written feedback to the individual who completes a health risk assessment, with recommendations for lowering risks identified in the completed health risk assessment.	Yes	Yes	

DISCLAIMER: The information in this chart is provided for informational purposes only and is not intended as legal advice or legal analysis. If you have a question as to whether a specific service or healthcare product is required to be covered, you should seek the advice of independent legal counsel.