

2020-2022 UnitedHealthcare Level Funded Illinois Situs Essential Health Benefits (EHB) Listing

The following information is a template for what is standardly covered in the Illinois Summary Plan Description (SPD). This applies to groups with the following criteria.

- Groups situated in Illinois Only.
- Does NOT apply to grandfathered plans.

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Yes
2	Allergy Injections and Testing	Ambulatory	Yes
3	Bone anchored hearing aids	Ambulatory	Yes
4	Durable Medical Equipment	Ambulatory	Yes
5	Hospice	Ambulatory	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Yes ¹
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Yes
9	Private-Duty Nursing	Ambulatory	No
10	Prosthetics/Orthotics	Ambulatory	Yes ²
11	Sterilization (vasectomy men)	Ambulatory	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Yes
17	Reconstructive Surgery	Hospitalization	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Yes
19	Skilled Nursing Facility	Hospitalization	Yes ³
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Yes ⁴
21	Diagnostic Services	Laboratory services	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Yes ⁵
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Yes
26	Tele-Psychiatry	MH/SUD	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	No

¹ Infertility coverage added to plans offered by groups with an Illinois situs state beginning with 9/1/2021 effective dates for plan codes ending with the suffix "21".

² Excluding foot/shoe orthotics. Benefits will be provided for a supportive device for the body or a part of the body, head, neck or extremities, including but not limited to, leg, back, arm and neck braces. In addition, benefits will be provided for adjustments, repairs or replacement of the device because of a change in your physical condition, as Medically Necessary.

³ Limited to 60 days.

⁴ Limited to Center of Excellence.

⁵ Benefits will be provided for at least one intranasal opioid reversal agent prescription for initial prescriptions of opioids with dosages of 50 MME or higher.

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Item	EHB Benefit	EHB Category	Employer Plan Covered Benefit?
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Yes
36	Mammography - Screening	Preventive and Wellness Services	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Yes
39	Preventive Care Services	Preventive and Wellness Services	Yes
40	Sterilization (women)	Preventive and Wellness Services	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Yes - Limited
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Yes - Limited

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.

Illinois Consumer Coverage Disclosure Act of 2021 is regulated by the Illinois Department of Labor (DOL), and it is specifically an employment/labor law – not an insurance law. It applies to both self-funded (ASO), Level Funded and Fully Insured plans that are sponsored by employer groups that have employees that work in Illinois, regardless of the sponsoring health plan employer has a business address in that state.

UnitedHealthcare Level Funded will not be completing the disclosure notice for Level Funded customers with Illinois residents. The sample notice includes standard coverage for groups with a situs state of Illinois. The Summary Plan Description (SPD) is to be used to make a final determination of compliance.