Employer Name:		Hospital Sisters Health System						
Employ	er State of Situs:		u					
Name o	f Issuer:	Hospital Sisters Health System						
Plan Ma	rketing Name:	HSHS Healthy Plan						
Plan Yea	Plan Year: 2023							
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) 								
Item	EHB Benefit	EHB Category	Benchmark Page	Employer Plan Covered Benefit?				
1	Accidental Injury Dental	Ambulatory	# Reference Pgs. 10 & 17	Yes				
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes				
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes				
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	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes				
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes				
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes				
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	No				
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes				
13	Emergency Room Services	Emergency services	Pg. 7	Yes				
14	(Includes MH/SUD Emergency) Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes				
15 16	Bariatric Surgery (Obesity) Breast Reconstruction After Mastectomy	Hospitalization Hospitalization	Pg. 21	Yes				
<u> </u>	-	Hospitalization	Pgs. 24 - 25	Yes				
17 18	Reconstructive Surgery		Pgs. 25 - 26, & 35	Yes Yes				
18	Inpatient Hospital Services (e.g., Hospital Stay) Skilled Nursing Facility	Hospitalization Hospitalization	Pg. 15					
20	Skilled Nursing Facility Transplants - Human Organ Transplants (Including transportation &	Hospitalization	Pg. 21 Pgs. 18 & 31	Yes Yes				
	lodging)							
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes				
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes				
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes				
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes				
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes				
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes				
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes				

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	No
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	No
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.