

Illinois State Law Imposes Group Health Coverage Disclosure

2024 Illinois Essential Health Benefit (EHB)

- Ambulatory Patient Services (Outpatient Care)
- Emergency Services
- Hospitalization
- Laboratory Services
- Mental Health/Substance Abuse (Including Behavioral Health)
- Pediatric Oral and Vision Care
- Pregnancy, Maternity and Newborn Care
- Prescription Drugs
- Preventive and Wellness Services (Chronic Disease Management)
- Rehabilitative and Habilitative Services and Devices

Essential Health Benefits	Covered
Ambulatory Patient Services (Outpatient Care)	
Accidental Injury - Dental	Yes
Allergy Injections and Testing	Yes
Bone A8:A29 anchored hearing aids	Yes
Durable Medical Equipment	Yes
Hospice	Yes
Infertility (Fertility) Treatment	Yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes
Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Yes
Private-Duty Nursing	Yes
Prosthetics/Orthotics	Yes
Sterilization (vasectomy men)	Yes
Temporomandibular Joint Disorder (TMJ)	Yes
Emergency Services	
Emergency Room Services (Includes MH/SUD Emergency)	Yes
Emergency Transportation/ Ambulance	Yes
Hospitalization	
Bariatric Surgery (Obesity)	Yes
Breast Reconstruction After Mastectomy	Yes
Reconstructive Surgery	Yes
Inpatient Hospital Services (e.g., Hospital Stay)	Yes
Skilled Nursing Facility	Yes
Transplants - Human Organ Transplants (Including transportation & lodging)	Yes
Laboratory Services	
Diagnostic Services	Yes

Disclaimer- this is not a guarantee of benefits. Individuals should contact their carrier to confirm coverage and pre-authorizations requirements. Applies to Groups with IL employees that are located in Illinois



Illinois State Law Imposes Group Health Coverage Disclosure

Mental Health/Substance Abuse (Including Behavioral Health)	
Intranasal opioid reversal agent associated with opioid prescriptions	Yes
Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	Yes
Opioid Medically Assisted Treatment (MAT)	Yes
Substance Use Disorders (Including Inpatient Treatment)	Yes
Tele-Psychiatry	Yes
Topical Anti-Inflammatory acute and chronic pain medication	Yes
Pediatric Oral and Vision Care	
Pediatric Dental Care	No
Pediatric Vision Coverage	No
Pregnancy, Maternity and Newborn Care	
Maternity Service	Yes
Prescription Drugs	
Outpatient Prescription Drugs	Yes
Preventive and Wellness Services (Chronic Disease Management)	
Colorectal Cancer Examination and Screening	Yes
Contraceptive/Birth Control Services	Yes
Diabetes Self-Management Training and Education	Yes
Diabetic Supplies for Treatment of Diabetes	Yes
Mammography - Screening	Yes
Osteoporosis - Bone Mass Measurement	Yes
Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Yes
Preventive Care Services	Yes
Sterilization (women)	Yes
Rehabilitative and Habilitative Services and Devices	
Chiropractic & Osteopathic Manipulation	Yes
Habilitative and Rehabilitative Services	Yes

Disclaimer- this is not a guarantee of benefits. Individuals should contact their carrier to confirm coverage and pre-authorizations requirements. Applies to Groups with IL employees that are located in Illinois