

Employer Name: All ACTIN Plans	
Employer State: Illinois	
Name of Issuer: All ACTIN Client Companies	
Plan Marketing Name: ACTIN	
Plan Year: 2022	

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

2020-2022 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
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	NO
4	Durable Medical Equipment	Ambulatory	Pg. 13	YES
5	Hospice	Ambulatory	Pg. 28	YES
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	PARTIAL: Treatment is limited to services required to treat or correct the underlying causes of infertility, when such treatment is Medically Necessary and cures the condition, alleviates the symptoms, slows the harm, or maintains the current health status of the Covered Individual.
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	YES
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	YES
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	NO
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	YES
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	YES
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Partial: Treatment is limited to orthognatic surgery for the management of refractory temporomandibular joint disease in patients with persistent pain or functional limitations (jaw locking severe enough to interfere with activities of daily living), who have structural anatomic pathology (e.g., internal derangement of the temperomandibular/articular disc complex) causing symptoms that do not respond to more than three (3) to six (6) months of initial management.
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	YES
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	YES

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	NO
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	NO
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.