

Health Insurance (BlueCross BlueShield)



Effective 1/1/2011

Benefits	PPO In-Network	PPO Out-of-Network	HMO Illinois (Referrals from PCP required)	HMO Blue Advantage (Referrals from PCP required)
Lifetime Maximum	Removed to comply with PPACA			
Individual Deductible	\$450	\$1,100	--	--
Family Deductible	\$900	\$2,200	--	--
Out-of-Pocket Expense Limitation	\$1,200 (Individual) \$2,400 (Family)	\$4,000 (Individual) \$8,000 (Family)	--	--
Inpatient Hospital Services	80%	60%	\$150 co-pay per admission	\$150 co-pay per admission
Outpatient Surgery & Diagnostic Tests	80%	60%	No Cost	No Cost
Specialist Office Visits	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay
Emergency Room Medical & Accident	\$125* co-pay, then 80% (co-pay waived if admitted)	\$125* co-pay, then 80% (co-pay waived if admitted)	\$125 co-pay (co-pay waived if admitted)	\$125 co-pay (co-pay waived if admitted)
Inpatient Mental Illness/Chemical Dependency	80%	60%	\$100 co-pay per admission	\$100 co-pay per admission
Outpatient Mental Illness/Chemical Dependency	\$30* co-pay then 100%+	\$30* co-pay then 60%	\$25 co-pay per visit	\$25 co-pay per visit
Physician's Office Visits	\$30* co-pay then 100%+	\$30* co-pay then 60%	\$25 co-pay per visit	\$25 co-pay per visit
Wellness Benefits (preventative health covered @ 100%)	100%	60%	100%	100%
Allergy Care	80%	60%	\$25 co-pay per visit	\$25 co-pay per visit
Vision Care (Davis Vision)	Discount Program Davis Vision	N/A	\$25 co-pay annual exam \$125 toward eyewear every 24 months	\$25 co-pay annual exam \$125 toward eyewear every 24 months
Chiropractic Services -- \$1,000 Max Per Plan Year	80%*	60%*	\$25 co-pay per visit	\$25 co-pay per visit
Outpatient Therapies - (annual max removed for Physical, Speech and Occupational therapies)	80%*	60%*	No Cost	No Cost
Prescription Drugs (Express Scripts)	100% after co-pay: \$10* Generic \$30* Formulary Brand \$45* Non-Formulary	100% after co-pay: \$10* Generic \$30* Formulary Brand \$45* Non-Formulary	100% after co-pay: \$10 Generic \$30 Formulary Brand \$45 Non-Formulary	100% after co-pay: \$10 Generic \$30 Formulary Brand \$45 Non-Formulary

+ Deductibles do not apply.

* Copayments / Coinsurance amounts for these services do not apply to any out-of-pocket expense limitation.

PPO only: Pre-Existing Conditions Waiting Period: There is a 365-day waiting period, waived for new groups if replacing other coverage also there will be no pre-existing medical clause for dependents under 19 years of age. Eligible Child Dependents: covered to the age of 26, regardless of student status.

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