

Plan Year:
Plan Name:
Funding Type:

Mid-Market
2021-2022
IL Blue Options

EHB Category and Benefit	Benchmark Page # Reference	Employer plan Covered Benefit
Ambulatory		
Accidental Injury -- Dental	10 & 17	Yes
Allergy Injections and Testing	11	Yes
Bone anchored hearing aids	17 & 35	Yes
Durable Medical Equipment	13	Yes
Hospice	28	Yes
Infertility (Fertility) Treatment	23-24	Yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	21	Yes
Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	15-16	Yes
Private-Duty Nursing	17 & 34	Yes
Prosthetics/Orthotics	13	Yes
Sterilization (vasectomy men)	10	Yes
Temporomandibular Joint Disorder (TMJ)	13 & 24	Yes
Emergency Services		
Emergency Room Services (Includes MH/SUD Emergency)	7	Yes
Emergency Transportation/ Ambulance	4 & 17	Yes
Hospitalization		
Bariatric Surgery (Obesity)	21	Yes
Breast Reconstruction After Mastectomy	24-25	Yes
Reconstructive Surgery	25-26, 35	Yes
Inpatient Hospital Services (e.g., Hospital Stay)	15	Yes
Skilled Nursing Facility	21	Yes
Transplants - Human Organ Transplants (Including transportation & lodging)	18 & 31	Yes
Laboratory Services		
Diagnostic Services	6 & 12	Yes
MH/SUD		
Intranasal opioid reversal agent associated with opioid prescriptions	32	Yes
Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	8-9, 21	Yes
Opioid Medically Assisted Treatment (MAT)	21	Yes
Substance Use Disorders (Including Inpatient Treatment)	9 & 21	Yes
Tele-Psychiatry	11	Yes
Topical Anti-Inflammatory acute and chronic pain medication	32	Yes
Pediatric Oral and Vision Care		
Pediatric Dental Care	See Allkids Pediatric Dental Document	No
Pediatric Vision Care	26-27	No
Pregnancy, Maternity and Newborn Care		
Maternity Service	8 & 22	Yes
Prescription Drugs		
Outpatient Prescription Drugs	29-34	Yes
Preventive and Wellness Services		
Colorectal Cancer Examination and Screening	12 & 16	Yes
Contraceptive/Birth Control Services	13 & 16	Yes
Diabetes Self-Management Training and Education	11 & 35	Yes
Diabetic Supplies for Treatment of Diabetes	31-32	Yes
Mammography - Screening	12, 15, & 24	Yes

Osteoporosis - Bone Mass Measurement	12 & 16	Yes
Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance		
Test	16	Yes
Preventive Care Services	18	Yes
Sterilization (women)	10 & 19	Yes
Rehabilitative and Habilitative Services and Devices		
Chiropractic & Osteopathic Manipulation	12-13	Yes
Habilitative and Rehabilitative Services	8, 9, 11, 12, 22, & 35	Yes

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.

Note: The above is not a guarantee of coverage. Availability of services will be based on medical necessity and will be subject to plan provisions set forth by the medical plan. BCBSXX has no responsibility for or liability with respect to Employer's compliance or non-compliance with Pub. Act 102-0104. The information contained here is not intended to be nor should be considered a representation by BCBSXX with respect to compliance with Pub. Act 102-0104. BCBSXX is providing the information contained here as a courtesy to Employer, so Employer should review the content of this document for accuracy. Employer has the ultimate responsibility to provide information to its employees as required by Pub. Act 102-0104, and BCBSXX is not responsible for the accuracy of any documents employer supplies to its employees.