

Employer Name:	ABO Staffing Services
Employer State of Situs:	Michigan
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Choice Plus BE-D7
Plan Year:	2022

**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)

**2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	UHC Plan BE-D7
1	Accidental Injury -- Dental	Ambulatory	pg 11	Yes
2	Allergy Injections and Testing	Ambulatory	pg 19	Yes
3	Bone anchored hearing aids	Ambulatory	pg 15, 36	Yes
4	Durable Medical Equipment	Ambulatory	pg 9, 10, 11, 38, 61	Yes
5	Hospice	Ambulatory	pg 16	Yes
6	Infertility (Fertility) Treatment	Ambulatory	pg 12-13, 25, 62	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	pg 3, 9-14, 16-23, 25, 29-33, 34, 37, 62-63, 65-66,	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	pg 23, 33	Yes
9	Private-Duty Nursing	Ambulatory	pg 35, 65	Yes
10	Prosthetics/Orthotics	Ambulatory	pg 9-12, 21, 27, 29-30,	Yes
11	Sterilization (vasectomy men)	Ambulatory	N/A	No
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	pg 33	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	pg 12	Yes
14	Emergency Transportation/ Ambulance	Emergency services	pg 8	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	N/A	No
16	Breast Reconstruction After Mastectomy	Hospitalization	pg 25	Yes
17	Reconstructive Surgery	Hospitalization	pg 22	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	pg 14, 17, 18, 20-21, 30, 38, 62, 65	Yes
19	Skilled Nursing Facility	Hospitalization	pg 22, 30, 66	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	pg 23-24, 27, 32, 35	Yes
21	Diagnostic Services	Laboratory services	pg 16-22, 23, 25, 28, 30-31, 33-35	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	N/A	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	pg 17, 20, 30, 63, 65-66	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	N/A	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	pg 17, 20, 31, 65-66	Yes
26	Tele-Psychiatry	MH/SUD	pg 8, 66	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	N/A	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	pg 25, 27, 36	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	N/A	No

30	Maternity Service	Pregnancy, Maternity, and Newborn Care	pg 19, 24	Yes
31	Outpatient Prescription Drugs	Prescription drugs	pg 28	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	pg 22	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	pg 20	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	pg 11	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	pg 11, 12	Yes
36	Mammography - Screening	Preventive and Wellness Services	pg 16, 20, 25, 34	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	pg 20	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	pg 20	Yes
39	Preventive Care Services	Preventive and Wellness Services	pg 20, 27, 30-31, 34,	Yes
40	Sterilization (women)	Preventive and Wellness Services	pg 35	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	pg 13, 14, 21, 29, 33, 63	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	pg 13, 14-15, 17, 22, 25, 33, 59	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.*

Employer Name:	ABO Staffing Services
Employer State of Situs:	Michigan
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Choice Plus CH-X4
Plan Year:	2022

**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)

**2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	UHC Plan CH X4
1	Accidental Injury -- Dental	Ambulatory	pg 11	Yes
2	Allergy Injections and Testing	Ambulatory	pg 19	Yes
3	Bone anchored hearing aids	Ambulatory	pg 36	Yes
4	Durable Medical Equipment	Ambulatory	pg 11	Yes
5	Hospice	Ambulatory	pg 16	Yes
6	Infertility (Fertility) Treatment	Ambulatory	pgs 13, 34-35, 62, 79, 94	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	pgs 23, 60, 62, 67, 69	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	pg 23	Yes
9	Private-Duty Nursing	Ambulatory	pgs 35 & 65	Yes
10	Prosthetics/Orthotics	Ambulatory	pgs 12, 21, 27, 77	Yes
11	Sterilization (vasectomy men)	Ambulatory	N/A	No
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	pg 33	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	pgs 17, 31, 36, 78, 123	Yes
14	Emergency Transportation/ Ambulance	Emergency services	pgs 08, 35, 72 - 73	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	N/A	No
16	Breast Reconstruction After Mastectomy	Hospitalization	pg 21, 117	Yes
17	Reconstructive Surgery	Hospitalization	pgs 22, 25, 33, 97	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	pgs 16, 62, 65-66, 78, 81, 84	Yes
19	Skilled Nursing Facility	Hospitalization	pg 22, 38, 66, 81	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	pg 23, 32, 35	Yes
21	Diagnostic Services	Laboratory services	pg 16-19, 22, 25, 31, 85-86, 92, 99, 102, 104	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	N/A	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	pg 12, 15, 18, 29, 34, 57, 59, 61, 63, 65	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	N/A	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	pg 17, 31, 59, 61, 65, 67-69, 87	Yes
26	Tele-Psychiatry	MH/SUD	pg 67	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	N/A	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	pg 23, 25, 36	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	N/A	No

30	Maternity Service	Pregnancy, Maternity, and Newborn Care	pg 19-20, 65, 91, 109	Yes
31	Outpatient Prescription Drugs	Prescription drugs	pg 1, 28, 89	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	pg 22	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	pg 20	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	pg 11, 75-76	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	pg 09	Yes
36	Mammography - Screening	Preventive and Wellness Services	pg 16, 20, 25	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	pg 20	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	pg 20	Yes
39	Preventive Care Services	Preventive and Wellness Services	pg 20	Yes
40	Sterilization (women)	Preventive and Wellness Services	pg 34-35	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	pg 10, 21, 33, 63, 81, 98	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pg 13-15, 22, 25, 33, 59, 81	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.*

Employer Name:	ABO Staffing Services
Employer State of Situs:	Michigan
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Choice Plus CH-X6
Plan Year:	2022

**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)

**2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	UHC Plan CH-X6
1	Accidental Injury -- Dental	Ambulatory	pg 11	Yes
2	Allergy Injections and Testing	Ambulatory	pg 19	Yes
3	Bone anchored hearing aids	Ambulatory	pg 15 & 36	Yes
4	Durable Medical Equipment	Ambulatory	pg 11, 61, 77, 107	Yes
5	Hospice	Ambulatory	pg 16, 83	Yes
6	Infertility (Fertility) Treatment	Ambulatory	pg 13, 34, 62, 79, 94	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	pg 16-23, 25, 33-34, 59, 62-64, 66, 71, 77, 81, 82, 85, 86-87, 92, 98, 100-102	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pg 19	Yes
9	Private-Duty Nursing	Ambulatory	pg 65	Yes
10	Prosthetics/Orthotics	Ambulatory	pg 11-12, 21, 27, 30,77, 96	Yes
11	Sterilization (vasectomy men)	Ambulatory	N/A	No
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	pg 33	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	pg 12, 34, 61, 68, 77-78, 81	Yes
14	Emergency Transportation/ Ambulance	Emergency services	pg 8,35, 72-73	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	N/A	No
16	Breast Reconstruction After Mastectomy	Hospitalization	pg 21, 117	Yes
17	Reconstructive Surgery	Hospitalization	pg 21, 33, 97	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	pg16-17, 19, 22, 38, 62	Yes
19	Skilled Nursing Facility	Hospitalization	pg 22	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	pg 23-24, 27, 35	Yes
21	Diagnostic Services	Laboratory services	pg 18 - 19, 25, 32, 35, 76, 87	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	N/A	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	pg 17, 20, 31, 36, 59, 63, 65, 67	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	N/A	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	pg 8, 17, 20, 31, 63, 65-67	Yes
26	Tele-Psychiatry	MH/SUD	pg 8, 67	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	N/A	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	pg 25	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	N/A	No

30	Maternity Service	Pregnancy, Maternity, and Newborn Care	pg 19, 26	Yes
31	Outpatient Prescription Drugs	Prescription drugs	pg 28	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	pg 22	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	pg 20	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	pg 8 & 9, 11, 14	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	pg 11	Yes
36	Mammography - Screening	Preventive and Wellness Services	pg 16, 20, 25, 34	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	pg 20	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	pg 20	Yes
39	Preventive Care Services	Preventive and Wellness Services	pg 11, 16, 19-22, 25, 27-28, 31-34	Yes
40	Sterilization (women)	Preventive and Wellness Services	pg 35	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	pg 13, 14, 21, 26, 31, 33, 63	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pg 13, 21-22, 24-25, 37, 59	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.*

Employer Name:	ABO Staffing Services
Employer State of Situs:	Michigan
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Choice Plus CH-X2
Plan Year:	2022

**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)

**2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)**

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	UHC Plan CH-X2
1	Accidental Injury -- Dental	Ambulatory	pg 11	Yes
2	Allergy Injections and Testing	Ambulatory	pg 17	Yes
3	Bone anchored hearing aids	Ambulatory	pg 34	Yes
4	Durable Medical Equipment	Ambulatory	pg 11, 61	Yes
5	Hospice	Ambulatory	pg 16, 83	Yes
6	Infertility (Fertility) Treatment	Ambulatory	pgs 13, 34-35, 79	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	pgs 16, 21 -23, 59, 62	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	pgs 23, 100	Yes
9	Private-Duty Nursing	Ambulatory	pgs 35 & 65	Yes
10	Prosthetics/Orthotics	Ambulatory	pgs 11-12, 21, 27, 30, 77	Yes
11	Sterilization (vasectomy men)	Ambulatory	N/A	No
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	pg 33	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	pgs 12, 72	Yes
14	Emergency Transportation/ Ambulance	Emergency services	pgs 8, 35, 72-73	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	N/A	No
16	Breast Reconstruction After Mastectomy	Hospitalization	pg 21, 117	Yes
17	Reconstructive Surgery	Hospitalization	pgs 21, 25	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	pgs 16, 62, 66, 78, 84, 87, 99	Yes
19	Skilled Nursing Facility	Hospitalization	pg 22, 66	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	pg 23, 35, 101	Yes
21	Diagnostic Services	Laboratory services	pg 16, 25, 91, 102	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	N/A	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	pg 17, 31, 63, 65, 67, 87	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	N/A	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	pg 8, 17, 31, 63, 65, 87	Yes
26	Tele-Psychiatry	MH/SUD	pg 8, 67, 112	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	N/A	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	pg 23, 25, 36, 105	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	N/A	No

30	Maternity Service	Pregnancy, Maternity, and Newborn Care	pg 19, 93	Yes
31	Outpatient Prescription Drugs	Prescription drugs	pg 28	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	pg 22	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	pg 20	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	pg 11, 76	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	pg 12, 29	Yes
36	Mammography - Screening	Preventive and Wellness Services	pg 16, 20, 25, 34	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	pg 18	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	pg 18, 21-22	Yes
39	Preventive Care Services	Preventive and Wellness Services	pg 20, 94-95	Yes
40	Sterilization (women)	Preventive and Wellness Services	pg 35	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	pg 13, 21, 63, 81-82, 98	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pg 11-13, 20, 23, 31,35	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.*