

Policyholder Name:	Greenberg Traurig, LLP (GT)
Policyholder State of Situs:	New York
Plan Claim Administrator:	United HealthCare Services, Inc (UHC)
Plan Provider Network Name:	UHC Choice Plus
Plan Year:	1/1/2023 - 12/31/2023

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)

2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				GT Network Plan Covered Benefit?*	GT Tiered Plan Covered Benefit?*	GT One Step PPO Plan Covered Benefit?*
Item	EHB Benefit	EHB Category	Illinois EHB Covered Benefit?			
1	Accidental Injury – Dental	Ambulatory	Yes	Yes	Yes	Yes
2	Allergy Injections and Testing	Ambulatory	Yes	Yes	Yes	Yes
3	Bone anchored hearing aids	Ambulatory	Yes	Yes	Yes	Yes
4	Durable Medical Equipment	Ambulatory	Yes	Yes	Yes	Yes
5	Hospice	Ambulatory	Yes	Yes	Yes	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Yes	No	Yes	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Yes	Yes	Yes	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Yes	Yes	Yes	Yes
9	Private-Duty Nursing	Ambulatory	Yes	Yes	Yes	Yes
10	Prosthetics/Orthotics	Ambulatory	Yes	Yes	Yes	Yes
11	Sterilization (vasectomy men)	Ambulatory	Yes	Yes	Yes	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Yes	Yes	Yes	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Yes	Yes	Yes	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Yes	Yes	Yes	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	No	No	Yes	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Yes	Yes	Yes	Yes
17	Reconstructive Surgery	Hospitalization	Yes	Yes	Yes	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Yes	Yes	Yes	Yes
19	Skilled Nursing Facility	Hospitalization	Yes	Yes	Yes	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Yes	Yes	Yes	Yes
21	Diagnostic Services	Laboratory services	Yes	Yes	Yes	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Yes	Yes	Yes	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Yes	Yes	Yes	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Yes	Yes	Yes	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Yes	Yes	Yes	Yes
26	Tele-Psychiatry	MH/SUD	Yes	Yes	Yes	Yes
27	Topical Anti-inflammatory acute and chronic pain medication	MH/SUD	Yes	Yes	Yes	Yes
28	Pediatric Routine Dental Care	Pediatric Routine Oral and Vision Care	Yes	No	No	No
29	Pediatric Routine Vision Coverage	Pediatric Routine Oral and Vision Care	Yes	No	No	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Yes	Yes	Yes	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Yes	Yes	Yes	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Yes	Yes	Yes	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Yes	Yes	Yes	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Yes	Yes	Yes	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Yes	Yes	Yes	Yes
36	Mammography - Screening	Preventive and Wellness Services	Yes	Yes	Yes	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Yes	Yes	Yes	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Yes	Yes	Yes	Yes
39	Preventive Care Services	Preventive and Wellness Services	Yes	Yes	Yes	Yes
40	Sterilization (women)	Preventive and Wellness Services	Yes	Yes	Yes	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Yes	Yes	Yes	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Yes	Yes	Yes	Yes

*This document provides a brief overview of some classifications of benefits provided by Greenberg Traurig, LLP as required by the Illinois Consumer Coverage Disclosure Act. This document does not take precedence over the legal plan documents that govern each benefit of the GT Plans. If there is any conflict between the wording or content in this document and the wording or content of the GT legal Plan documents, the legal Plan documents shall govern at all times.