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| Employer Name: | Dow |
| Employer State of Situs: | Michigan |
| Name of Issuer: | Cigna & Aetna |
| Plan Marketing Name: | Cigna Self-Funded HMO Aetna Low Deductible Plan & High Deductible Plan |
| Plan Year: | 2022 |

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 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630) | | | Employer Plan Covered Benefit? Cigna Self-Funded HMO | Employer Plan Covered Benefit? Aetna Low Deductible & High Deductible Plans |
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| Item | EHB Benefit | EHB Category | | |
| 1 | Accidental Injury - Dental | Ambulatory | Yes | Yes - must take place no later than 24 months after the injury |
| 2 | Allergy Injections and Testing | Ambulatory | Yes | Yes |

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| 3 | Bone Anchored Hearing Aids | Ambulatory | No | Yes - covered if medical necessity is met |
| 4 | Durable Medical Equipment | Ambulatory | Yes | Yes |
| 5 | Hospice | Ambulatory | Yes | Yes Not included - funeral arrangements, pastoral counseling, financial/legal counseling and homemaker/caretaker services |
| 6 | Infertility (Fertility) Treatment | Ambulatory | Yes - coverage provided for testing and treatment services performed in connection with an underlying medical condition, testing performed specifically to determine the cause of infertility, treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition), artificial insemination, In-vitro, GIFT, ZIFT, etc. Excluded services - reversal of voluntary sterilizations, infertility services when the infertility is caused by or related to voluntary sterilization, donor charges and services, cryopreservation of donor sperm and eggs and any experimental, investigational or unproven infertility procedures or therapies | Yes - includes basic infertility, comprehensive infertility care and advanced reproductive technology. Cancer patients are eligible for fertility preservation There are certain ineligibilities |
| 7 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Ambulatory | Yes | Yes |
| 8 | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory | Yes | Yes |
| 9 | Private-Duty Nursing | Ambulatory | No Private hospital rooms and/or private duty nursing except as provided under the Home Health Care Services provision are typically excluded/expenses not covered | Yes |
| 10 | Prosthetics/Orthotics | Ambulatory | Yes | Yes |
| 11 | Sterilization (Vasectomy Men) | Ambulatory | Yes | Yes |

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| 12 | Temporomandibular Joint Disorder (TMJ) | Ambulatory | No Covers both surgical and non-surgical TMJ on a limited, case-by-case basis | Yes Eligible health services include the diagnosis and non-surgical treatment of jaw joint disorder by a provider which includes the jaw joint siteslf, such as TMJ syndrome |
| 13 | Emergency Room Services (Includes MH/SUD Emergency) | Emergency services | Yes | Yes |
| 14 | Emergency Transportation/ Ambulance | Emergency services | Yes - if not a true emergency, services are not covered | Yes |
| 15 | Bariatric Surgery (Obesity) | Hospitalization | No | No - unless medically necessary (will need precertification) |
| 16 | Breast Reconstruction After Mastectomy | Hospitalization | Yes | Yes |
| 17 | Reconstructive Surgery | Hospitalization | Yes Charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which accompanied by functional deficit | Yes - in certain circumstances Eligible health services include all stages of reconstructive surgery by your provider and related supplies in an inpatient or outpatient setting only in the following circumstances: your surgery reconstructs the breast where a necessary mastectomy was performed, such as an implant and areolar reconstruction. It also includes surgery on a healthy breast to make it symmetrical with the reconstructed breast, treatment of physical complications of all stages of the masterctomy, including lymphedema and prostheses. Your surgery is to implant or attach a covered prosthetic device. Your surgery corrects a gross anatomical defect present at birth. The surgery will be covered if: the defect results in severe facial disfigurement or major functional impairment of a body part or the purpose of the surgery is to improve function. Your surgery is needed because treatment of your illness resulted in severe facial disfigurement or major functional impairment of a body part, and your surgery will improve function |
| 18 | Inpatient Hospital Services (e.g., Hospital Stay) | Hospitalization | Yes | Yes |

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| 19 | Skilled Nursing Facility | Hospitalization | Yes | Yes |
| 20 | Transplants - Human Organ Transplants (Including Transportation & Lodging) | Hospitalization | Yes - all medically appropriate, non-experiemntal transplants | <p>Yes - include transplant services provided by a physician and hospital including solid organ, hematopoietic stem cell, bone marrow, CAR-T and T Cell receptor therapy for FDA approved treatments</p> <p>Not included - services/supplies furnished to a donor when the recipient is not a covered person, harvesting/storage of organs, without intending to use them for immediate transplantation for your existing illness, harvesting and/or storage of bone marrow, hematopoietic stem cells or other blood cells without intending to use them for transplantation within 12 months from harvesting, for an existing illness</p> |
| 21 | Diagnostic Services | Laboratory services | Yes | Yes |
| 22 | Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions | MH/SUD | <p>Yes</p> <p>Covered under the pharmacy plan, based on medical necessity criteria being met</p> | Yes |
| 23 | Mental (Behavioral) Health Treatment (Including Inpatient Treatment) | MH/SUD | Yes | Yes |
| 24 | Opioid Medically Assisted Treatment (MAT) | MH/SUD | <p>Yes</p> <p>Covered under the pharmacy plan, based on medical necessity criteria being met</p> | Yes |
| 25 | Substance Use Disorders (Including Inpatient Treatment) | MH/SUD | Yes | Yes |
| 26 | Tele-Psychiatry | MH/SUD | Yes | Yes |

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| 27 | Topical Anti-Inflammatory Acute and Chronic Pain Medication | MH/SUD | <p>Yes</p> <p>Covered expenses include medically necessary prescription drug products. Benefits may vary depending on which of the Prescription Drug List tiers the Prescription Drug Product is listed, or the Pharmacy that provides the Prescription Drug Product</p> <p>Chronic pain can include Specialty and/or Maintenance Prescription Drug</p> | Yes - when dispensed through a network speciality pharmacy or network retail pharmacy |
| 28 | Pediatric Dental Care | Pediatric Oral and Vision Care | Yes | No - Pediatric dental care is not covered by Aetna medical but is covered by other plans (i.e. Aetna DMO, Delta Dental) |
| 29 | Pediatric Vision Coverage | Pediatric Oral and Vision Care | Yes | <p>Yes - for routine eye exams</p> <p>May be covered by a separate vision plan</p> <p>Eligible health services include office visitation to your physician, PCP or other health professional for routine physical exams. This includes routine vision and hearing screenings given as part of the exam</p> |
| 30 | Maternity Service | Pregnancy, Maternity, and Newborn Care | Yes | Yes |
| 31 | Outpatient Prescription Drugs | Prescription drugs | Yes | Yes |
| 32 | Colorectal Cancer Examination and Screening | Preventive and Wellness Services | Yes | Yes |
| 33 | Contraceptive/Birth Control Services | Preventive and Wellness Services | Yes | Yes |
| 34 | Diabetes Self-Management Training and Education | Preventive and Wellness Services | Yes | Yes |
| 35 | Diabetic Supplies for Treatment of Diabetes | Preventive and Wellness Services | Yes | Yes |
| 36 | Mammography - Screening | Preventive and Wellness Services | Yes | Yes |
| 37 | Osteoporosis - Bone Mass Measurement | Preventive and Wellness Services | Yes | Yes |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services | Yes | Yes |

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| 39 | Preventive Care Services | Preventive and Wellness Services | Yes | Yes |
| 40 | Sterilization (Women) | Preventive and Wellness Services | Yes | Yes |
| 41 | Chiropractic & Osteopathic Manipulation | Rehabilitative and Habilitative Services and Devices | Yes | Yes |
| 42 | Habilitative and Rehabilitative Services | Rehabilitative and Habilitative Services and Devices | Yes Excludes non-medical | Yes |
| <p><i>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.</i></p> | | | | |