

Employer Name:	Ruan Transport Corporation
Employer State of Situs:	Iowa
Name of Issuer:	Wellmark BCBS of IA
Plan Marketing Name:	Light PPO
Plan Year:	2024

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)

Item	EHB Benefit	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Pg. 11	Yes
3	Bone anchored hearing aids	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Pg. 13	Yes
5	Hospice	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Pg. 13	Yes
11	Sterilization (vasectomy men)	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Pg. 21	Yes

16	Breast Reconstruction After Mastectomy	Pgs. 29	Yes
17	Reconstructive Surgery	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Pg. 15	Yes
19	Skilled Nursing Facility	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Pgs. 19 & 30	Yes
21	Diagnostic Services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	Pg. 32	Yes
28	Pediatric Dental Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pgs. 26 - 27	Yes
30	Maternity Service	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Pgs. 31 - 32	Yes
36	Mammography - Screening	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Pg. 26	Yes
39	Preventive Care Services	Pg. 18 & 26	Yes
40	Sterilization (women)	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Pgs. 8, 9, 11, 12, 22, & 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.

Employer Name:	Ruan Transport Corporation
Employer State of Situs:	Iowa
Name of Issuer:	Wellmark BCBS of IA
Plan Marketing Name:	Basic
Plan Year:	2024

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)

2020-2023 Illinois Essential Health

2020-2023 Illinois Essential Health			Employer Plan Covered Benefit?
Item	EHB Benefit	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Pg. 11	Yes
3	Bone anchored hearing aids	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Pg. 13	Yes
5	Hospice	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Pg. 13	Yes
11	Sterilization (vasectomy men)	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Pg. 15	Yes

19	Skilled Nursing Facility	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Pgs. 18 & 31	Yes
21	Diagnostic Services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	Pg. 32	Yes
28	Pediatric Dental Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pgs. 26 - 27	Yes
30	Maternity Service	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Pgs. 31 - 32	Yes
36	Mammography - Screening	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Pg. 16	Yes
39	Preventive Care Services	Pg. 18	Yes
40	Sterilization (women)	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Pgs. 8, 9, 11, 12, 22, & 35	Yes

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Employer Name:	Ruan Transport Corporation
Employer State of Situs:	Iowa
Name of Issuer:	Wellmark BCBS of IA
Plan Marketing Name:	Choice Savings
Plan Year:	2024

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

2020-2022 Illinois Essential Health			Employer Plan Covered Benefit?
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1	Accidental Injury -- Dental	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Pg. 11	Yes
3	Bone anchored hearing aids	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Pg. 13	Yes
5	Hospice	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Pg. 13	Yes
11	Sterilization (vasectomy men)	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Pgs. 25 - 26, & 35	Yes

18	Inpatient Hospital Services (e.g., Hospital Stay)	Pg. 15	Yes
19	Skilled Nursing Facility	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Pgs. 18 & 31	Yes
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26	Tele-Psychiatry	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	Pg. 32	Yes
28	Pediatric Dental Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pgs. 26 - 27	Yes
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Employer Name:	Ruan Transport Corporation
Employer State of Situs:	Iowa
Name of Issuer:	Wellmark BCBS of IA
Plan Marketing Name:	Premier PPO
Plan Year:	2024

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
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