



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

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Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

The state/territory otherwise provides for payment of premiums.

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

The Premium Assistance Program is available to any Medicaid-eligible recipient with qualifying group or individual market health insurance premiums meeting the cost-effectiveness criteria as set forth on Attachment 4.22-C in the State's approved Medicaid state plan.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

More details about the State's Premium Assistance program can be found at Attachment 4.22-C.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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