

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:	2024

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)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit? Cigna Self-Funded HMO	Employer Plan Covered Benefit? Aetna Low Deductible & High Deductible Plans
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes	Yes
5	Hospice	Ambulatory	Pg. 28	Yes	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes Provided as Home Health Care Services as outpatient private nursing when approved as Medically Necessary	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No	Yes - If done at an Institutes of Quality (IoQ) Facility and/or with precertification
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes Covered under the pharmacy plan, based on medical necessity criteria being met	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes Covered under the pharmacy plan, based on medical necessity criteria being met	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes	Yes

27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes 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 Chronic pain can include Specialty and/or Maintenance Prescription Drug	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	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	Pgs. 26 - 27	Yes	Yes - for routine eye exams May be covered by a separate vision plan 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
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes	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.