Employ	er Name:	Reinalt-Thomas Corporation					
Employ	er State of Situs:	Arizona					
Name o	of Issuer:	UnitedHealthcare					
Plan Marketing Name:		Discount Tire/America's Tire/Discount Tire Direct (The Reinalt - Thomas Corporation)					
Plan Ye	ar:	2021					
		Ten (10) Essential Health Benefit (EHE	3) Categories:				
- Emerg - Hospit - Labora - Menta - Pediat - Pregna	latory patient services (outpatient care you get withou gency services talization (like surgery and overnight stays) atory services al health and substance use disorder (MH/SUD) service cric services, including oral and vision care (but adult de ancy, maternity, and newborn care (both before and ad intion drugs	s, including behavioral health treatment (this i ental and vision coverage aren't essential heal					
- Prevei	- 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)						
Item	2020-2022 Illinois Essential I EHB Benefit	Health Benefit (EHB) Listin	g (P.A. 102-0630) Benchmark Page # Reference	Employer Plan Covered Benefit?			
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Covered			
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Covered			
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Covered			
4	Durable Medical Equipment	Ambulatory	Pg. 13	Covered			
5	Hospice	Ambulatory	Pg. 28	Covered			
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Not Covered (only covered for diagnosis and treatment of underlying condition)			
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Covered			
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Covered			
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Not Covered			
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Covered			
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Covered			
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Covered			
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Covered			
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Covered			
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Covered			
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Covered			
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Covered			
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Covered			
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Covered			
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Covered			
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Covered			

22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Covered
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Covered
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Covered
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Covered
26	Tele-Psychiatry	MH/SUD	Pg. 11	Covered
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Covered
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Not Covered
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Not Covered
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Covered
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Covered
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Covered
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Covered
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Covered
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Covered
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Covered
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Covered
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Covered
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Covered
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Covered
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Covered
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Covered
nocial N	Note: Under Pub Act 102-0104 eff July 22 2021 any FHBs liv	stad above that are clinically appropriate and medic	ally pacessary to deliver via teleboalth services	must be covered in the same manner a

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.