### Alternative Benefit Plan Populations

Identify and define the population that will participate in the Alternative Benefit Plan.

**Alternative Benefit Plan Population Name:** Childless Adults up to 133% FPL

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

**Eligibility Groups Included in the Alternative Benefit Plan Population:**

<table>
<thead>
<tr>
<th>Eligibility Group: Adult Group</th>
<th>Enrollment is mandatory or voluntary?</th>
<th>Mandatory</th>
</tr>
</thead>
</table>

Enrollment is available for all individuals in these eligibility group(s). Yes

**Geographic Area**

The Alternative Benefit Plan population will include individuals from the entire state/territory. Yes

Any other information the state/territory wishes to provide about the population (optional)

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**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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TN No: 13-0032
Ohio

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Approval Date: 12/16/2013
Effective Date: 1/01/2014