Employer Name:	LIMRiCC (Library Insurance Management and Risk Control Combination)
Employer State of Situs:	Illinois
Name of Issuer:	LIMRiCC (Library Insurance Management and Risk Control Combination)
Plan Marketing Name:	BlueCross BlueShield of Illinois - PPO 1500
Plan Year:	2027

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)

2020-2027 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* (please refer to plan documents for exclusions)
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes* (please refer to plan documents for exclusions)
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes* (please refer to plan documents for exclusions)
5	Hospice	Ambulatory	Pg. 28	Yes* (please refer to plan documents for exclusions)
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes* (please refer to plan documents for exclusions)
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes* (please refer to plan documents for exclusions)
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes* (please refer to plan documents for exclusions)
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes* (please refer to plan documents for exclusions)
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes* (please refer to plan documents for exclusions)
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes* (please refer to plan documents for exclusions)
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes* (please refer to plan documents for exclusions)
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes* (please refer to plan documents for exclusions)
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes* (please refer to plan documents for exclusions)
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes* (please refer to plan documents for exclusions)
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes* (please refer to plan documents for exclusions)
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes* (please refer to plan documents for exclusions)
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes* (please refer to plan documents for exclusions)
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes* (please refer to plan documents for exclusions)
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes* (please refer to plan documents for exclusions)

21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes* (please refer to plan documents for exclusions)
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes* (please refer to plan documents for exclusions)
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes* (please refer to plan documents for exclusions)
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes* (please refer to plan documents for exclusions)
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes* (please refer to plan documents for exclusions)
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes* (please refer to plan documents for exclusions)
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes* (please refer to plan documents for exclusions)
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No - may be covered by a separate dental plan
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No - may be covered by a separate vision plan
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes* (please refer to plan documents for exclusions)
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes* (please refer to plan documents for exclusions)
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes* (please refer to plan documents for exclusions)
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes* (please refer to plan documents for exclusions)
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes* (please refer to plan documents for exclusions)
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes* (please refer to plan documents for exclusions)
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes* (please refer to plan documents for exclusions)
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes* (please refer to plan documents for exclusions)
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes* (please refer to plan documents for exclusions)
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes* (please refer to plan documents for exclusions)
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes* (please refer to plan documents for exclusions)
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes* (please refer to plan documents for limitations)
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes* (please refer to plan documents for exclusions)

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.