Employer Name:	**Watterson Environmental Group, LLC**
Employer State of Situs:	**IL**
Name of Issuer:	**BCBS of IL**
Plan Marketing Name:	**Watterson Environmental Group, LLC Welfare Benefit Plan**
Plan Year:	**1/1/2027 - 12/31/2027**

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)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan HDHP 4000 Covered Benefit?	Employer Plan PPO 750 Covered Benefit?	Employer Plan PPO 2500 Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes	Yes	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes	Yes	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes	Yes	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes	Yes	Yes
5	Hospice	Ambulatory	Pg. 28	Yes	Yes	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes	Yes	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes	Yes	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes	Yes	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes	Yes	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes	Yes	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes	Yes	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes	Yes	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes	Yes	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes	Yes	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes	Yes	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes	Yes	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	No	No	No
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes	Yes	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes	Yes	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes	Yes	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes	Yes	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes	Yes	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes	Yes	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes	Yes	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes	Yes	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	No	No	No
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes	Yes	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No	No	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes (Vision screening)	Yes (Vision screening)	Yes (Vision screening)
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes	Yes	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes	Yes	Yes

32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes	Yes	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes	Yes	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes	Yes	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes	Yes	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes / N/A / Yes	Yes / N/A / Yes	Yes / N/A / Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes	Yes	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes	Yes	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes	Yes	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes	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.