

Employer Name:	Stan Koch & Sons Trucking
Employer State of Situs:	MN
Name of Issuer:	BlueCross BlueShield of MN
Plan Marketing Name:	Aware \$4,000 Copay
Plan Year:	4/1/2024-3/31/2025

### 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)

## 2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes - additional restrictions may apply
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes - additional restrictions may apply
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes - additional restrictions may apply
5	Hospice	Ambulatory	Pg. 28	Yes - additional restrictions may apply
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes - additional restrictions may apply
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes - additional restrictions may apply
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes - additional restrictions may apply
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes - additional restrictions may apply

11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes - additional restrictions may apply
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes - additional restrictions may apply
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes - to the nearest facility by ground or air
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes - additional restrictions may apply
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes - additional restrictions may apply
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes - additional restrictions may apply
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes - additional restrictions may apply
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes - additional restrictions may apply
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes - additional restrictions may apply
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes - additional restrictions may apply
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes - additional restrictions may apply
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes - additional restrictions may apply
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes - additional restrictions may apply
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes - additional restrictions may apply
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes - additional restrictions may apply
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes - additional restrictions may apply
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes - additional restrictions may apply
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes - additional restrictions may apply
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 - additional restrictions may apply

35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes - additional restrictions may apply
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes - additional restrictions may apply
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes - additional restrictions may apply
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes - additional restrictions may apply
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes - additional restrictions may apply
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes - additional restrictions may apply
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes - additional restrictions may apply
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes - additional restrictions may apply

***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.***