Employer Name:	
Employer State of Situs:	
Name of Issuer:	
Plan Marketing Name:	**Gravie ComfortFit 5000 OOI**
Plan Year:	

Ten (10) Essential Health Benefit (EHB) Categ

- 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 incl
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health b
- 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, disabilit skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing

Item	EHB Benefit	EHB Category
1	Accidental Injury -- Dental	Ambulatory
2	Allergy Injections and Testing	Ambulatory
3	Bone anchored hearing aids	Ambulatory
4	Durable Medical Equipment	Ambulatory
5	Hospice	Ambulatory
6	Infertility (Fertility) Treatment	Ambulatory
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory
9	Private-Duty Nursing	Ambulatory
10	Prosthetics/Orthotics	Ambulatory
11	Sterilization (vasectomy men)	Ambulatory
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services
14	Emergency Transportation/ Ambulance	Emergency services

15	Bariatric Surgery (Obesity)	Hospitalization
16	Breast Reconstruction After Mastectomy	Hospitalization
17	Reconstructive Surgery	Hospitalization
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization
19	Skilled Nursing Facility	Hospitalization
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization
21	Diagnostic Services	Laboratory services
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD
26	Tele-Psychiatry	MH/SUD
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD
28	Pediatric Dental Care	Pediatric Oral and Vision Care
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care
30	Maternity Service	Pregnancy, Maternity, and Newborn Care
31	Outpatient Prescription Drugs	Prescription drugs
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services
33	Contraceptive/Birth Control Services	Preventive and Wellness Services
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services
36	Mammography - Screening	Preventive and Wellness Services
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services
39	Preventive Care Services	Preventive and Wellness Services
40	Sterilization (women)	Preventive and Wellness Services
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medicall same manner as when those EHBs are delivered in person.

The Graham Group	
IL	
Aetna	
PM EPO & Gavie Copay 3000 Ded/8150 OOPM EPO	
2026	

gories:

ludes counseling and psychotherapy)
benefits)

ies, or chronic conditions gain or recover mental and physical

g (P.A. 102-0630)	
Benchmark Page # Reference	Employer Plan Covered Benefit?
Pgs. 10 & 17	Not Covered
Pg. 11	Covered
Pgs. 17 & 35	Not Covered
Pg. 13	Covered
Pg. 28	Covered
Pgs. 23 - 24	Covered
Pg. 21	Covered
Pgs. 15 - 16	Covered
Pgs. 17 & 34	Depends on Plan
Pg. 13	Not Explicitly Stated
Pg. 10	Not Explicitly Stated
Pgs. 13 & 24	Not Explicitly Stated
Pg. 7	Covered
Pgs. 4 & 17	Covered

Pg. 21	Not Covered
Pgs. 24 - 25	Covered if reconstructive
Pgs. 25 - 26, & 35	Covered if reconstructive
Pg. 15	Covered
Pg. 21	Covered
Pgs. 18 & 31	Not Explicitly Listed
Pgs. 6 & 12	Covered
Pg. 32	Not Explicitly Listed
Pgs. 8 -9, 21	Covered
Pg. 21	Not Explicitly Listed
Pgs. 9 & 21	Covered
Pg. 11	Covered
Pg. 32	Not Explicitly Listed
See AllKids Pediatric Dental Document	Not Covered
Pgs. 26 - 27	Eye exam covered
Pgs. 8 & 22	Covered
Pgs. 29 - 34	Covered
Pgs. 12 & 16	Covered
Pgs. 13 & 16	Covered
Pgs. 11 & 35	Covered
Pgs. 31 - 32	Covered
Pgs. 12, 15, & 24	Covered
Pgs. 12 & 16	Covered
Pg. 16	Covered
Pg. 18	Covered
Pgs. 10 & 19	Covered
Pgs. 12 - 13	Covered
Pgs. 8, 9, 11, 12, 22, & 35	Covered

'y necessary to deliver via telehealth services must be covered in the