Employer Name:	Monogram Management Services, Inc.	
Employer State of Situs:	Tennessee	
Name of Issuer:	Monogram Management Services, Inc. Employee Benefits Plan BCBST	
Plan Marketing Name:	PPO Plan HDHP Bronze Plan	
Plan Year:	8/1/2024-7/31/2025	

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)

	2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)						
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Covered Benefit?			
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Yes			
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes			
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No			
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes			
5	Hospice	Ambulatory	Pg. 28	Yes			
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No			
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes			
8 1	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes			
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No			
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes			
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes			
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes			
	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes			
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes			
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No			
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes			
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes			
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes			
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes			
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes			
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes			
	Intranasal opioid reversal agent associated with opioid prescriptions		Pg. 32	No			
22	intranasar opiolo reversar agent associated with opiolo prescriptions	MH/SUD					
23	Mental (Behavioral) Health Treatment (Including Inpatient	MH/SUD	Pgs. 8 -9, 21	Yes			
23			Pgs. 8 -9, 21 Pg. 21				
23 24	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	-	Yes			

27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	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.