Employer Name:	Oak Lawn Community High School District #229
Employer State of Situs:	Illinois
Name of Issuer:	BlueCross BlueShield of Illinois
Plan Marketing Name:	Blue Advantage HMO, HMO Illinois, BlueEdge HSA plan and PPO plan
Plan Year:	2021

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	X
2	Allergy Injections and Testing	Ambulatory	Pg. 11	X
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	X
4	Durable Medical Equipment	Ambulatory	Pg. 13	X
5	Hospice	Ambulatory	Pg. 28	X
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	X
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	X
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	X
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Covered on PPOs; Not covered on HMO
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	X
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	X
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	X
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	X
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	X
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	X
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	X
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	X
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	X
19	Skilled Nursing Facility	Hospitalization	Pg. 21	X
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	X
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	X
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	X
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	X
26	Tele-Psychiatry	MH/SUD	Pg. 11	X
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	X
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	X
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	X
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	X
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	X
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	X
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	X
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	X
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	X
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	X
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	X
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	X
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	X
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	X

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.