

Illinois DOL **Essential Health Benefit Listing**

Employer Name	East West Bank
Employer State of Situs	CA
Name of Issuer	Blue Shield of CA
Plan Marketing Name	HMO and PPO
Plan Year	2025 / 2026

Ten (10) Essential Health Benefit (EHB) Categories:

Ambulatory patient services (outpatient care you get without being admitted to a hospital)

- Ambulance
- 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 - 2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Ref	Employer Plan Covered Benefit?
1	Accidental Injury Dental	Ambulatory	10 & 17	Υ
2	Allergy Injections and Testing	Ambulatory	11	Υ
3	Bone-Anchored Hearing Aids	Ambulatory	17 & 35	Υ
4	Durable Medical Equipment	Ambulatory	13	Υ
5	Hospice	Ambulatory	28	Υ

Item	EHB Benefit	EHB Category	Benchmark Page # Ref	Employer Plan Covered Benefit?
6	Infertility (Fertility) Treatment	Ambulatory	23-24	Υ
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	21	Υ
8	Outpatient Surgery Physician / Surgical Services (Ambulatory Patient Services)	Ambulatory	15-16	Υ
9	Private-Duty Nursing	Ambulatory	17 & 34	Υ
10	Prosthetics / Orthotics	Ambulatory	13	Υ
11	Sterilization (Vasectomy Men)	Ambulatory	10	Υ
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	13 & 24	Υ
13	Emergency Room Services (Includes MH / SUD Emergency)	Emergency Services	7	Υ
14	Emergency Transportation / Ambulance	Emergency Services	4 & 17	Υ
15	Bariatric Surgery (Obesity)	Hospitalization	21	Υ
16	Breast Reconstruction After Mastectomy	Hospitalization	24-25	Υ
17	Reconstructive Surgery	Hospitalization	25-26, 35	Υ
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	15	Υ
19	Skilled Nursing Facility	Hospitalization	21	Υ
20	Transplants - Human Organ Transplants (Including Transportation & Lodging)	Hospitalization	18 & 31	N
21	Diagnostic Services	Laboratory Services	6 & 12	Υ
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH / SUD	32	Y

Item	EHB Benefit	EHB Category	Benchmark Page # Ref	Employer Plan Covered Benefit?
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH / SUD	8-9, 21	Υ
24	Opioid Medically Assisted Treatment (MAT)	MH / SUD	21	Υ
25	Substance Use Disorders (Including Inpatient Treatment)	MH / SUD	9 & 21	Υ
26	Tele-Psychiatry	MH / SUD	11	Υ
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication	MH / SUD	32	Υ
28	Pediatric Dental Care	Pediatric Oral & Vision	See All Kids Pediatric Dental Doc	N
29	Pediatric Vision Coverage	Pediatric Oral & Vision	26-27	N
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	8 & 22	Υ
31	Outpatient Prescription Drugs	Prescription Drugs	29-34	Υ
32	Colorectal Cancer Examination and Screening	Preventative & Wellness Services	12 & 16	Υ
33	Contraceptive / Birth Control Services	Preventative & Wellness Services	13 & 16	Υ
34	Diabetes Self-Management Training and Education	Preventative & Wellness Services	11 & 35	Υ
35	Diabetic Supplies for Treatment of Diabetes	Preventative & Wellness Services	31-32	Υ
36	Mammography - Screening	Preventative & Wellness Services	12, 15, & 24	Υ
37	Osteoporosis - Bone Mass Measurement	Preventative & Wellness Services	12 & 16	Υ

Item	EHB Benefit	EHB Category	Benchmark Page # Ref	Employer Plan Covered Benefit?
38	Pap Tests / Prostate-Specific Antigen Tests / Ovarian Cancer Surveillance Test	Preventative & Wellness Services	16	Υ
39	Preventative Care Services	Preventative & Wellness Services	18	Υ
40	Sterilization (Women)	Preventative & Wellness Services	10 & 19	Υ
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	12-13	Υ
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	8-9, 11-12, 22, & 35	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.