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EHB Benchmark Plan Process

This document outlines the process and timeline to review and evaluate Vermont’s essential health benefits (EHB) benchmark plan for the individual and small group markets. Information about Vermont’s current benchmark plan is included in Appendix A.

Statutory and Regulatory Framework

The Affordable Care Act requires health plans in the individual and small group markets to cover essential health benefits (EHB), which include items and services in the following ten benefit categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. Federal regulations define EHB based on a state selected EHB “benchmark plan.”¹

The Centers for Medicare and Medicaid Services (CMS) issues guidance about the EHB benchmark plan selection process. Under CMS’s original EHB rules, states were required to select a benchmark plan for the 2014 plan year and to reevaluate their selection on a regular basis. Current rules do not require states to revisit their benchmark plan selection; however, if a state chooses to make a change, CMS provides three options from which to select an EHB benchmark plan:²

- **Option 1:** Selecting the EHB benchmark plan that another state used for the 2017 plan year.
- **Option 2:** Replacing one or more categories of EHBs under its EHB benchmark plan used for the 2017 plan year with the same category or categories of EHB from the EHB benchmark plan that another State used for the 2017 plan year.
- **Option 3:** Otherwise selecting a set of benefits that would become the State’s EHB benchmark plan.

Under each of these three options, the new EHB benchmark plan also must comply with additional requirements, including scope of benefits requirements, under 45 CFR 156.111(b).

¹ 45 CFR 156.100 et seq

² 45 CFR 156.111(a)

Vermont Jurisdiction

Vermont has codified the federal requirements into state law. Plans in Vermont’s merged individual and small group market (generally, qualified health plans) must provide the “essential benefits package required by Section 1302(a) of the Affordable Care Act.”³

The Green Mountain Care Board (GMCB) has jurisdiction to review and approve, with recommendations from the Department of Vermont Health Access (DVHA), the benefit packages for qualified health plans.⁴

The Agency of Human Services Office of Health Care Reform, in collaboration with DVHA and the Department of Financial Regulation (DFR), coordinates the review process, stakeholder involvement, and presentations to the GMCB.

Initiation of Benchmark Plan Review

The timeline for changing the EHB benchmark plan, if a state chooses to do so, is governed by federal rules as detailed below. The process takes several years and requires significant planning and support, including actuarial services.

A change to the EHB benchmark plan could be prompted through: (1) periodic review of the plan, (2) a legislative mandate to reevaluate EHB, or (3) state initiative to address an emerging health care reform priority.

Vermont’s preference is to address potential EHB changes through a periodic review of the plan, with AHS, in coordination with DVHA and DFR, commissioning a market study to analyze benefit gaps and project the impact of benefit changes. This study may take place independently or in coordination with Vermont’s Household Health Insurance Survey.

Required Cost Defrayal and State Reporting

A related topic to essential health benefits is the federal requirement that states defray the cost of “additional required benefits” in qualified health plans. In general, updating the EHB benchmark plan should not implicate these federal defrayal requirements.

Federal regulations require states to pay for health insurance benefit mandates enacted after 2011.⁵ Specifically, CMS considers a benefit required by state action taking place on or after January 1, 2012 to be “in addition to the essential health benefits.” These “additional required benefits” are subject to defrayal requirements, meaning the state must make payments to issuers or enrollees to defray the cost of the added benefits.

Questions have arisen about the interaction between the EHB benchmark plan process and the defrayal requirements. CMS has issued guidance clarifying that benefits added through a benchmark plan update are not subject to defrayal.⁶

³ 33 VSA 1806(b)(1)(A)

⁴ 18 VSA 9375(b)(9)

⁵ 45 CFR 155.170

⁶ <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQ-Defrayal-State-Benefits.pdf>

This means that implementing health insurance benefit mandates outside of the EHB benchmark plan process (e.g. through legislative mandate) should be considered in the context of the State’s potential financial responsibility.

Vermont has not implemented additional required benefits subject to defrayal. All of Vermont’s state mandated benefits were in place before 2012.⁷ (Note that cost sharing requirements for existing benefits do not trigger defrayal.) DFR submits Vermont’s annual reporting of state mandated benefits to CMS.⁸

Selection of EHB Benchmark Plan

Proposals to change or to select a new EHB benchmark plan must be submitted to CMS for approval in spring of the second year prior to implementation of the new plan; for example, submitted in April 2023 for implementation January 1, 2025. The table below describes required steps, timeframes, and roles and responsibilities.

Timeframe	Process Step Description	Process Owner
Year 1	Market study/Analyze desired change to EHB benchmark plan (e.g. adding a covered service)	AHS
Year 1	Secure budget funding for actuarial analysis and proposal submission to CMS	AHS
Fall	Conduct stakeholder meetings	AHS
Year 2		
Fall	Initiate actuarial analysis	AHS in consultation with DFR
Year 2		
Winter	Prepare EHB benchmark plan proposal	AHS/DVHA
Year 2-3		
March	Presentation of proposed EHB benchmark plan change to GMCB	AHS/DVHA
Year 3		
March	Public comment period	GMCB
Year 3		
March - April	Revisions to proposal (if needed)	AHS
Year 3		
March – April	GMCB approval of Proposal	GMCB

⁷ See list of mandated benefits at https://downloads.cms.gov/cciio/State%20Required%20Benefits_VT.PDF

⁸ 45 CFR 156.111(f)

Year 3		
April Year 3	Finalize proposal and all required reporting	AHS (supported by actuary)
April - May Year 3	Submission to CMS	AHS
~Fall Year 3	Approval from CMS	CMS
Fall - Winter Year 3-4	Internal/external communication	DVHA & Plan Design Stakeholder Group
Winter Year 4	Incorporate new EHB benchmark plan changes into plan designs	Issuers/DFR/DVHA
February Year 4	Present plan designs to GMCB for approval (incorporating new EHB benchmark plan components)	DVHA
January 1 Year 5	Revised EHB benchmark plan in effect	

Appendix A

Vermont's EHB Benchmark Plan:

The EHB benchmark plan in Vermont since 2014 is the Blue Cross Blue Shield CDHP-HMO plan.

<https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#Vermont>

VERMONT 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	The Vermont Health Plan, LLC
Product Name	CDHP – HMO
Plan Name	Silver CDHP Plan
Supplemented Categories (Supplementary Plan Type)	None

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				
Specialist Visit	Yes	Covered	No				
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	No				The following services provided by a Hospice Provider and included in its bill: to two skilled nursing visits per day; up to 100 hours per month of home health aide services for personal care services only; up to 100 hours per month of homemaker services for house cleaning, cooking, etc.; up to five days or 120 hours of continuous care services in your home; up to 72 hours per month of Respite Care services; up to six social service visits before the patient's death and up to two bereavement visits following the patient's death (for counseling and emotional support, assessment of social and emotional factors related to the patient's condition, assistance in resolving problems, assessment of financial resources, and use of available community resources); and other Medically Necessary services. We only provide benefits if a Physician certifies that the illness has a prognosis of six months life expectancy or less, or if the patient and the Physician consent to the Hospice care plan.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No				
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	No				
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	No				
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	Yes	Covered	No				Must be medically necessary and requires prior approval.
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	No				Prior approval is required for inpatient services and acute care must be received in the Skilled Nursing Facility.
Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				
Specialty Drugs	Yes	Covered	No				
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Quantitative limit applies to all therapy session types combined.
Habilitation Services	Yes	Covered	No				
Chiropractic Care	Yes	Covered	No				
Durable Medical Equipment	Yes	Covered	No				Prior approval is required for equipment amounting to more than \$500.
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	No	Not Covered	No				Exclusion does not apply to treatment for diabetes.
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Year		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Year		
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Quantitative limit applies to all therapy session types combined.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Quantitative limit applies to all therapy session types combined.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				Must be medically necessary.
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Covered	No				
Transplant	Yes	Covered	No			No benefits are available if donor is covered but not the recipient.	
Accidental Dental	Yes	Covered	No				
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				
Prosthetic Devices	Yes	Covered	No				
Infusion Therapy	Yes	Covered	No				
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				Surgery requires prior approval.
Nutritional Counseling	Yes	Covered	Yes	3	Visit(s) per Benefit Period		Quantitative limit does not apply for counseling involved in the treatment of diabetes.
Reconstructive Surgery	Yes	Covered	No				

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	20
Analgesics	Opioid Analgesics, Long-acting	11
Analgesics	Opioid Analgesics, Short-acting	12
Anesthetics	Local Anesthetics	3
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	3
Antibacterials	Aminoglycosides	5
Antibacterials	Antibacterials, Other	17
Antibacterials	Beta-lactam, Cephalosporins	10
Antibacterials	Beta-lactam, Other	2
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	5
Antibacterials	Quinolones	10
Antibacterials	Sulfonamides	5
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	4
Anticonvulsants	Calcium Channel Modifying Agents	4
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	4
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	7
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	8
Antidepressants	Monoamine Oxidase Inhibitors	4
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	11
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	10
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	21
Antigout Agents	No USP Class	6
Anti-inflammatory Agents	Glucocorticoids	26
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	20
Antimigraine Agents	Ergot Alkaloids	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	3
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	7
Antimyasthenic Agents	Parasympathomimetics	3
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	10
Antineoplastics	Alkylating Agents	4
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	3
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	3
Antineoplastics	Molecular Target Inhibitors	15
Antineoplastics	Monoclonal Antibodies	1
Antineoplastics	Retinoids	3
Antiparasitics	Anthelmintics	4
Antiparasitics	Antiprotozoals	11
Antiparasitics	Pediculicides/Scabicides	6
Antiparkinson Agents	Anticholinergics	3
Antiparkinson Agents	Antiparkinson Agents, Other	3
Antiparkinson Agents	Dopamine Agonists	4
Antiparkinson Agents	Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors	2
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	9
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	4
Antivirals	Anti-cytomegalovirus (CMV) Agents	2
Antivirals	Anti-hepatitis B (HBV) Agents	7
Antivirals	Anti-hepatitis C (HCV) Agents	7
Antivirals	Antitherpetic Agents	5
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	5
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	12
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors	9
Antivirals	Anti-influenza Agents	4

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	0
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	7
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	22
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	8
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	6
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	8
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	10
Cardiovascular Agents	Beta-adrenergic Blocking Agents	13
Cardiovascular Agents	Calcium Channel Blocking Agents	9
Cardiovascular Agents	Cardiovascular Agents, Other	4
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	2
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibrin Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	8
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	7
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	6
Dental and Oral Agents	No USP Class	8
Dermatological Agents	No USP Class	86
Enzyme Replacement/ Modifiers	No USP Class	7
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	4

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	10
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	3
Gastrointestinal Agents	Laxatives	4
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	6
Genitourinary Agents	Antispasmodics, Urinary	7
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	9
Genitourinary Agents	Genitourinary Agents, Other	7
Genitourinary Agents	Phosphate Binders	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	31
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	8
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	7
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	1
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)	No USP Class	5
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)	No USP Class	3
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Parathyroid)	No USP Class	3
Hormonal Agents, Suppressant (Pituitary)	No USP Class	7
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	1
Immunological Agents	Immune Suppressants	18
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	15
Inflammatory Bowel Disease Agents	Aminosaliclates	3
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	14
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Ophthalmic Agents	Ophthalmic Agents, Other	20
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	10
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	18
Ophthalmic Agents	Ophthalmic Anti-inflammatories	11
Otic Agents	No USP Class	8

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	11
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	7
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	10
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	6
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	6
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	2
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	3
Sleep Disorder Agents	Sleep Disorders, Other	5
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	6
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	5
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0