Employer Name:		Sprinkr, Inc.						
Employer State of Situs:		New York, NY						
Name of Issuer:		Cigna						
Plan Marketing Name:		Cigna PPO Premium						
Plan Yea	r:	2023						
Ten (10) Essential Health Benefit (EHB) Categories:								
- Ambulatory patient services (outpatient care you get without being admitted to a hospital)								
-	ency services Iization (like surgery and overnight stays)							
	tory services							
	- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)							
	ic services, including oral and vision care (but adult dental and ncy, maternity, and newborn care (both before and after birt	-						
-	ption drugs	")						
	tive and wellness services and chronic disease management							
- Rehabi	litative and habilitative services and devices (services and dev							
	2020-2023 Illinois Essential	Health Benefit (EHB) Listing	(P.A. 102-0630) Benchmark Page	Employer Plan Covered Benefit?				
Item	EHB Benefit	EHB Category	# Reference	Cover ed benent!				
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes				
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes				
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No				
4	Durable Medical Equipment	Ambulatory	Pg. 13 Pg. 28	Yes				
5	Hospice	Ambulatory	rg. 20	Yes				
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24 Pg. 21	Yes				
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center) Outpatient Surgery Physician/Surgical Services (Ambulatory Patient	Ambulatory		Yes				
8	Services)	Ambulatory	Pgs. 15 - 16	Yes				
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes				
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes				
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes				
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes				
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes				
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes				
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes				
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes				
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes				
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes				
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes				
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes				
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes				
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes				
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes				
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes				
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes				
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes				
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes				
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No				
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No				
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30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	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.