**USA Midwest Province of the Society of Jesus**

**All Savers**

**1/1/22 through 12/31/22**

**Background**

The state of Illinois passed the Consumer Coverage Disclosure Act (CCDA) in 2021. The law requires employers in Illinois that provide group health insurance coverage to provide their employees with a comparison of the group covered benefits with the essential health insurance benefits (EHB) required of individual health insurance coverage regulated by the state of Illinois.

**Disclosure**

The state of Illinois requires that upon hire, annually thereafter and upon request of the employee this disclosure be made available. Acceptable forms of disclosure include emails to employes or posting the information on a website that the employee is able to regularly access.

**EHB Categories**

The ten (10) EHB categories are listed below for your reference.

1. Ambulatory patient services (outpatient care you get without being admitted to a hospital)
2. Emergency services
3. Hospitalization (like surgery and overnight stays)
4. Laboratory services
5. Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
6. Pediatric services, including oral and vision care (but adult dental and vision coverage aren’t essential health benefits)
7. Pregnancy, maternity, and newborn care (both before and after birth)
8. Prescription drugs
9. Preventive and wellness services and chronic disease management
10. 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)

**Compliance**

In the pages that follow, you will find the comparison that is required. A template of all benefits required by EHB has been attached along with an acknowledgment of whether our plan covers each specific EHB. Note that in some cases, the EHB is covered, but may apply to your deductible.