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| **Employer Name:** | Latitude AI LLC |
| **Employer State of Situs:** | PA |
| **Name of Issuer:** | Cigna |
| **Plan Marketing Name:** | Cigna Open Access Plus PPO / HSA |
| **Plan Year:** | 2027 |

**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)

## 2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

| Item | EHB Benefit | EHB Category | Benchmark Page # Reference | Employer Plan Covered Benefit? Open Access Plus PPO | Employer Plan Covered Benefit? Open Access Plus HSA |
|---|---|---|---|---|---|
| 1 | Accidental Injury -- Dental | Ambulatory | Pgs. 10 & 17 | Yes | Yes |
| 2 | Allergy Injections and Testing | Ambulatory | Pg. 11 | Yes | Yes |
| 3 | Bone anchored hearing aids | Ambulatory | Pgs. 17 & 35 | No | No |
| 4 | Durable Medical Equipment | Ambulatory | Pg. 13 | Yes | Yes |
| 5 | Hospice | Ambulatory | Pg. 28 | Yes | Yes |
| 6 | Infertility (Fertility) Treatment | Ambulatory | Pgs. 23 - 24 | Yes | Yes |
| 7 | Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Ambulatory | Pg. 21 | Yes | Yes |
| 8 | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory | Pgs. 15 - 16 | Yes | Yes |

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| 9 | Private-Duty Nursing | Ambulatory | Pgs. 17 & 34 | Yes, Only covered through medically necessary Home Health Care. | Yes, Only covered through medically necessary Home Health Care. |
| 10 | Prosthetics/Orthotics | Ambulatory | Pg. 13 | Yes | Yes |
| 11 | Sterilization (vasectomy men) | Ambulatory | Pg. 10 | Yes | Yes |
| 12 | Temporomandibular Joint Disorder (TMJ) | Ambulatory | Pgs. 13 & 24 | Yes | Yes |
| 13 | Emergency Room Services (Includes MH/SUD Emergency) | Emergency services | Pg. 7 | Yes | Yes |
| 14 | Emergency Transportation/ Ambulance | Emergency services | Pgs. 4 & 17 | Yes | Yes |
| 15 | Bariatric Surgery (Obesity) | Hospitalization | Pg. 21 | No | No |
| 16 | Breast Reconstruction After Mastectomy | Hospitalization | Pgs. 24 - 25 | Yes | Yes |
| 17 | Reconstructive Surgery | Hospitalization | Pgs. 25 - 26, & 35 | Yes | Yes |
| 18 | Inpatient Hospital Services (e.g., Hospital Stay) | Hospitalization | Pg. 15 | Yes | Yes |
| 19 | Skilled Nursing Facility | Hospitalization | Pg. 21 | Yes | Yes |
| 20 | Transplants - Human Organ Transplants (Including transportation & lodging) | Hospitalization | Pgs. 18 & 31 | Yes | Yes |
| 21 | Diagnostic Services | Laboratory services | Pgs. 6 & 12 | Yes | Yes |
| 22 | Intranasal opioid reversal agent associated with opioid prescriptions | MH/SUD | Pg. 32 | Yes | Yes |
| 23 | Mental (Behavioral) Health Treatment (Including Inpatient Treatment) | MH/SUD | Pgs. 8 -9, 21 | Yes | Yes |
| 24 | Opioid Medically Assisted Treatment (MAT) | MH/SUD | Pg. 21 | Yes | Yes |
| 25 | Substance Use Disorders (Including Inpatient Treatment) | MH/SUD | Pgs. 9 & 21 | Yes | Yes |
| 26 | Tele-Psychiatry | MH/SUD | Pg. 11 | Yes | Yes |
| 27 | Topical Anti-Inflammatory acute and chronic pain medication | MH/SUD | Pg. 32 | Yes | Yes |
| 28 | Pediatric Dental Care | Pediatric Oral and Vision Care | See AllKids Pediatric Dental Document | No | No |
| 29 | Pediatric Vision Coverage | Pediatric Oral and Vision Care | Pgs. 26 - 27 | No | No |
| 30 | Maternity Service | Pregnancy, Maternity, and Newborn Care | Pgs. 8 & 22 | Yes | Yes |
| 31 | Outpatient Prescription Drugs | Prescription drugs | Pgs. 29 - 34 | Yes | Yes |
| 32 | Colorectal Cancer Examination and Screening | Preventive and Wellness Services | Pgs. 12 & 16 | Yes | Yes |
| 33 | Contraceptive/Birth Control Services | Preventive and Wellness Services | Pgs. 13 & 16 | Yes | Yes |
| 34 | Diabetes Self-Management Training and Education | Preventive and Wellness Services | Pgs. 11 & 35 | Yes | Yes |
| 35 | Diabetic Supplies for Treatment of Diabetes | Preventive and Wellness Services | Pgs. 31 - 32 | Yes | Yes |

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| 36 | Mammography - Screening | Preventive and Wellness Services | Pgs. 12, 15, & 24 | Yes | Yes |
| 37 | Osteoporosis - Bone Mass Measurement | Preventive and Wellness Services | Pgs. 12 & 16 | Yes | Yes |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services | Pg. 16 | Yes | Yes |
| 39 | Preventive Care Services | Preventive and Wellness Services | Pg. 18 | Yes | Yes |
| 40 | Sterilization (women) | Preventive and Wellness Services | Pgs. 10 & 19 | Yes | Yes |
| 41 | Chiropractic & Osteopathic Manipulation | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13 | Yes | Yes |
| 42 | Habilitative and Rehabilitative Services | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35 | Yes | 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.***