



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

Employer Name	Walmart Inc.
Employer State of Situs	Arkansas
Name of Issuer	The Walmart Inc. Associates' Health and Welfare Plan is a self-insured plan. No insurance policy is issued.
Plan Marketing Name	Walmart Inc. Associates' Health and Welfare Plan
Plan Year	2025

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

1. Ambulatory patient services (outpatient care you get without being admitted to a hospital)
2. Emergency services
3. Hospitalization (like surgery and overnight stays)
4. Laboratory services
5. Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
6. Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
7. Pregnancy, maternity, and newborn care (both before and after birth)
8. Prescription drugs
9. Preventive and wellness services and chronic disease management
10. 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)

NOTE: The Associates' Health and Welfare Plan (Plan") will cover the services listed below, subject to all Plan terms, including but not limited to medical necessity.

Item	EHB Benefit	EHB Category	Benchmark Page Number Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Y
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Y
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Y*
4	Durable Medical Equipment	Ambulatory	Pg. 13	Y
5	Hospice	Ambulatory	Pg. 28	Y
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Y
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Y
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Y
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Y
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Y
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Y
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Y
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Y
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Y
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Y
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Y
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Y**
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Y
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Y
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Y
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Y
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Y
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Y
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Y
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Y
26	Tele-Psychiatry	MH/SUD	Pg. 11	Y
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Y
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	N

Item	EHB Benefit	EHB Category	Benchmark Page Number Reference	Employer Plan Covered Benefit?
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Y***
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Y
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Y
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Y
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Y
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Y
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Y
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Y
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Y
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Y
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Y
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Y
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	N
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Y

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.

* Item 3 - Limited to external

** Item 17 - Limited to congenital abnormality, medically necessary gender dysphoria treatment or conditions resulting from accidental injuries, tumors or disease

***Item 29 - Limited to preventive screening