

Small Group  
 2021-2022  
 IL- Blue Choice Preferred PPO

**Plan Year:**  
**Plan Name:**  
**Funding Type:**

EHB Category and Benefit	Benchmark Page # Reference	Employer plan Covered Benefit
<b>Ambulatory</b>		
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
Infertility/Fertility Preservation	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
<b>Emergency Services</b>		
Emergency Room Services (Includes MH/SUD Emergency)	7	Yes
Emergency Transportation/ Ambulance	4 & 17	Yes
<b>Hospitalization</b>		
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
<b>Laboratory Services</b>		
Diagnostic Services	6 & 12	Yes
<b>MH/SUD</b>		
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
<b>Pediatric Oral and Vision Care</b>		
Pediatric Dental Care	See Allkids Pediatric Dental Document	Yes
Pediatric Vision Care	26-27	Yes
<b>Pregnancy, Maternity and Newborn Care</b>		
Maternity Service	8 & 22	Yes
<b>Prescription Drugs</b>		
Outpatient Prescription Drugs	29-34	Yes
<b>Preventive and Wellness Services</b>		
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
<b>Rehabilitative and Habilitative Services and Devices</b>		
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 medically 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.