

Employer Name:	Fox River Water Reclamation District
Employer State of Situs:	Illinois
Name of Issuer:	Blue Cross Blue Shield
Plan Marketing Name:	IL BluePrint PPO
Plan Year:	2023 - 2024

Under State Law (Pub. Act 102-0630, SB 1905), Employers that offer group health coverage must provide a comparison of the plan's covered benefits against the essential health benefits (EHBs) that state-regulated individual health insurance policies must provide. Below is a comparison list of benefits offered by the FRWRD group health coverage.

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)			Employer Plan
Item	EHB Benefit	EHB Category	Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Yes
2	Allergy Injections and Testing	Ambulatory	Yes
3	Bone anchored hearing aids	Ambulatory	Yes
4	Durable Medical Equipment	Ambulatory	Yes
5	Hospice	Ambulatory	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory	Ambulatory	Yes
9	Private-Duty Nursing	Ambulatory	Yes
10	Prosthetics/Orthotics	Ambulatory	Yes
11	Sterilization (vasectomy men)	Ambulatory	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Yes
13	Emergency Room Services	Emergency services	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Yes
17	Reconstructive Surgery	Hospitalization	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Yes
19	Skilled Nursing Facility	Hospitalization	Yes
20	Transplants - Human Organ Transplants (Including	Hospitalization	Yes
21	Diagnostic Services	Laboratory services	Yes
22	Intranasal opioid reversal agent associated with opioid	MH/SUD	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient	MH/SUD	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Yes
26	Tele-Psychiatry	MH/SUD	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	No
30	Maternity Service	Pregnancy, Maternity, and Newborn	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Yes

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)			Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Yes
36	Mammography - Screening	Preventive and Wellness Services	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Yes
39	Preventive Care Services	Preventive and Wellness Services	Yes
40	Sterilization (women)	Preventive and Wellness Services	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative	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>			