| Employe | r Name: McMahon Excavating (Example) | | | | | | |
|---|---|---|---|---|--|--|--|
| Employe | ployer State of Situs: | | | | | | |
| Name o | me of Issuer: Midwest Operating Engineers | | | | | | |
| Plan Marketing Name: OHC Plan | | | | | | | |
| Plan Year: 2022 | | | | | | | |
| | Ten (10) Essential Health Benefit (EHB) Categories: | | | | | | |
| - Emerg - Hospit - Labora - Menta - Pediat - Pregna - Prescri - Preven | atory patient services (outpatient care you get without ency services alization (like surgery and overnight stays) tory services I health and substance use disorder (MH/SUD) services, ric services, including oral and vision care (but adult der ency, maternity, and newborn care (both before and aft ption drugs naise and wellness services and chronic disease manager ilitative and habilitative services and devices (services a | including behavioral health treatment (this incl ntal and vision coverage aren't essential health k er birth) ment nd devices to help people with injuries, disabilit | penefits) ies, or chronic conditions gain or recover m | ental and physical | | | |
| Item | 2020-2022 Illinois Essential EHB Benefit | Health Benefit (EHB) Listing EHB Category | g (P.A. 102-0630) Benchmark Page # Reference | Midwest Operation Engineers OHC Plan | | | |
| 1 | Accidental Injury Dental | Ambulatory | Pgs. 10 & 17 | Yes | | | |
| 2 | Allergy Injections and Testing | Ambulatory | Pg. 11 | Yes | | | |
| 3 | Bone anchored hearing aids | Ambulatory | Pgs. 17 & 35 | Yes | | | |
| 4 | Durable Medical Equipment | Ambulatory | Pg. 13 | Yes | | | |
| 5 | Hospice | Ambulatory | Pg. 28 | Yes | | | |

| 6 | Infertility (Fertility) Treatment | Ambulatory | Pgs. 23 - 24 | No |
|----|---|--------------------------------|---------------------------------------|-----|
| O | intertity (Pertity) Treatment | Ambulatory | Pgs. 23 - 24 Pg. 21 | NO |
| 7 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Ambulatory | rg. 21 | Yes |
| 8 | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory | Pgs. 15 - 16 | Yes |
| 9 | Private-Duty Nursing | Ambulatory | Pgs. 17 & 34 | Yes |
| 10 | Prosthetics/Orthotics | Ambulatory | Pg. 13 | Yes |
| 11 | Sterilization (vasectomy men) | Ambulatory | Pg. 10 | Yes |
| 12 | Temporomandibular Joint Disorder (TMJ) | Ambulatory | Pgs. 13 & 24 | Yes |
| 13 | Emergency Room Services (Includes MH/SUD Emergency) | Emergency services | Pg. 7 | Yes |
| 14 | Emergency Transportation/ Ambulance | Emergency services | Pgs. 4 & 17 | Yes |
| 15 | Bariatric Surgery (Obesity) | Hospitalization | Pg. 21 | Yes |
| 16 | Breast Reconstruction After Mastectomy | Hospitalization | Pgs. 24 - 25 | Yes |
| 17 | Reconstructive Surgery | Hospitalization | Pgs. 25 - 26, & 35 | Yes |
| 18 | Inpatient Hospital Services (e.g., Hospital Stay) | Hospitalization | Pg. 15 | Yes |
| 19 | Skilled Nursing Facility | Hospitalization | Pg. 21 | Yes |
| 20 | Transplants - Human Organ Transplants (Including transportation & lodging) | Hospitalization | Pgs. 18 & 31 | Yes |
| 21 | Diagnostic Services | Laboratory services | Pgs. 6 & 12 | Yes |
| 22 | Intranasal opioid reversal agent associated with opioid prescriptions | MH/SUD | Pg. 32 | No |
| 23 | Mental (Behavioral) Health Treatment (Including Inpatient Treatment) | MH/SUD | Pgs. 8 -9, 21 | Yes |
| 24 | Opioid Medically Assisted Treatment (MAT) | MH/SUD | Pg. 21 | No |
| 25 | Substance Use Disorders (Including Inpatient Treatment) | MH/SUD | Pgs. 9 & 21 | Yes |
| 26 | Tele-Psychiatry | MH/SUD | Pg. 11 | Yes |
| 27 | Topical Anti-Inflammatory acute and chronic pain medication | MH/SUD | Pg. 32 | Yes |
| 28 | Pediatric Dental Care | Pediatric Oral and Vision Care | See AllKids Pediatric Dental Document | Yes |
| 29 | Pediatric Vision Coverage | Pediatric Oral and Vision Care | Pgs. 26 - 27 | No |

| 30 | Maternity Service | Pregnancy, Maternity, and Newborn Care | Pgs. 8 & 22 | Yes |
|----|--|--|-----------------------------|-----|
| 31 | Outpatient Prescription Drugs | Prescription drugs | Pgs. 29 - 34 | Yes |
| 32 | Colorectal Cancer Examination and Screening | Preventive and Wellness Services | Pgs. 12 & 16 | Yes |
| 33 | Contraceptive/Birth Control Services | Preventive and Wellness Services | Pgs. 13 & 16 | Yes |
| 34 | Diabetes Self-Management Training and Education | Preventive and Wellness Services | Pgs. 11 & 35 | Yes |
| 35 | Diabetic Supplies for Treatment of Diabetes | Preventive and Wellness Services | Pgs. 31 - 32 | Yes |
| 36 | Mammography - Screening | Preventive and Wellness Services | Pgs. 12, 15, & 24 | Yes |
| 37 | Osteoporosis - Bone Mass Measurement | Preventive and Wellness Services | Pgs. 12 & 16 | Yes |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services | Pg. 16 | Yes |
| 39 | Preventive Care Services | Preventive and Wellness Services | Pg. 18 | Yes |
| 40 | Sterilization (women) | Preventive and Wellness Services | Pgs. 10 & 19 | Yes |
| 41 | Chiropractic & Osteopathic Manipulation | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13 | Yes |
| 42 | Habilitative and Rehabilitative Services | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35 | Yes |

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.