

*Below is a comparison of the essential health insurance benefits required of individual health insurance coverage regulated by the State of Illinois and the benefits covered under your health insurance plan. This information is furnished pursuant to the Illinois Consumer Coverage Disclosure Act. This disclosure does not change or replace the language contained in your Certificate of Coverage which sets forth your health insurance benefits.*

|                      |                   |
|----------------------|-------------------|
| Name of Issuer:      | Anthem NY         |
| Plan Marketing Name: | EPO and PPO plans |
| Plan Year:           | 2024-2025         |

**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)**

| 2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630) |  |              |                            | ADP TotalSource Plan Covered Benefit |
|---|--|--------------|----------------------------|--------------------------------------|
| Item  | EHB Benefit  | EHB Category | Benchmark Page # Reference |                                      |
| 1   | Accidental Injury -- Dental  | Ambulatory   | Pgs. 10 & 17               | Covered                              |
| 2   | Allergy Injections and Testing   | Ambulatory   | Pg. 11                     | Covered                              |
| 3   | Bone anchored hearing aids   | Ambulatory   | Pgs. 17 & 35               | Covered *                            |
| 4   | Durable Medical Equipment  | Ambulatory   | Pg. 13                     | Covered                              |
| 5   | Hospice  | Ambulatory   | Pg. 28                     | Covered                              |
| 6   | Infertility (Fertility) Treatment  | Ambulatory   | Pgs. 23 - 24               | Covered*                             |
| 7   | Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                    | Ambulatory   | Pg. 21                     | Covered                              |
| 8   | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory   | Pgs. 15 - 16               | Covered                              |
| 9   | Private-Duty Nursing   | Ambulatory   | Pgs. 17 & 34               | Not Covered                          |

|    |  |                     |                    |  |
|----|--|---------------------|--------------------|--|
| 10 | Prosthetics/Orthotics  | Ambulatory          | Pg. 13             | Covered  |
| 11 | Sterilization (vasectomy men)  | Ambulatory          | Pg. 10             | Covered  |
| 12 | Temporomandibular Joint Disorder (TMJ)                                     | Ambulatory          | Pgs. 13 & 24       | Covered (must be medical in nature; Anthem does not cover the devices) |
| 13 | Emergency Room Services (Includes MH/SUD Emergency)                        | Emergency services  | Pg. 7              | Covered  |
| 14 | Emergency Transportation/ Ambulance  | Emergency services  | Pgs. 4 & 17        | Covered  |
| 15 | Bariatric Surgery (Obesity)  | Hospitalization     | Pg. 21             | Covered *  |
| 16 | Breast Reconstruction After Mastectomy                                     | Hospitalization     | Pgs. 24 - 25       | Covered  |
| 17 | Reconstructive Surgery   | Hospitalization     | Pgs. 25 - 26, & 35 | Covered*   |
| 18 | Inpatient Hospital Services (e.g., Hospital Stay)                          | Hospitalization     | Pg. 15             | Covered*   |
| 19 | Skilled Nursing Facility   | Hospitalization     | Pg. 21             | Covered*   |
| 20 | Transplants - Human Organ Transplants (Including transportation & lodging) | Hospitalization     | Pgs. 18 & 31       | Covered*   |
| 21 | Diagnostic Services  | Laboratory services | Pgs. 6 & 12        | Covered  |
| 22 | Intranasal opioid reversal agent associated with opioid prescriptions      | MH/SUD              | Pg. 32             | Covered  |
| 23 | Mental (Behavioral) Health Treatment (Including Inpatient Treatment)       | MH/SUD              | Pgs. 8 -9, 21      | Covered*   |
| 24 | Opioid Medically Assisted Treatment (MAT)                                  | MH/SUD              | Pg. 21             | Covered  |
| 25 | Substance Use Disorders (Including Inpatient Treatment)                    | MH/SUD              | Pgs. 9 & 21        | Covered  |
| 26 | Tele-Psychiatry  | MH/SUD              | Pg. 11             | Covered  |
| 27 | Topical Anti-Inflammatory acute and chronic pain medication                | MH/SUD              | Pg. 32             | Covered* (with drug formulary exclusions)                              |

|   |   |  |                                       |  |
|---|---|--|---------------------------------------|--|
| 28  | Pediatric Dental Care   | Pediatric Oral and Vision Care                       | See AllKids Pediatric Dental Document | Not Covered (covered under separate dental plan only)  |
| 29  | Pediatric Vision Coverage   | Pediatric Oral and Vision Care                       | Pgs. 26 - 27                          | Not Covered (covered under separate vision plan only)  |
| 30  | Maternity Service   | Pregnancy, Maternity, and Newborn Care               | Pgs. 8 & 22                           | Covered  |
| 31  | Outpatient Prescription Drugs   | Prescription drugs                                   | Pgs. 29 - 34                          | Not Covered  |
| 32  | Colorectal Cancer Examination and Screening                                   | Preventive and Wellness Services                     | Pgs. 12 & 16                          | Covered  |
| 33  | Contraceptive/Birth Control Services  | Preventive and Wellness Services                     | Pgs. 13 & 16                          | Covered  |
| 34  | Diabetes Self-Management Training and Education                               | Preventive and Wellness Services                     | Pgs. 11 & 35                          | Covered  |
| 35  | Diabetic Supplies for Treatment of Diabetes                                   | Preventive and Wellness Services                     | Pgs. 31 - 32                          | Covered  |
| 36  | Mammography - Screening   | Preventive and Wellness Services                     | Pgs. 12, 15, & 24                     | Covered  |
| 37  | Osteoporosis - Bone Mass Measurement  | Preventive and Wellness Services                     | Pgs. 12 & 16                          | Covered  |
| 38  | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services                     | Pg. 16                                | Covered  |
| 39  | Preventive Care Services  | Preventive and Wellness Services                     | Pg. 18                                | Covered  |
| 40  | Sterilization (women)   | Preventive and Wellness Services                     | Pgs. 10 & 19                          | Covered  |
| 41  | Chiropractic & Osteopathic Manipulation                                       | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13                          | Covered (Chiropractic Services but no Osteopathic)     |
| 42  | Habilitative and Rehabilitative Services                                      | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35           | Covered (Rehabilitative Services but not Habilitative) |
| <b>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.</b> |   |  |                                       |  |

**\*Needs pre-authorization**