Employer Name: Rivian Automotive Inc.					
Employer State of Situs: Californi					
Name	of Issuer:	Blue Shield of CA			
Plan M	larketing Name:	BSCA PPO 250			
Plan Ye	ear:		2022		
	Ten (10)) Essential Health Benefit (EHB) Cat	egories:		
- Emer - Hospi - Labor - Ment psycho - Pedia - Pregr	ulatory patient services (outpatient care you g gency services italization (like surgery and overnight stays) ratory services al health and substance use disorder (MH/SUI otherapy) tric services, including oral and vision care (bu nancy, maternity, and newborn care (both befor ription drugs	D) services, including behavioral heat tadult dental and vision coverage a	ilth treatment (this includes cou		
	2020-2022 Illinois Essentia	l Health Benefit (EHB) Listing (P.A. 1	.02-0630)	Employer Dian	
14.			Benchmark Page	Employer Plan Covered Benefit?	
Item	EHB Benefit	EHB Category	# Reference	covereu benent.	
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Not 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	
	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Not 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	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	
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	Not 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	MH/SUD	Pg. 32	Covered
	with opioid prescriptions		5	
23	Mental (Behavioral) Health Treatment	MH/SUD	Pgs. 8 -9, 21	Covered
	(Including Inpatient Treatment)	-		
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
	Topical Anti-Inflammatory acute and chronic			
27	pain medication	MH/SUD	Pg. 32	Covered
			See AllKids Pediatric Dental	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	Document	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Not Covered
		Pregnancy, Maternity, and	D 0.0.00	
30	Maternity Service	Newborn Care	Pgs. 8 & 22	Covered
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	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
	Diabetes Self-Management Training and		Pgs. 11 & 35	
34	Education	Preventive and Wellness Services	-	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	Not 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
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Covered
	l Noto Under Dub Act 102 0104 off July 22 2		-lini-ully many data and a shirely	

Emplo	yer Name:	Rivian Automotive Inc.			
	yer State of Situs:	California			
	Name of Issuer: Blue Shield of CA				
	larketing Name:		BSCA PPO 1000		
Plan Year: 2022					
	Ten (10)	Essential Health Benefit (EHB) Cat	egories:		
- Emer	ulatory patient services (outpatient care you go gency services	et without being admitted to a hos	pital)		
•	italization (like surgery and overnight stays)				
	ratory services) convises including behavioral be	alth treatment (this includes cou	ncoling and	
	al health and substance use disorder (MH/SUI otherapy)	b) services, including behavioral ne	and treatment (this includes cou	iseling and	
	itric services, including oral and vision care (bu	t adult dental and vision coverage	aren't essential health benefits)		
	nancy, maternity, and newborn care (both before				
-	ription drugs				
	2020-2022 Illinois Essential	Health Benefit (EHB) Listing (P.A. 1	102-0630)	Employer Plan	
lt a un			Benchmark Page	Covered Benefit?	
Item	EHB Benefit	EHB Category	# Reference		
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Not 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	Not 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	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	
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	Not 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	MH/SUD	Pg. 32	Covered
	with opioid prescriptions		-	
23	Mental (Behavioral) Health Treatment	MH/SUD	Pgs. 8 -9, 21	Covered
	(Including Inpatient Treatment)			-
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
	Topical Anti-Inflammatory acute and chronic	,	. 8	corcicu
27	pain medication	MH/SUD	Pg. 32	Covered
			See AllKids Pediatric Dental	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	Document	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Not Covered
			1 50. 20 - 21	Not covered
		Pregnancy, Maternity, and		
30	Maternity Service	Newborn Care	Pgs. 8 & 22	Covered
		Newborn care		
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Covered
01	outputient resemption prugo		195125 01	coverca
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
	Diabetes Self-Management Training and			
34	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	Not Covered
	Pap Tests/ Prostate- Specific Antigen Tests/			
38	Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Covered
	Ovarian Cancer Surveinance Test			
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Covered
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Covered
				I
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative	Pgs. 12 - 13	Covered
71		Services and Devices	1 23, 77 - 73	Covereu
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative	Pgs. 8, 9, 11, 12, 22, & 35	Covered
72		Services and Devices	1 53. 0, <i>3</i> , 11, 12, 22, 0 33	Covereu
	1			l

Employ	er Name: Rivian Automotive Inc.					
	yer State of Situs:	California				
Name	of Issuer:	Blue Shield of CA				
	arketing Name:		BSCA HSA 1400			
Plan Ye	an Year: 2022					
	Ten (10)) Essential Health Benefit (EHB) Cat	tegories:			
	llatory patient services (outpatient care you g gency services	et without being admitted to a hos	pital)			
- Hospi	talization (like surgery and overnight stays)					
- Labor	atory services					
	al health and substance use disorder (MH/SUI	D) services, including behavioral he	alth treatment (this includes cou	nseling and		
•••	therapy)					
	tric services, including oral and vision care (bu ancy, maternity, and newborn care (both befo		aren't essential health benefits)			
	ription drugs	bre and arter birting				
11000		l Health Benefit (EHB) Listing (P.A. 1	102-0630)			
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?		
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Not 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	Not Covered		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Covered		
X	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Covered		
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	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		
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		
	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Covered		
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Not Covered		
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Covered		
	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	MH/SUD	Pg. 32	Covered
	with opioid prescriptions		5	
23	Mental (Behavioral) Health Treatment	MH/SUD	Pgs. 8 -9, 21	Covered
	(Including Inpatient Treatment)		0	
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
	Topical Anti-Inflammatory acute and chronic			
27	pain medication	MH/SUD	Pg. 32	Covered
			See AllKids Pediatric Dental	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	Document	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Not Covered
23	realactic vision coverage	reulatile Oral alle vision care	F go. 20 - 21	Not Covered
30	Maternity Service	Pregnancy, Maternity, and	Pgs. 8 & 22	Covered
		Newborn Care		
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Covered
51	Outpatient Prescription Drugs	Prescription alugs	rg3. 27 - 34	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	Not 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
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Covered

Emplo	yer Name:	Ri	ivian Automotive Inc.		
	nployer State of Situs: California				
Name	of Issuer:		Blue Shield of CA		
Plan N	larketing Name:		BSCA HSA 3500		
Plan Y	ear:		2022		
	Ten (10) Essential Health Benefit (EHB) Cat	regories:		
- Emer - Hosp	ulatory patient services (outpatient care you go gency services italization (like surgery and overnight stays) ratory services	et without being admitted to a hos	pital)		
- Ment psycho - Pedia	al health and substance use disorder (MH/SUI otherapy) tric services, including oral and vision care (bu	t adult dental and vision coverage		seling and	
	ancy, maternity, and newborn care (both befo ription drugs	ore and after birth)			
		Health Benefit (EHB) Listing (P.A. 1	102-0630)	Caral and a Dian	
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?	
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Not 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	Not 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	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	
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	Not 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	

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21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Covered
22	Intranasal opioid reversal agent associated	MH/SUD	Pg. 32	Covered
	with opioid prescriptions			
23	Mental (Behavioral) Health Treatment	MH/SUD	Pgs. 8 -9, 21	Covered
	(Including Inpatient Treatment)			
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Covered
25	Substance Use Disorders (Including Inpatient	MU/SUD	Dec. 0.9.21	Covered
25	Treatment)	MH/SUD	Pgs. 9 & 21	Covered
26	Tele-Psychiatry	MH/SUD	Pg. 11	Covered
27	Topical Anti-Inflammatory acute and chronic	MU/(110	D- 33	Coursed
27	pain medication	MH/SUD	Pg. 32	Covered
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental	Not Covered
20	Pediatric Dental Care	Pediatric Oral and vision care	Document	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Not Covered
30	Maternity Service	Pregnancy, Maternity, and	Pgs. 8 & 22	Covered
50	Waternity Service	Newborn Care	1 g3. 0 & 22	covered
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Covered
32	Colorectal Cancer Examination and	Preventive and Wellness Services	Pgs. 12 & 16	Covered
	Screening		-	
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Covered
	Dishetes Colf Menagement Training and			
34	Diabetes Self-Management Training and	Preventive and Wellness Services	Pgs. 11 & 35	Covered
	Education			
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	Not Covered
	Pap Tests/ Prostate- Specific Antigen Tests/			
38	Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Covered
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Covered
40	Chariliantian (common)		Dec. 40.9.40	Coursed
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Covered
		Rehabilitative and Habilitative		
41	Chiropractic & Osteopathic Manipulation	Services and Devices	Pgs. 12 - 13	Covered
		Services and Devices		
		Rehabilitative and Habilitative		
42	Habilitative and Rehabilitative Services	Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Covered
		Services and Devices		

Emplo	oyer Name: Rivian Automotive Inc.					
	yer State of Situs:	Situs: California				
Name	of Issuer:	Blue Shield of CA				
Plan M	larketing Name:		BSCA HSA 6350			
Plan Ye	Plan Year: 2022					
	Ten (10) Essential Health Benefit (EHB) Ca	tegories:			
- Emer - Hospi	ulatory patient services (outpatient care you go gency services italization (like surgery and overnight stays)	et without being admitted to a hos	pital)			
- Ment psycho	ratory services al health and substance use disorder (MH/SUI otherapy) tric services, including oral and vision care (bu		-	seling and		
- Pregr	nancy, maternity, and newborn care (both before ription drugs					
	2020-2022 Illinois Essentia	Health Benefit (EHB) Listing (P.A. 1	102-0630)	Employer Plan		
ltem	EHB Benefit	EHB Category	Benchmark Page # Reference	Covered Benefit?		
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Not 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	Not 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	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		
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	Not 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	MH/SUD	Pg. 32	Covered
	with opioid prescriptions		. 8. 02	corcicu
23	Mental (Behavioral) Health Treatment	MH/SUD	Pgs. 8 -9, 21	Covered
	(Including Inpatient Treatment)		. 80. 0 3, 21	-
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
-	Topical Anti-Inflammatory acute and chronic		5	
27	pain medication	MH/SUD	Pg. 32	Covered
			See AllKids Pediatric Dental	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	Document	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Not Covered
29	rediatile vision coverage	Pediatric Oral and Vision Care	Pgs. 20 - 27	Not Covered
30	Maternity Service	Pregnancy, Maternity, and	Pgs. 8 & 22	Covered
		Newborn Care		
31	Outpatient Proscription Drugs	Prescription drugs	Bac 20 24	Covered
21	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Covered
	Colorectal Cancer Examination and			
32		Preventive and Wellness Services	Pgs. 12 & 16	Covered
	Screening			
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Covered
	Disketes Colf Management Training and		Dec 11 9 25	
34	Diabetes Self-Management Training and	Preventive and Wellness Services	Pgs. 11 & 35	Covered
	Education			
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	Not Covered
			-	
38	Pap Tests/ Prostate- Specific Antigen Tests/	Preventive and Wellness Services	Pg. 16	Covered
	Ovarian Cancer Surveillance Test		0 -	
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Covered
			0	
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Covered
			-	
		Rehabilitative and Habilitative		
41	Chiropractic & Osteopathic Manipulation	Services and Devices	Pgs. 12 - 13	Covered
		Rehabilitative and Habilitative		
42	Habilitative and Rehabilitative Services	Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Covered