



**RESOLUTION OF THE EXECUTIVE BOARD  
DISTRICT OF COLUMBIA  
HEALTH BENEFIT EXCHANGE AUTHORITY**

**To approve an Essential Health Benefit (EHB) Benchmark Plan for 2017.**

**WHEREAS**, the Health Benefit Exchange Authority Establishment Act of 2011, effective March 4, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*) (“Act”) created the District of Columbia Health Benefit Exchange Authority (“HBX”), an independent authority of the Government of the District of Columbia, and its governing Executive Board;

**WHEREAS**, §7 of the Act (D.C. Official Code §31-3171.06(a)) states that the HBX Executive Board shall have the powers necessary to carry out the functions authorized by the Federal Act and consistent with the purposes of HBX;

**WHEREAS**, Section 104a(a) of the Federal Health Reform Implementation and Omnibus Amendment Act of 2014, effective May 2, 2015 (D.C. Law 20-265; 62 DCR 6636), states the Commissioner of the Department of Insurance, Securities and Banking, with the approval of the HBX Executive Board shall select the EHB benchmark plan pursuant to Section 1302 of the Affordable Care Act.

**WHEREAS**, 45 C.F.R. §156.100 requires states to select a new 2017 EHB Benchmark Plan from ten options identified in federal regulations;

**WHEREAS**, 45 C.F.R. §156.100 provides that if a state does not select a 2017 EHB Benchmark Plan, a default identified by the federal government would become effective for 2017;

**WHEREAS**, §8 of the Act (D.C. Official Code §31-3171.07(c)(6)) authorizes HBX to solicit the recommendations of, and consult with, the HBX Standing Advisory Board on any policy or operational issue within the HBX Executive Board’s discretion;

**WHEREAS**, the HBX Standing Advisory Board with a diverse membership of consumer groups, a physician, a small business, an insurer, a broker, and others, met in public on May 21 and June 3, 2015 and received written and oral public input on selection of an EHB benchmark for plan year 2017;

**WHEREAS**, on June 3, 2015, after discussion and review of the benefits, comparison of different plans, and consideration of public input, the Standing Advisory Board reached a unanimous consensus recommendation on selecting the largest small group health plan as the EHB benchmark for plan year 2017;

**NOW, THEREFORE, BE IT RESOLVED** that the HBX Executive Board hereby adopts the consensus recommendation from the HBX Standing Advisory Board:

Pursuant to Department of Insurance, Securities and Banking statute §31-3311.03(a), the HBX Executive Board approves GHMSI Blue Preferred PPO \$1,000 – 100%/80% as the EHB benchmark for plan year 2017.

**I HEREBY CERTIFY** that the foregoing Resolution was adopted on this 8th day of June 2015, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

\_\_\_\_\_  
Khalid Pitts, Secretary/Treasurer  
District of Columbia Health Benefits Exchange Authority

\_\_\_\_\_  
Date