

Employer Name:	All Egyptian Trust Participating Districts
Employer State of Situs:	Illinois
Name of Trust:	Egyptian Area Schools Employee Benefit Trust
Claim Administrator:	Blue Cross Blue Shield of Illinois
Health Plan(s):	Applicable to all health plans offered by the Egyptian Trust
Plan Year (September-August):	2022-2023

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 IL Essential Health Benefit (EHB) Listing (P.A. 102-0630)			Egyptian Trust Plan Covered Benefit? ⁽¹⁾	Additional Note
Item	EHB Benefit	EHB Category		
1	Accidental Injury -- Dental	Ambulatory	Y	
2	Allergy Injections and Testing	Ambulatory	Y	
3	Bone anchored hearing aids	Ambulatory	Y	
4	Durable Medical Equipment	Ambulatory	Y	
5	Hospice	Ambulatory	Y	
6	Infertility (Fertility) Treatment	Ambulatory	Y	
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Y	
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Y	
9	Private-Duty Nursing	Ambulatory	Y	Covered in outpatient settings only.
10	Prosthetics/Orthotics	Ambulatory	Y	
11	Sterilization (vasectomy men)	Ambulatory	Y	
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Y	
13	Emergency Room Services (Incl. MH/SUD Emergency)	Emergency services	Y	
14	Emergency Transportation/ Ambulance	Emergency services	Y	
15	Bariatric Surgery (Obesity)	Hospitalization	Y	
16	Breast Reconstruction After Mastectomy	Hospitalization	Y	
17	Reconstructive Surgery	Hospitalization	Y	Procedures for cosmetic purposes are excluded.
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Y	
19	Skilled Nursing Facility	Hospitalization	Y	
20	Transplants - Human Organ Transplants (Incl. transportation & lodging)	Hospitalization	Y	
21	Diagnostic Services	Laboratory services	Y	
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Y	
23	Mental (Behavioral) Health Treatment (Incl. Inpatient Treatment)	MH/SUD	Y	
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Y	
25	Substance Use Disorders (Incl. Inpatient Treatment)	MH/SUD	Y	
26	Tele-Psychiatry	MH/SUD	Y	
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Y	

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28	Pediatric Dental Care	Pediatric Oral and Vision Care	N	Coverage limited to dental screening services only as required by federal law.
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	N	Coverage limited to vision screening services only as required by federal law.
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Y	
31	Outpatient Prescription Drugs	Prescription drugs	Y	
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Y	
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Y	
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Y	
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Y	
36	Mammography - Screening	Preventive and Wellness Services	Y	
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Y	
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Y	
39	Preventive Care Services	Preventive and Wellness Services	Y	
40	Sterilization (women)	Preventive and Wellness Services	Y	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative & Habilitative Services and Devices	Y	Limited to calendar year maximum of \$750.
42	Habilitative and Rehabilitative Services	Rehabilitative & Habilitative Services and Devices	Y	

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.

⁽¹⁾ Egyptian Trust health plan coverage for all services listed is subject to medical necessity and plan limitations may apply. Pre-authorization is required for certain services. Contact the BCBS-IL BVA at 1-855-686-8517 for more details or review the medical plan documents available on www.egtrust.org.