

Employer Name:	Rural Champaign County Special Education Cooperativie
Employer State of Situs:	Illinois
Name of Issuer:	Health Alliance
Plan Marketing Name:	POSC + 2000
Plan Year:	2022

**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	Yes, under Oral Surgery
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Cochlear implants covered when medically necessary.
4	Durable Medical Equipment	Ambulatory	Pg. 13	Select (see PA list)
5	Hospice	Ambulatory	Pg. 28	Yes, covered
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes (PA required)
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes - facility fee applies
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes, covered
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Not covered
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Covered under DME (PA required)
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes, covered
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes, covered up to plan year/lifetime max
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Emergency Services covered, copayment
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Covered if determined to be medically necessary
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Covered. Not covered on HMO
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes, covered
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes, covered
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes, covered
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes, covered
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes, covered
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes, covered

22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes, covered
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes, covered
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes, covered
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes, covered
26	Tele-Psychiatry	MH/SUD	Pg. 11	Telehealth is covered
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Topical cream covered
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Covered. Not covered under HMO
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Covered. Not covered under HMO
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes, covered
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Not covered
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes, covered
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes, covered
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes, covered
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes, covered
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes, covered
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes, covered
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes, covered
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes, covered
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes, covered
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes, covered
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes, covered

*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.*