2023 Illinois Consumer Coverage Disclosure

The following disclosure as mandated by the State of Illinois identifies the list of 2023 Illinois Essential Health Benefits as mandated by P.A. 102-0630 and identifies which benefits are covered or not covered by the AutoNation 2023 Medical Plans. Any benefit limitations outlined below are deviations from the benefit described in the Illinois Essential Health Benefits Benchmark Plan Document.

Please reference the Illinois Essential Health Benefits Benchmark Plan Document and the AutoNation 2023 Medical Summary Plan Descriptions or Vendor Plan Certificates for full details on the covered benefits.

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	AutoNation Plan Covered Benefit- Blue Advantage HMO?	AutoNation Plan Covered Benefit- Blue Cross 50%, 60%, 70%, & 80%?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Covered	Covered
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Covered	Covered
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Covered	Covered
4	Durable Medical Equipment	Ambulatory	Pg. 13	Covered	Covered - Authorization is required for anything $500+ and all rentals
5	Hospice	Ambulatory	Pg. 28	Covered	Covered
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Covered	Covered - Limited to the initial diagnosis of infertility. Lifetime maximum $1500
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Covered	Covered
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Covered	Covered
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Not Covered	Covered
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Covered - Excluded if for cosmetic purposes or unrelated to the treatment of a disease or injury.	Covered - Authorization is required for anything $500+ and all rentals. This includes Wigs due to chemotherapy hair loss.
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Covered	Covered

12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Covered - Except for intraoral prosthetic devices or other methods which alter vertical dimension or treatment of TMJ not caused by documented organic joint disease or physical trauma.	Covered - Services are limited to initial diagnosis. No coverage if sole diagnosis is TMJ Appliances and Devices excluded.
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Covered	Covered
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Covered	Covered
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Covered	Covered - Blue Distinction Center only, 1 per lifetime. Complications from a non-covered Bariatric service is not covered.
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Covered	Covered
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Covered	Covered
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Covered	Covered
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Covered	Covered - 60 days per benefit period
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Covered – Limited to $10,000 max per transplant and $50 per person per day for lodging (patient and companion.	Covered - Authorization required. Transportation benefit is 10k for patient and companion.
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Covered	Covered - Limited to freestanding facility (not Hospital outpatient)

22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Covered	Covered - Select medications may be subject to prior authorization, step therapy, or dispensing limitations. Information may be found on the ESI member website
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Covered	Covered
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Covered	Covered
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Covered	Covered
26	Tele-Psychiatry	MH/SUD	Pg. 11	Covered	Covered
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Covered	Covered - Select medications may be subject to prior authorization, step therapy, or dispensing limitations. Information may be found on the ESI member website
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Not Covered	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Covered	Not Covered
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Covered	Covered
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Covered	Covered - Select medications may be subject to prior authorization, step therapy, or dispensing limitations. Information may be found on the ESI member website

32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Covered	Covered
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Covered	Covered
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Covered	Covered
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Covered	Covered
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Covered	Covered
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Covered	Covered
38	Pap Tests/ Prostate-Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Covered	Covered - Excludes Prostate-Specific Antigen Tests
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Covered	Covered
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Covered	Covered
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Covered	Covered - Limited to 20 visits, more visits can be authorized if medically necessary
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Covered – Limited to 60 treatments per calendar year	Covered

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.