

Employer Name:	Masonite
Employer State of Situs:	Florida
Name of Issuer:	Masonite
Plan Marketing Name:	Masonite Corporation and Subsidiaries Welfare Benefit Plan
Plan Year:	2022

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

<b>2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)</b>				<b>Employer Plan Covered Benefit?</b>
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes-Considered for coverage- additional details noted on plan design
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes-Considered for coverage
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Hearing aids not considered for coverage
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes-Considered for coverage- additional details noted on plan design
5	Hospice	Ambulatory	Pg. 28	Yes-Considered for coverage
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes-Considered for coverage- additional details noted on plan design
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes-Considered for coverage- additional details noted on plan design
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes-Considered for coverage
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes-Considered for coverage- additional details noted on plan design
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes-Considered for coverage- additional details noted on plan design
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes-Considered for coverage
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes-Considered for coverage- additional details noted on plan design
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes-Considered for coverage- additional details noted on plan design
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes-Considered for coverage- additional details noted on plan design
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes-Considered for coverage- additional details noted on plan design
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes-Considered for coverage- additional details noted on plan design
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Requires prior approval to determine coverage
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Requires prior approval to determine coverage
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Requires prior approval to determine coverage
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Requires prior approval to determine coverage
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes-Considered for coverage
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes-Considered for coverage
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 - 9, 21	Yes-Considered for coverage
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes-Considered for coverage
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Requires prior approval to determine coverage
26	Tele-Psychiatry	MH/SUD	Pg. 11	Telephone Visits- not considered for coverage
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes-Considered for coverage
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Requires prior approval to determine coverage
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	N/A
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes-Considered for coverage
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes - Considered for coverage
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes-Considered for coverage
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes-Considered for coverage
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes-Considered for coverage
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes-Considered for coverage
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes-Considered for coverage
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes-Considered for coverage
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes-Considered for coverage
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes-Considered for coverage
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes-Considered for coverage
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes-Considered for coverage- additional details noted on plan design
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes-Considered for coverage- additional details noted on plan design

*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*